

**MICHIGAN**  
**STATE PLAN ON AGING**  
**FISCAL YEARS 2018-2020**

State of Michigan  
Department of Health and Human Services  
Aging and Adult Services Agency  
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June 16, 2017

*The Aging and Adult Services Agency is an equal opportunity employer and program provider.  
This state plan on aging is required as a condition of funding from the Administration for Community Living,  
U.S. Department of Health and Human Services.*

## Michigan FY 2018-20 State Plan on Aging Verification of Intent

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This state plan on aging is submitted on behalf of Rick Snyder, Governor, state of Michigan, for the three-year period beginning October 1, 2017 through September 30, 2020. The plan includes information required in federal program instruction AoA-PI-14-01, namely:

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

As the designated state unit on aging, the Aging and Adult Services Agency, under the Michigan Department of Health and Human Services, is granted authority to develop and administer the state plan, and is responsible for coordination of all state activities related to purposes of the Older Americans Act of 1965, as amended, and the Older Michiganians Act of 1981. The Michigan Commission on Services to the Aging, a governor-appointed body, is granted authority for expenditure of funds related to these laws.

This state plan on aging is hereby approved by the Michigan Commission on Services to the Aging, with authorization to proceed with activities under the plan upon approval by the Assistant Secretary for Aging, Administration for Community Living, U.S. Department of Health and Human Services.

The designated representatives below verify the intention of the state of Michigan to carry out all statutory and regulatory requirements related to this state plan on aging for FY 2018-2020.

Signed:



June 16, 2017

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Richard Kline, Senior Deputy Director  
Aging and Adult Services Agency  
Michigