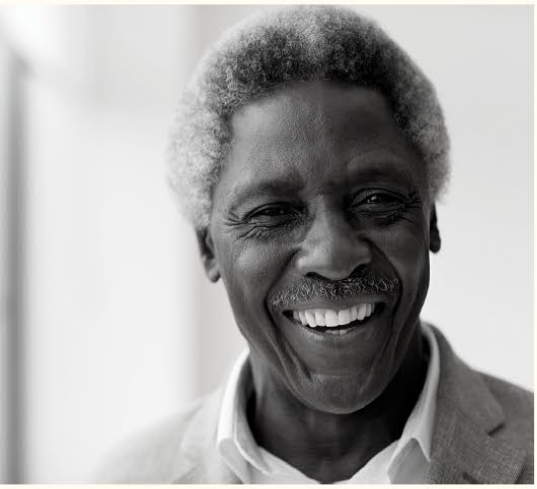
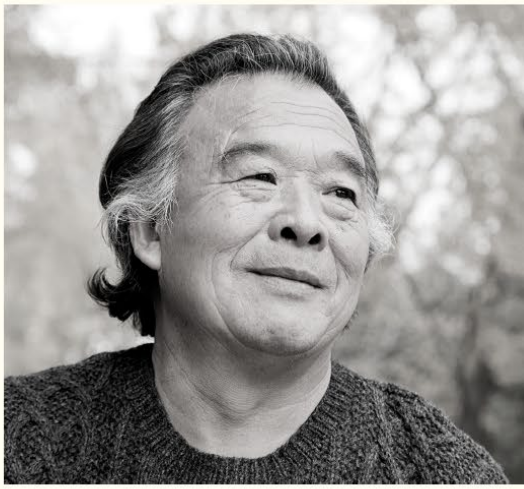
Aging and Adult Services

2019 ANNUAL REPORT





MDHHS
Michigan Department of Health & Human Services

333 S. Grand Ave, 4th Floor
Lansing, MI 48933

Michigan.gov/AASA

This report is required by the Older Michiganians Act 180 of 1981, 400.586, Sec. 6(n) which states: Develop a comprehensive triennial state plan on aging with yearly updates regarding the priority needs of aging and older persons, as well as recommendations for future action. The office shall prepare an annual report to be submitted to the governor and the legislature by January 31 of each year. The annual report shall detail the progress of the office and the commission in implementing the triennial plan.

Service data presented in this report is preliminary and subject to change.

The Michigan Department of Health and Human Services does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identify or expression, political beliefs or disability.

STATE OF MICHIGAN

Department of Health & Human Services

Aging & Adult Services Agency

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Vision

For Michigan residents to live well and thrive as they age.

Mission

To provide statewide leadership, direction and resources to support Michigan's aging, adult services, and disability networks, with the aim of helping residents thrive in the community setting they call home, and live with dignity, meaning, purpose, and independence.

January 2020

Greetings from the Aging and Adult Services Agency,

Since 1981 at the Aging and Adult Services Agency (AASA, formerly known as Michigan Office on Services to the Aging) has provided statewide leadership, direction and resources to support Michigan's aging, adult services, and disability networks. Over the years, the agency has worked diligently to meet the diverse needs of the growing number of older adults in our state. Today, Michigan is one of the most rapidly aging states in the country, and our vision is for Michiganders to live well and thrive as they age.

From Ironwood to New Buffalo and everywhere in between, we want to ensure all older Michiganders and vulnerable adults have the resources and opportunities to thrive in the setting of their choice as they age.

Fulfilling our vision, using a person-centered approach is imperative, and we operate with a greater sense of urgency than ever before. By 2025, the number of Michiganders age 65 and up will outnumber those under the age of 18. As people are living longer, our state faces many opportunities and challenges. We must be strategic, collaborative, and innovative in our work to ensure people have access to services, information, and that we have a qualified workforce to support the needs of older adults.

Since accepting the role of Senior Deputy Director eight months ago, I have had the opportunity to learn from our incredible Aging Network which is comprised of 16 area agencies on aging, more than 1,000 local service providers, and our team here at AASA. I want to especially thank our funders, the AASA team, the Commission on Services to the Aging and the State Advisory Committee for your warm welcome, partnership, expertise and commitment to service.

The AASA annual report highlights our experiences, accomplishments and strategic partnerships.

As we look to the future, we see opportunities to collaborate with existing and new partners to ensure our programming continues to meet the needs of older adults and addresses changing demographics. During FY 2019 Michigan applied to join the World Health Organization/AARP age friendly communities and states network. On Oct. 7, Gov. Whitmer announced Michigan is the first state in the Midwest and fifth in the nation to commit to becoming age friendly. We look forward to partnering with organizations and individuals across the state towards this endeavor.

I believe we are poised to lead the nation because of our collective commitment to the individuals we serve.

Sincerely,

Dr. Alexis Travis
Senior Deputy Director, Aging and Adult Services Agency

PROFILE OF OLDER MICHIGANDERS

Michigan has 2.4 million adults aged 60 and older.

HOUSEHOLD

- 38.2% of all Michigan households have a person aged 60 or older
- 45.4% live with a spouse
- 41.2% live alone
- 10.4% live with other relatives
- 3% live with non-relatives

RACE

- 10.9% African American
- 0.4% American Indian/Alaskan Native
- 1.8% Asian/Pacific Islander
- 2% Non-white/Hispanic
- 85.5% White
- 1% two or more races

EDUCATION

- 89.6% graduated from high school
- 31.1% have had some college
- 24.9% have a bachelor's degree or higher

FINANCES

- 9.7% of households received SNAP/Food Stamp benefits
- 52.4% of the population pay 30% or more of their income for rent (average $737 per month).
- 78.5% of households received Social Security Income with an average income of $21,335.

MICHIGANDERS AGED 60 AND OVER MAKE UP 24.4% OF OUR TOTAL POPULATION

MICHIGAN.GOV/AASA

Source: U.S. Census, 2018 American Community Survey

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Aging Network Overview

Aging & Adult Services Agency

For more than four decades the Aging and Adult Services Agency (AASA), now housed within the Michigan Department of Health and Human Services (MDHHS), has served as the state of Michigan's designated state unit on aging, formed under the Older Michiganians Act of 1981. The agency operates under the authority of the federal Older Americans Act (OAA), which was signed into law in 1965 to meet the diverse needs of the growing numbers of older adults nationwide. The OAA set out specific objectives for maintaining the dignity and welfare of older adults and established the National Aging Network.

Among its primary duties, AASA manages a statewide infrastructure that helps older adults aged 60 and over remain in the community setting they call home. This is done through programs, partnerships, and advocacy. In recent years responsibility for state policies governing adult protective services has also come under AASA's purview. The statewide infrastructure managed by AASA, known as the aging network, includes AASA, the Commission on Services to the Aging, and State Advisory Council on Aging at the state level; 16 regional planning and service areas with each supported by an area agency on aging; and over 1,200 local service providers that offer essential community-based supports and services.

The collective vision of the aging network is to help older and vulnerable Michigan residents thrive in the home setting of their choice, so they may live dignified, independent, and purposeful lives.

Commission on Services to the Aging

The Commission on Services to the Aging (CSA) is a 15-member, bipartisan body, appointed by the governor. The CSA advises the governor, the Michigan legislature, and AASA on aging policies and programs.

Commission members are appointed for three-year terms, and membership reflects the distribution and composition of the state's older population.

Working in close collaboration with AASA, the CSA:

- Approves funds for statewide services;
- Participates in preparing a multi-year state plan required for federal funding;
- Determines aging policy;
- Advocates for older adults in government decisions, including legislative advocacy;
- Holds public hearings across the state; and,
- Appoints a 40-member State Advisory Council to advise state-level decision-making.

A presenting issue studied by the CSA in fiscal year 2019 was to address the waiting lists for services. The CSA Advocacy Committee will make recommendations for the next issue to study in spring 2020. Meeting minutes of all Commission meetings may be found at AASA's website (URL: Michigan.gov/AASA).

State Advisory Council on Aging

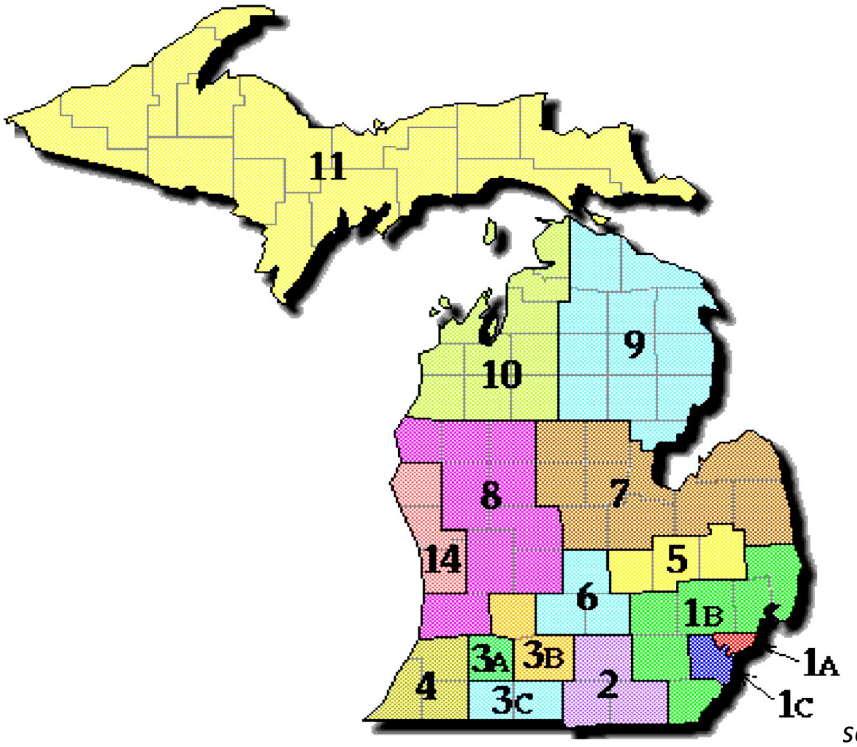
The 40-member State Advisory Council on Aging (SAC), appointed by the Commission on Services to the Aging to represent the interests of local communities, provides advice and advocacy on vital state issues and policies impacting Michigan's older and vulnerable adults.

In FY 2019, at the direction of the Commission on Services to the Aging, the SAC compiled a report describing innovative practices implemented by Michigan's area agencies on aging (AAAs) on the issues of elder abuse and exploitation prevention, direct care workforce, and transportation solutions.

The SAC report, entitled "Michigan Area Agencies on Aging Innovative Practices Supporting Older Adults," as well as quarterly SAC meeting minutes, may be found at AASA's website (URL: Michigan.gov/AASA).

Area Agencies on Aging

Michigan's 16 area agencies on aging (AAA) – managed and funded by AASA and the CSA respectively – are regional, non-profit agencies created by federal and state legislation to respond to the needs of older adults in every local community. They work in partnership with more than 1,200 local organizations across the state to customize programs and services to meet individual community needs.



see p. 36 for full county list

Each area agency on aging is a designated planning and service area (PSA), which operates a service delivery system that offers a range of community-based supports and services. Area agencies on aging conduct their work under the governance of a policy board and with the guidance of an advisory council.

In their important role within Michigan's aging network, area agencies on aging:

- Develop multi-year plans (MYPs) that outline how local needs will be addressed;
- Contract with a wide variety of local agencies that provide services directly;
- Advocate for older adults in government decisions, including legislative advocacy;
- Ensure that services are targeted to those in greatest social and economic need; and
- Ensure public funding is spent in accordance with state and federal policies.

State Plan Goal 1: Advocate for, inform and empower those we serve

Older Michiganians Day

Older Michiganians Day is an annual advocacy event held at the State Capitol each spring and is attended by some 1,000 senior advocates. AASA staff participate on the steering committee of this event.

The 2019 legislative advocacy platform included support for in-home services; elder abuse and exploitation prevention; shortage and training of direct care workers; and preserving and protecting MI Choice.

MDHHS Director Robert Gordon, a featured event speaker, spoke of the department's commitment to providing options so older adults can remain at home or in their community for as long as possible.

Senior Citizen of the Year

As part of the 2019 Older Michiganians Day event, Robert "Bob" Cooley of St. Joseph was honored as the Senior Citizen of the Year, a program organized by AASA to celebrate senior volunteerism.

Mr. Cooley was selected for his volunteer work at Spectrum Health Lakeland. He has also volunteered at the local public parks, women's shelter, soup kitchen, and with the Lions Club.

In a congratulatory, Governor Gretchen Whitmer commented "the compassion you have for others in need is truly something to be celebrated and is a shining example of the good that one person can bring into this world if they choose to give back."

Legislative Advocacy

As a part of the fiscal year 2019 appropriations process, AASA presented the governor's proposed budget to the House of Representatives and Senate, which included an overview and AASA-funded programs and services, how they are funded, service data and financial trend data.

AASA continued to analyze and track legislative proposals impacting older adults, and status reports on proposed legislation were routinely provided to the Commission on Services to the Aging, State Advisory Council on Aging, Area Agency on Aging Association of Michigan, and other relevant aging stakeholder groups.

To ensure AASA legislative priorities were accurately communicated by others, information was shared with external stakeholder and advocacy groups that frequently met with federal, state, and local lawmakers. Groups included Area Agencies on Aging Association of Michigan, Alzheimer's Association, Michigan Dementia Coalition, Silver Key Coalition, AARP Michigan, Elder Law of Michigan, and Michigan Directors of Services to the Aging. A monthly network electronic newsletter also kept stakeholders informed of relevant legislation.

AASA continued as a point of contact for requests from federal, state, and local lawmakers on senior-related issues in their communities and districts.

Diversity, Equity, and Inclusion

MDHHS continues its commitment to Diversity, Equity, and Inclusion (DEI), and has established a plan to work on DEI issues related to improvements in leadership; service delivery; recruiting, hiring and retention; training and professional development; and culture and climate.

For its part in meeting department DEI goals, an internal AASA action team was created to improve its hiring practices, followed by training of AASA and aging network staff, and a comprehensive review of AASA's contracting processes.

The following activities also contributed to older adults thriving in place by helping to ensure that services are offered in safe and culturally affirming environments:

- Efforts to increase outreach to LGBT older adults, directed by SAGE Metro Detroit, resulted in a trained area agency on aging staff person now available to serve as an LGBT resource on service delivery; development of an LGBT-friendly service practice guide for statewide use; and plans to establish an LGBT-focused system for data collection.
- AASA also continued to strengthen relationships with the Native American/American Indian community in efforts to meet the unique needs and circumstances of older adults in these ways:
    - AASA has a designated Tribal Liaison who presented information on aging services to the Inter-tribal Council.
    - AASA funded two grants to Michigan Tribes. The first, a PREVNT grant, produced a culturally sensitive video on elder abuse that is now available to all tribal health departments. Secondly, a culturally appropriate version of the Developing Dementia Dexterity training curriculum designed for caregivers of people with dementia was developed to serve the American Indian/Native American community.
    - The tribes also distributed WIC Project Fresh Coupons. WIC Project FRESH helps to provide healthy and nutritious produce to Michigan WIC clients, while fostering economic development by promoting our state's diverse agricultural products.
    - Urban American Indian/Native American centers in Metro Detroit sponsored Michigan Medicare Medicaid Program counselors.

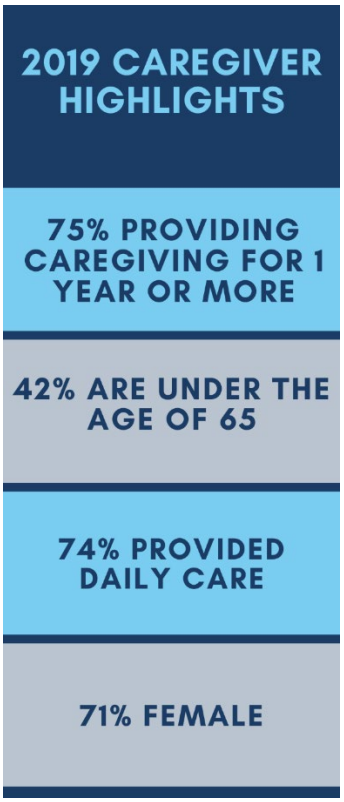
State Plan Goal 2: Help older adults maintain health and independence at home and in the community

Caregiving

It is estimated that one in three adults in the U.S. provides care to other adults as informal caregivers, defined as family members (such as spouses or partners), friends, and neighbors. According the National Alliance for Caregiving, informal caregivers provide an estimated 80 percent of the foundational long-term care and support needed by older adults and those who live with a disability here in Michigan.

Caregiving presents many physical, emotional, and economic challenges. The aging network assists with these challenges by offering programs that help ease the burden(s) that caregivers often experience.

In fiscal year 2019, 5,765 caregivers were supported by 828,828 hours of adult day care, respite care, counseling services, training, and supplemental care through the aging network. Additionally, 45,128 home-delivered meals were served as a part of respite care.



Caregiving Experience	Percentage
Provided daily care	74%
Have been caregiving for more than one year	75%
Have been caregiving for three or more years	55%
Lived with the individual(s) they care for	59%
Travel up to one hour to provide care	32%
Indicated there were no other family members willing/able to help	43%
Were employed full or part-time	35%
Described their health as fair or poor	25%
Were kinship caregivers (e.g., caregiving for grandchildren)	13%

Caregiver Profile	Percentage
Were younger than 65 years of age	42%
Female	71%
Were daughters/daughters-in-law	28%
Were a spouse	33%
Resided in rural areas	50%
Low income	26%
Minority by race/ethnicity	19%

Dementia Specific Caregiving

AASA spearheaded the Developing Dementia Dexterity project designed to help project partners – four participating area agencies on aging – be better able to serve and support persons with dementia and their informal caregivers.

The pilot project uses tested tools to help identify cognitive changes early; refers to physicians; provides dementia education for a wide audience of people, e.g., public groups, caregivers, families; and uses evidence-informed services to support individuals with possible dementia and their families.

Funded by the Administration for Community Living (ACL), the project allows area agencies on aging to provide brief, practical dementia care training to staff. Using trusted resources, area agencies on aging also provide Healthy Brain sessions for various audiences.

In 2018-19, the project served 657 caregivers with information/referrals and 162 caregivers with at least one dementia specific service. Area agencies on aging provided individual dementia consultation as well as dementia caregiving education to groups of caregivers. In many cases, participants received more than one service.

Additionally, the project reached over 1,000 persons with dementia, providing information, referrals, and services.

- The project provided 73 training/education programs reaching 1,203 participants
    - 27 programs on brain health were provided to 431 participants;
    - 33 programs on dementia were presented to 609 participants; and
    - 13 sessions addressed specific care topics, such as activities and caregiver skills.
- Educational sessions were evaluated by 897 participants and found that:
- The average score for “I will use the info” was 2.9 on a scale of 1-3, 3=yes;
- 87 percent of attendees ranked the programs as very good/excellent; and
- 94 percent would recommend the session to others.

Community-based Services

Community-based services enable individuals to thrive in placed by receiving services in the setting of their choice, and reflect the unique characteristics, needs, and choices of the individual through a person-centered planning approach. See pages 35-36 for definitions of "units" for each service.

Access Services	Clients	Units
Information and Assistance	NA	104,930
Care Management	3,392	22,662
Case Coordination and Support	10,883	58,671
Outreach	NA	79,032
Transportation	10,613	173,669
Assisted Transportation	**2,167**	**17,062**

Community Services	Clients	Units
Assistance to Hearing Impaired & Deaf Community	1,738	4,066
Assistive Devices & Technologies	4,670	14,046
Community Support Navigator (Regional Service)	4,775	9,725
Counseling	152	1,170
Crisis Services for the Elderly (Regional Service)	733	733
Disease Prevention/Health Promotion	12,139	53,031
Elder Abuse Prevention	15,508	9,556
Friendly Reassurance	335	18,773
Gap Filling Services/Special Needs (Regional Service)	98	388
Health Access Hub (Regional Service)	56	136
Home Injury Control	1,299	4,344
Home Repair	204	4,721
Legal Assistance	11,376	40,935
Medication Management	5,490	14,759
Nutrition Education	516	516
Outreach & Assistance (Regional Service)	16,852	16,852
Senior Center Operations/Staffing	36,187	78,820
Vision Services	1,797	739

Elderly Nutrition Program

The Elderly Nutrition Program provides meals and other nutrition services in a variety of group settings, such as senior centers, faith-based settings, and schools, as well as in the homes of frail older adults. In addition to nutritious meals, the program offers opportunities for social interaction, which helps decrease feelings of isolation. The program also provides a vital link to other supportive services available in local communities.

A total of **10,572,877 meals** were served to **101,885 participants** in fiscal year 2019. While there is no means test for program participation, services are targeted to older adults with the greatest economic and/or social need.

Home-Delivered Meals

The home-delivered meals program provides nutritionally sound meals to frail older adults who find it difficult to prepare meals and who do not have friends or family to assist with meal preparation. The meal is delivered to the client's home, and the person delivering the meal may be the only person a participating older adult may be in contact with that day.

In fiscal year 2019, a total of 52,543 home-delivered meal (HDM) participants received 8,344,722 meals. The majority of home-delivered meal participants are females (62%) age 75 and over (63%), living alone (51%).

HOME-DELIVERED MEAL PARTICIPANT PROFILE

- 63% AGE 75+, 62% FEMALE
- 23% MINORITY BY RACE/ETHNICITY
- 51% LIVE ALONE, 39% LIVE IN RURAL AREAS
- 40% LOW INCOME

Congregate Meals

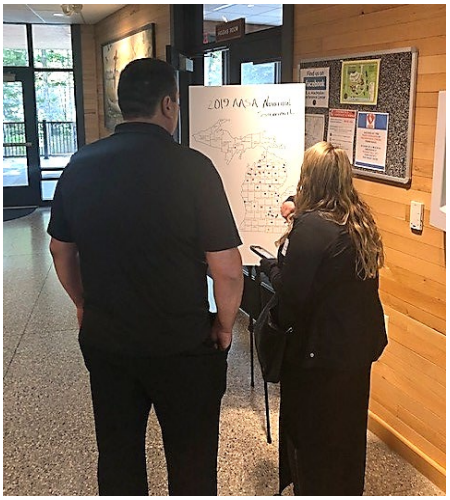
Congregate meals are provided in a group setting, often promoting socialization among participants. Meal sites may be in churches, schools, residential communities, senior centers, or recreational centers.

In fiscal year 2019, a total of 51,457 congregate meal participants received 2,228,155 meals.

CONGREGATE MEAL PARTICIPANT PROFILE

- 52 % AGE 75+, 65% FEMALE
- 13% MINORITY BY RACE/ETHNICITY
- 34% LIVE ALONE, 56% LIVE IN RURAL AREAS
- 28% LOW INCOME

Nutrition Summit



A Nutrition Summit was held in fall 2019 for more than 80 attendees from senior nutrition programs across the state to discuss new initiatives and best practices. Discussion topics included food insecurity and nutrition service data, and the event featured a panel discussion on opportunities and challenges in senior nutrition programs. The theme of the Summit was: “Moving Toward a Higher Level of Excellence.” Participants were invited to share best practices as well as brainstorm ideas such as intergenerational meal programs, healthy eating challenges, and other ways to maintain compliance to federal and state requirements while moving the programs forward to meet the needs of older adults and their family members and caregivers. In fiscal year 20, follow-up conference calls will offer the participants a ‘deeper dive’ into how to implement ideas and concepts discussed at the summit.

Gatekeeper of the Year

For more than three decades a unique partnership between utility companies and the aging network has helped older adults who may not otherwise been identified as needing assistance. Through this program which launched in 1987, utility company workers, called Gatekeepers, are trained to identify vulnerable older adults through work-related consumer contacts, and connect them to community programs for assistance.

Consumers Energy’s Rebecca Newman was awarded the 2019 Gatekeeper of the Year award for helping an older woman who was in distress after having major medical issues. The older consumer was having difficulty paying her bills and could not understand how to apply for assistance. Over the phone, Newman recognized that the older woman needed immediate help and made a gatekeeper referral, which led to a connection to the local area agency on aging.

In-home Services

In-home services help residents who have functional, physical, or mental characteristics that limit their ability to care for themselves, and who have insufficient or unavailable informal supports such as family or friends. Targeting for in-home services is based on social, functional, and economic characteristics.

In fiscal year 2019, 22,824 older adults were supported by 1,043,825 hours/units of case management, chore, homemaker, home health aide, personal care and other in-home services. The majority of program participants are females (70%) age 75 and over (65%), living alone (56%) in rural areas (53%).

IN-HOME SERVICES PARTICIPANT PROFILE

- 65 % AGE 75+, 70% FEMALE
- 13% MINORITY BY RACE/ETHNICITY
- 56% LIVE ALONE, 53% LIVE IN RURAL AREAS
- 30% LOW INCOME

Long-Term Supports and Services Quality Management

The BOLD Council (Building Options for LTSS Decision-making) Council, a state-level collaborative interdepartmental body, is tasked with improving long-term supports and services (LTSS) and integrating and streamlining access to services. Coordinated by AASA, partners include the Medical Services Administration, Behavioral Health and Developmental Disabilities Administration, Michigan Rehabilitation Services, and the Department of Licensing and Regulatory Services.

The BOLD Council provides support, coaching, and assistance in removing barriers that design teams experience when improving LTSS Programs, services and related processes, and consults with executive leadership sponsors when additional help removing barriers is needed.

Three new design teams were established in 2019 on options counseling, transfer trauma, and independent review.

Additional design teams are working to address quality improvements in these areas:

- Adult Protective Services
- Civil Monetary Penalty Grant Process
- Level of Care Determination Process
- Independent Review
- Medicaid MI Choice
- Michigan Rehabilitation Services
- Nursing Facility Transition
- Options Counseling
- Person Center Planning
- Pre-Admission Screening Annual Resident Review
- Relocation Trauma

Strategic Partnership: Adult Community Placement

AASA provides program support to Medicaid's Adult Community Placement (ACP) program that offers a range of assistance so that individuals may live safely in the least restrictive community-based care setting, such as adult foster care or home for the aged. Personal activities of daily living (ADLs) and medication (IADL) are offered.

AFC/HFA are regulated by the Michigan Licensing and Regulatory Affairs (LARA). AFC/HFA providers are private businesses and set their own monthly rate. The exception is if the client is receiving Supplemental Security Income (SSI).

Strategic Partnership: Senior Project FRESH/Market FRESH

Senior Project FRESH/Market FRESH provides eligible older adults with unprocessed, Michigan-grown products from authorized farmers markets and roadside stands throughout the state.

Those aged 60 and over and Native Americans / American Indians aged 55 and older, with household incomes of 185 percent of poverty or less, qualify for this program. Participants also receive nutrition education when they receive their coupons.

During the 2019 season:

- 284,560 coupons were issued to approximately 19,000 participants.
- Even though coupons could be 'spent' in any registered market or roadside stand in the state, most were used in the county of issuance or adjacent counties.
- Approximately 25 percent of participants had proxies, allowing them to receive the benefits even if they could not physically get to the market or roadside stand.
- Senior Project FRESH/Market FRESH continued to grow each year in scope, putting back at least $500,000 into the Michigan agricultural economy each year.
- 88 percent of Senior Project FRESH participants also participated in another food security program.

Participant Use of Food Security Programs	**Percentage**
Supplemental Nutrition Assistance Program (SNAP)	32%
Food bank	19%
The Emergency Food Assistance Program (TEFAP)	14%
Commodity Supplemental Food Program (CSFP)	27%
Congregate meals	13%
Home delivered meals	.05%

Strategic Partnership: Communities for a Lifetime

The Communities for a Lifetime (CFL) program is one that helps local communities reshape their vision, public policies, and practices to create more desirable and welcoming environments for people of all ages, including older adults.

AASA and the Michigan Commission on Services to the Aging have hosted the CFL program since 2007. It has encouraged cities, counties and municipalities to conduct aging-friendly assessments and develop action plans in order to be recognized for their work, community assets and commitment to earning the designation. Such plans often include making neighborhoods more walkable, ensuring easy access to shopping and medical centers, promoting housing opportunities, and facilitating community engagement.

The City of Ferndale achieved CFL recognition in fiscal year 2019 from AASA/The Michigan Commission on Services to the Aging. AASA continues to work with 33 CFLs in the state and offers technical assistance to area agencies on aging and community partners to take the first step toward making their communities more aging-friendly.

There are other technical assistance program models, most notably the AARP Age-Friendly Communities Program. Since 2012 this program has encouraged additional communities to become more aging-friendly.

This work will build upon the existing work and strengths of Communities for a Lifetime and will engage additional stakeholders as we advance policies and initiatives to help Michiganders older adults thrive in place as they age.

Strategic Partnership: Behavioral Health

AASA continued to serve on the Behavioral Health Advisory Council which reviews mental health programs and funding. Through this partnership, AASA serves on a suicide prevention initiative, an MDHHS collaboration.

AASA is also a key member of the Older Adult Wellbeing Workgroup, administered by the Behavioral Health & Developmental Disability Administration. The workgroup is addressing the critical issue of substance use and older adults, with a focus on opioid use.

Strategic Partnership: Transportation

The AASA Transportation Liaison advocates for safe, effective and economical mobility options for people living with disabilities and/or older adults and is a member of the following groups:

- Governor's Traffic Safety Advisory Commission (GTSAC)
- Senior Mobility and Safety Action
- Safe Drivers Smart Options (SDSO) Operating Committee
- SDSO Communications Subcommittee

AASA staff served on the grant review committee for the Michigan Mobility Challenge offered by MDOT. MDOT Awards were given to four groups to address mobility for persons with disabilities and older drivers:

- New Autonomous Mobility Vision for Michigan – an autonomous, electric and fully accessible shuttle at Battle Creek VA Hospital campus
    - Will provide improved transit services for veterans on the hospital campus, including extended hours to serve all needs and provide an easier method for ordering and scheduling mobility services.
    - Award amount: $2,168,219

- Southeast Michigan Integrated Platform for Paratransit Services – an integrated online booking and trip management platform that can create a "one click" experience for users of AAATA, DDOT and SMART ADA Paratransit services
    - Will make it easier for seniors and people with disabilities, and their caregivers, to schedule and manage paratransit trips in Southeast Michigan.
    - Award amount: $1,050,000

- Team Grand Rapids: Interurban Transit Partnership – utilizing a dynamic ride share app for paratransit services in Grand Rapids to improve rider experience by shortening trip duration and reservation lead time.
    - Seniors and people with disabilities will be able to book same day trips, rather than several days in advance, and they will spend less time on the bus to reach their destination.
    - Award amount: $373,782

- Michigan Universal Vehicle Ecosystem Pilot – ride share and community building platform in the central UP that will focus on increasing accessible transportation options and efficiencies to decrease isolation for those with mobility challenges.
    - Will bring more convenient, accessible transportation options to those who need it and will help build community and decrease isolation for those with mobility challenges.
    - Award amount: $1,178,129

Strategic Partnership: Direct Care Workers

In fiscal year 2019, AASA continued building the direct care worker (DCW) training infrastructure in partnership with the Integrated Model for Personal Assistant Research and Training (IMPART) Alliance, a project sponsored by Michigan State University with funding from the Michigan Health Endowment Fund. Using the evidence-based Building Training…Building Quality (BTBQ™) training curriculum, the following was accomplished in regions throughout lower Michigan:

- Eight IMPART certified BTBQ™ trainers completed their teaching practicums, and six more are expected to finish their practicums by early 2020.
- Thirty-one DCWs completed all 22 BTBQ™ modules.
- Another 158 DCWs were trained in foundation topics including person-centered thinking, effective communication, work settings, teamwork, professionalism, infection control, and body mechanics.

Strategic Partnership: Wellness Programs

Approximately 6,600 older adults participated in wellness programs statewide during fiscal year 2019.

Wellness programs are required to be "Evidence-based Disease Prevention Programs" and are offered at low or no cost to persons 60 and older, and their caregivers. Area agencies on aging receive a list of these programs from which they may choose what works best in their communities.

Area agencies on aging provide wellness programs directly through their staff and/or volunteers, or through contractual/purchase of service agreements with local aging network providers. In fiscal year 2019, all 16 area agencies on aging offered between one and eight different programs, with an average of 5 different programs per agency.

Wellness programs were also provided by 51 aging network partners, including commissions/councils/departments on aging, YMCAs, municipalities, senior centers, and a medical school. One partner, the National Kidney Foundation of Michigan, partners with four area agencies on aging to provide service.

Program name	Number of participants	Number of locations
A Matter of Balance	1,527	14
Diabetes PATH	719	12
Chronic Pain PATH	416	8
EnhanceFitness	1,533	7
Creating Confident Caregivers	355	7
Tai Chi	542	6
PATH	363	6
Powerful Tools for Caregivers	146	6
Arthritis Foundation Exercise	285	3
Walk with Ease	195	3

Strategic Partnership: Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is a community service, work-based training program for older adults aged 55 and older who are low-income and unemployed.

This training program is a bridge to unsubsidized employment opportunities, with the goal of fostering economic self-sufficiency and providing opportunities for meaningful employment that complements a person's abilities and interests.

In fiscal year 2019, over half (51.6%) of Michigan's 304 enrollees successfully moved on to unsubsidized employment, with a median earning of $3,413 annually. The charts below provide more insight on program participants.

Enrollee Type	Percentage
60 and over	74%
Female	75%
Veteran	8%
Disability	23%
Receiving public assistance	73%
Low literacy	28%
Low employment prospects	74%

Enrollee race / ethnicity	Percentage
African American	52%
American Indian / Native American	1%
Hispanic	2%
White/non-Hispanic	45%

Strategic Partnership: Senior Volunteer Programs

In partnership with the Corporation for National and Community Service, AASA oversees three volunteer programs – the Foster Grandparent Program, the Senior Companion Program, and the Retired and Senior Volunteer Program (RSVP) – that connect older adults to people, community projects, and organizations in need.

A total of 6,835 older adults participated in Michigan's three older-adult volunteer programs in fiscal year 2019:

- Participants in the Foster Grandparent Program help children who have "exceptional" or "special" needs. Last year, 852 Foster Grandparents served in 1,417 different settings within 380 non-profit organizations.
- Senior Companion Program volunteers help other older adults maintain their independence by providing help with activities of daily living like simple chores and transportation to medical appointments. A total of 381 Senior Companions served adults with special needs in 2,087 different settings within 107 organizations.
- RSVP matches the skills, interests, and availability of older adults with community volunteer opportunities that will most benefit from them. Last year 5,602 RSVP volunteers provided service to 1,195 non-profit organizations.

State Plan Goal 3: Promote elder and vulnerable adult rights and justice

Adult Protective Services

An estimated 1 in 10 older adults are abused, neglected, or exploited in Michigan each year.

AASA is committed to developing policies, training programs, and public information aimed at helping prevent abuse from happening in the first place; protecting people from abusive situations; and supporting people who have experienced abuse to help them recover and thrive.

In an ongoing state effort to help keep Michigan's vulnerable adults safe and secure, AASA provided training to service providers on how to recognize abuse, who to report it to, what to report, and how to collaborate with community partners to address issues of abuse.

In July, 256 dedicated professionals attended The Changing Face of Vulnerable Adult Abuse Summit, the sixth Elder Justice & At-Risk Adult Summit hosted by the Prosecuting Attorneys Association of Michigan (PAAM) on behalf of AASA. Attorney General Dana Nessel and Michigan Supreme Court Justice Megan Cavanagh addressed the attendees. Sessions included information on the Attorney General's Elder Abuse Task Force, human trafficking, multidisciplinary teams, gerontology, domestic violence in later life, certified public accounting / forensic accounting, and financial crimes.

Adult Protective Services 101 was presented to:

- Lansing Code Enforcement Unit
- Great Lakes Legal Services
- Elder Abuse Has No Borders Conference
- Michigan Elder Justice Initiative
- Michigan Center for Assisted Living
- Michigan Directors of Services to the Aging

AASA staff participate in Attorney General's Elder Abuse Task Force, serving on the policy and legislation, courts and state court administrative office, multi-disciplinary team development and engagement, public awareness, and education and training committees.

Prevention of Elder Abuse, Exploitation and Neglect

Fiscal year 2019 marked the fifth year of AASA's Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative. The state funded PREVNT initiative:

- Implements new or on-going elder abuse and detection efforts;
- Raises awareness through education, counseling, mediation, and identification and replication of best practices; and
- Provides training in the areas of elder abuse laws, reporting, screening, bullying, and mental health issues in communities across Michigan.

PREVNT Initiative grantees	**2019**
Area Agency on Aging of Western Michigan	$70,000
Detroit Area Agency on Aging	$98,744
Disability Network (Oakland & Macomb)	$70,000
Elder Law of Michigan	$90,000
Great Lakes Legal Services	$115,000
Kalamazoo Co. Health and Community Services Dept./ Area Agency on Aging IIIA	$70,000
Michigan State University	$51,264
Prosecuting Attorney Association of Michigan	$70,000
Region 2 Area Agency on Aging	$70,000
Tri County Office on Aging	$50,000
UPCAP Services Inc. – Area Agency on Aging Region 11	$75,000
Wayne State University -Institute of Gerontology	$134,992
TOTAL	**$965,000**

LEGAL SERVICES 2019 SUMMARY

10,049 INDIVIDUALS SERVED

23,433 UNDUPLICATED CASES

695 COMMUNITY EDUCATION PRESENTATIONS OFFERED

22,580 CASE WORK HOURS CLOCKED BY STAFF

Legal Services

Legal services, a priority service under the federal Older Americans Act, are critical to protecting the rights of older adults. In Michigan, seven legal assistance providers ensure that older adults have access to needed legal services and may address barriers to living in the least restrictive setting of their choice.

Legal assistance includes information and referral, advice and counsel, education, and direct representation. Services are targeted to older individuals in economic and/or social need, including those with limited English proficiency, low incomes, minority individuals, those who live in rural areas, and frail individuals.

Housing, elder abuse, scams/financial exploitation, and assistance with wills and advance directives were the top areas of legal assistance provided.

State Long Term Care Ombudsman Program

The federal Older American's Act requires that a Long Term Care Ombudsman Program (LTCOP) operate in each state under the auspices of the state unit on aging. In Michigan, AASA contracts with the Michigan Advocacy Program (MAP) to carry out all ombudsman duties.

The State Long Term Care Ombudsman Program office is located within the Michigan Elder Justice Initiative (MEJI) in Lansing and is comprised of the State Long Term Care Ombudsman (SLTCO), two Assistant State Long Term Care Ombudsmen, and legal counsel.

The Michigan Long Term Care Ombudsman Program (MLTCOP) strives to improve the quality of care and quality of life for residents of nursing homes, homes for the aged (HFA), and adult foster care homes (AFC).

To accomplish this mission, the program:

- Receives and attempts to resolve complaints made by, or on behalf of, residents in long-term care facilities.
- Provides information to the public about issues facing long-term care residents.
- Works with long-term care providers to resolve issues of common concern.
- Provides education and consultation to residents, family members and the general community on a variety of long-term care topics including resident rights, abuse prevention and ombudsman services.
- Collects and reports data regarding the number of complaints handled as well as other program activities.
- Facilitates community education on preventing abuse, neglect and financial exploitation of vulnerable adults.
- Provides information to public agencies, legislators and others on problems impacting the rights of residents and makes recommendations for issue resolution.
- Advocates at the state and federal level to ensure rules and regulations support residents' rights and quality of life

Top Three Complaints in FY 2019	Number
Discharge/Eviction: Planning, notice, procedure, implementation, including abandonment	417
Legal: Guardianship, conservatorship, power of attorney	207
Care: Staff failure to respond to requests for assistance	178

State Health Insurance Assistance Program & Medicare Improvements for Patients and Providers Act

The State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act (MIPPA) help older adults and people with disabilities thrive in place by providing bias-free confidential information on Medicare and Medicaid programs.

Michigan contracts with Medicare/Medicaid Assistance Program Inc. (MMAP, Inc.) to provide SHIP services. MMAP, Inc., in turn, subcontracts with the 16 area agencies on aging and 90 community partners. Counselors provide help understanding Medicare options and offer education sessions such as "Welcome to Medicare."

- In fiscal year 2019, MMAP, Inc. counselors served 81,067 Medicare beneficiaries. Each year counselors help thousands of Medicare beneficiaries during open enrollment for Medicare Part D, prescription drug coverage. The total savings for Part D assistance was $26,683,648.

MMAP, Inc. administers the MIPPA Area Agency on Aging and MIPPA SHIP grants. These grants are set-up as a purchase of service pool to reimburse partners for enrollments into the Low-Income Subsidy and Medicare Savings Programs. Partners are also reimbursed for outreach and education events.

- In fiscal year 2019, 1,346 enrolled in Low Income Subsidy, 2,356 enrolled in the Medicare Savings Program, and 96 outreach events took place through the purchase of service pool.

The MIPPA Aging and Disability Resource Collaboration (ADRC) grant is managed by AASA. Four Aging and Disability Resource Collaborations are contracted for the MIPPA ADRC grant, serving both urban and rural areas. Partners provide education and outreach and enrollment assistance for Low Income Subsidy, Medicare Savings Program and Medicare Part D.

- In fiscal year 2019, ADRC partners conducted 294 outreach events and enrolled 65 people in the Medicare Savings Program, 25 enrolled in Low Income Subsidy, and 328 enrolled in Medicare Part D.

State Plan Goal 4: Conduct responsible quality management and coordination of the aging network

Area Agency on Aging Planning and Performance Monitoring

As a condition of receiving state and federal funding for AASA-funded services, area agencies on aging (AAA) are required to prepare multi-year and annual service plans that describe how funds will be used and services provided to meet local community needs. To support the service planning process, AASA provided the following oversight prior to approval by the Michigan Commission on Services to the Aging:

- AAA service plans were thoroughly reviewed.
- Formal area plan performance assessments were conducted.
- Financial, program, and audit reports were reviewed.
- On-site monitoring of AAA governance and program/financial operations was conducted.
- Technical assistance was provided.

Additionally, the following activities were added to in 2019 to AASA's instructions for the 2020-2022 multi-year planning cycle:

- AAAs were required to complete a service coordination continuum for their planning and service areas to maximize access and service capacity.
- New quality outcome measures were added for care management and case coordination and support services focusing on participant satisfaction, quality of life before and after receiving services, social isolation, incidence of emergency room visits and hospital stays and the prevalence of inadequate nutrition and dehydration.
- New quality improvement guidelines were added for screening caregivers. These guidelines include questions to be asked of caregivers related to their service preferences, stress levels, perceived service needs, problems they are experiencing and existing financial resources.

Financial Management

AASA is awarded federal and state grants to support administrative and service activities necessary to carry out the goals and objectives identified in the older Americans act and other grants. These funds are subject to certain regulations, oversight, and audit.

A primary obligation of AASA is to ensure that area agencies on aging (AAAs) and other grantees are using state and federal funds in a way that is accountable to the public trust, and in keeping with applicable laws and regulations governing programs within its purview. AASA established an adequate and effective system of accounting, internal controls, records control, and records retention. To this end, these activities took place.

- AASA completed on-site financial monitoring of area agencies on aging and followed a closeout process to ensure the recipient is following federal and state regulations.
- Improvements were made to AASA's Aging information System to substantiate and ensure financial data is accurate and consistent. The information is used as a part of how we gauge the success of programs and initiatives.
- AASA continues to provide guidance and technical assistance as a means for ensuring that the grant recipient is complying with the award agreement. Two statewide meetings held in the spring and fall of fiscal year 2019 for AAAs to discuss various policies and reporting issues and provide opportunities to showcase best practices related to operations.
- Fiscal year 2018 financial audits on all area agencies on aging were successfully closed. Audit findings or compliance items were followed up on per the OMB circular uniform guidance as required.

Emergency Preparedness

In times of public emergency or natural disaster crises, AASA reports to the Michigan State Police's State Emergency Operations Center (SEOC) to help facilitate an effective and coordinated emergency response.

During SEOC activations, AASA is the state unit on aging designated liaison to the Michigan State Police Emergency Management Division (MSP-EMD), the Michigan Department of Health & Human Services – Office of Public Health Preparedness (MDHHS-OPHP), the Federal Emergency Management Agency (FEMA), and other appropriate local, state and federal emergency preparedness and homeland security agencies.

In fiscal year 2019:

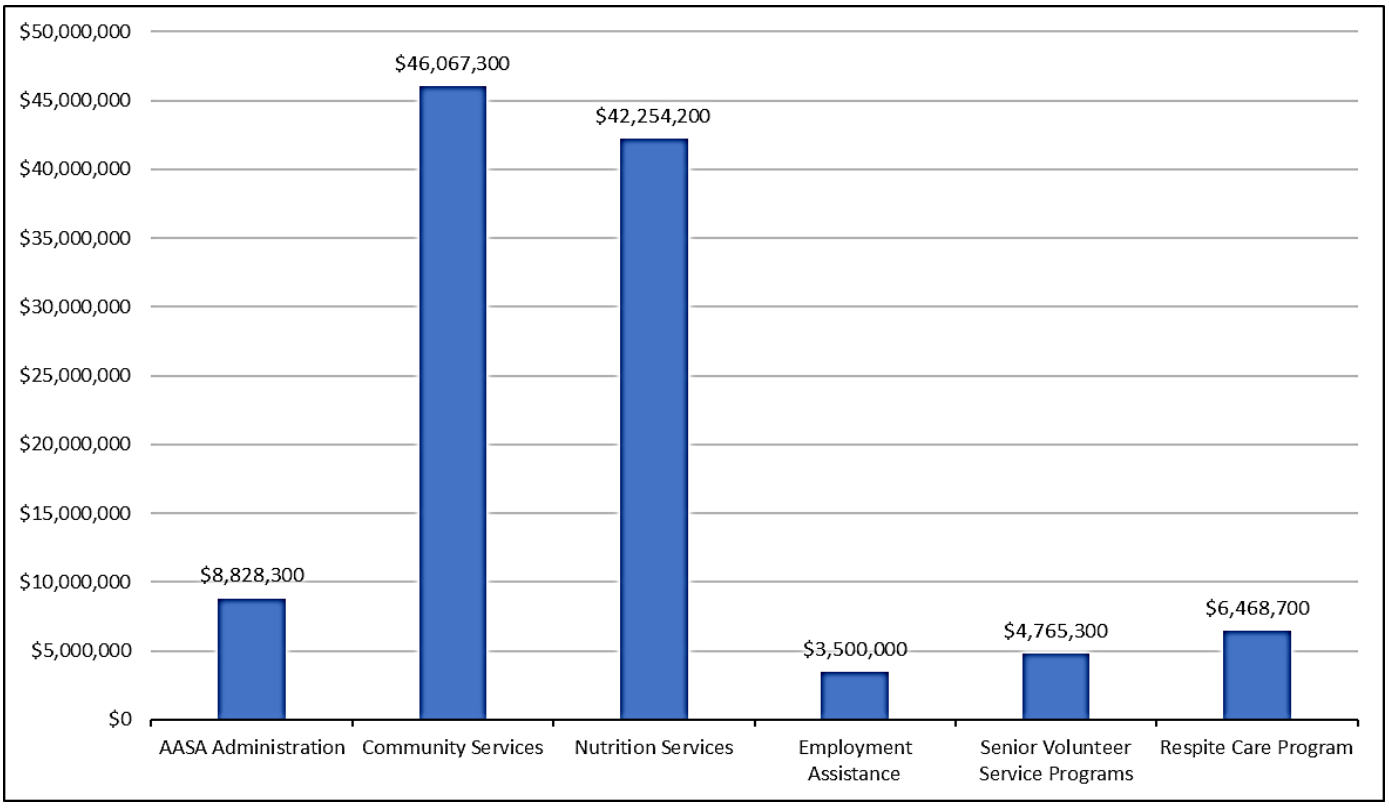
- AASA and several area agencies on aging participated in two emergency management training drills, both simulating nuclear power plant disasters. The aging network was able to efficiently respond with accurate data to quickly identify at-risk clients residing within a defined radius of the disaster.
- The aging network also responded to the following actual weather-related issues/disasters:
    - Polar Vortex causing extreme cold and wind (statewide);
    - Extreme heat conditions during the summer months (statewide);
    - Flooding (statewide); and
    - Water contamination (City of Flint, Clark Lake, Grand Ledge).

Fiscal Year 2019 Budget Appropriation

AASA Administration	$8,828,300
Community Services	$46,067,300
Nutrition Services	$42,254,200
Employment Assistance	$3,500,000
Respite Care Program	$6,468,700
Senior Volunteer Service Program	$4,765,300
Gross Appropriation	$111,883,800

Appropriated From

Capped federal revenues	$371,500
Total other federal revenues	$59,094,200
Total private revenues	$520,000
Michigan merit award trust fund	$4,068,700
Total other state restricted revenues	$2,000,000
State general fund/general purpose	$45,829,400

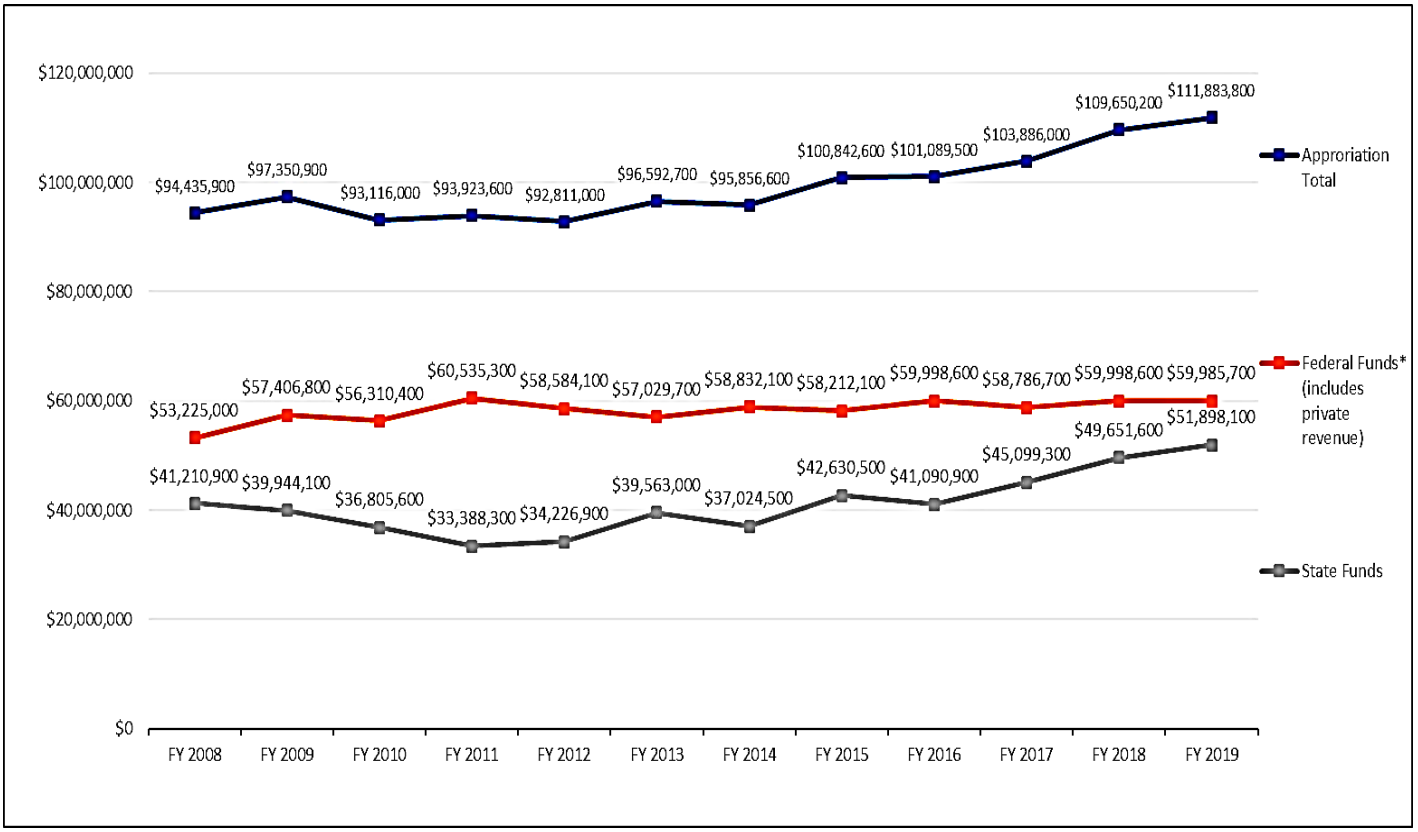


**AASA administration costs include $1 million for the Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative*

Michigan Legislature Appropriation Bills 2018 PA 207 SB 848 Omnibus Budget Appropriation Bill - http://www.legislative.mi.gov

AASA 2008-2019 Appropriation Trend

This chart shows AASA state and federal funding levels from fiscal year 2008 through fiscal year 2019.



**Fiscal year 2016 state appropriation is adjusted to reflect funds coming directly to AASA. The total initial appropriation for AASA included funding for the Program for All-inclusive Care (PACE). PACE was not transitioned to AASA during fiscal year 2016 and, as such, the appropriated PACE funding was transferred to the Medical Services Administration to support PACE operations during 2016.*

Fiscal Year 2019 Budget Summary – Area Agencies on Aging

Area Agency on Aging	Administration	Services	Total
Detroit Area Agency on Aging	$419,959	$8,144,296	$8,564,255
Area Agency on Aging 1-B	$1,206,530	$22,012,465	$23,218,995
The Senior Alliance, Inc.	$413,650	$7,479,969	$7,893,619
Region 2 Area Agency on Aging	$148,598	$2,899,939	$3,048,537
Region 3-A Area Agency on Aging	$99,263	$1,862,916	$1,962,179
Region 3B Area Agency on Aging	$96,697	$1,816,979	$1,913,676
Branch-St. Joseph Area Agency on Aging	$54,127	$1,058,586	$1,112,713
Region IV Area Agency on Aging, Inc.	$149,309	$2,700,727	$2,850,036
Valley Area Agency on Aging	$262,451	$5,063,629	$5,326,080
Tri-County Office on Aging	$181,849	$3,365,156	$3,547,005
Region VII Area Agency on Aging	$369,481	$6,945,135	$7,314,616
Area Agency on Aging of Western MI, Inc.	$425,790	$7,899,276	$8,325,066
Northeast MI Community Services Agency, Inc.	$192,124	$3,961,587	$4,153,711
Area Agency on Aging of Northwest MI, Inc.	$185,721	$3,867,030	$4,052,751
U.P. Area Agency on Aging	$270,171	$5,467,184	$5,737,355
Senior Resources	$189,451	$3,303,125	$3,492,576
Totals	**$4,665,171**	**$87,847,999**	**$92,513,170**

Source: Information from Statement of Grant Award 2019-7 issued 9/25/2019

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Karen Wintringham, South Lyon
John Zimmerman, Traverse City

Ex-Officio: Mary Engelman, MI Women's Commission; Robyn Ford, Social Security Administration

Area Agencies on Aging

Region 1-A: Detroit Area Agency on Aging, Serving cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, Highland Park

Region 1-B: Area Agency on Aging 1-B, Serving Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw Counties

Region 1-C: The Senior Alliance, Serving all of Wayne County except Region 1-A

Region 2: Region 2 Area Agency on Aging, Serving Hillsdale, Jackson, Lenawee Counties

Region 3-A: Region 3-A Area Agency on Aging, Serving Kalamazoo County

Region 3-B: Region 3-B Area Agency on Aging, Serving Barry, Calhoun Counties

Region 3-C: Branch-St. Joseph Area Agency on Aging, Serving Branch, St. Joseph Counties

Region 4: Region IV Area Agency on Aging, Serving Berrien, Cass, Van Buren Counties

Region 5: Valley Area Agency on Aging, Serving Genesee, Lapeer, Shiawassee Counties

Region 6: Tri-County Office on Aging, Serving Clinton, Eaton, Ingham Counties

Region 7: Region VII Area Agency on Aging, Serving Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola Counties

Region 8: Area Agency on Aging of Western Michigan, Serving Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola Counties

Region 9: Region IX Area Agency on Aging, Serving Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon Counties

Region 10: Area Agency on Aging of Northwest Michigan, Serving Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford Counties

Region 11: U.P. Area Agency on Aging, Serving Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties

Region 14: Senior Resources, Serving Muskegon, Oceana, Ottawa Counties

See page 9 for map.

Service Unit Measures

Service Name	Service Unit Measure
Case Coordination & Support (CCS)	One hour of component CCS functions[1]
Disaster Advocacy & Outreach	Each hour of community education activities
Information & Assistance (I&A)	One hour of component I&A functions
Outreach	One hour of outreach service
Transportation	Transportation & Assisted Transportation: One, one-way trip per person
Chore	One hour of allowable chore tasks
Home Care Assistance (HCA)	One hour of allowable HCA activities
Home Injury Control	Installation/maintenance of one safety device in older adult's residence
Homemaking	One hour of allowable homemaking activities
Home Health Aide (HHA)	One hour spent performing HHA activities
Medication Management	Each 15 minutes (.25 hours) of allowable activities
Personal Care	One hour spent performing personal care activities
Personal Emergency Response (PERS)	One month of monitoring Participant & each occurrence of equipment installation
Friendly Reassurance	Each contact w/ homebound older person
Congregate Meals	One meal to an eligible participant
Home-Delivered Meals	One meal to an eligible participant
Nutrition Counseling	One hour of advice and guidance
Nutrition Education	One educational session
Disease Prevention/Health Promotion	One activity session or hour of related service provision
Health Screening	One complete health screening per Participant, per year (including referral & follow-up)
Assistance to the Hearing Impaired	One hour of allowable activities or each community session
Home Repair	One hour of allowable home repair activities
Legal Assistance	One hour of an allowable service component
Senior Center Operations	One hour of senior center operation

Service Name	**Service Unit Measure**
Senior Center Staffing	One hour of staff time worked
Vision Services	One hour of service provided or one group education session
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	One hour of contact with organizations to develop coordinated, comprehensive services
Counseling Services	One hour of counseling services (including direct Participant contact & indirect Participant support)
Caregiver Education Support & Training	One hour of counseling or one session
Respite Care, Adult Day Care, Dementia Adult Day Care, Specialized Respite Care, & Kinship Respite Care	One hour of care provided per participant
Caregiver Supplemental Services	One good or service purchased or each hour or related service provision
Caregiver Education Support & Training OR Caregiver Supplemental Services	One activity session or hour of education, support, and/or training service provision

[1]"Allowable activities" and "component [service] functions" are described in AASA Operating Standards for Service Programs.

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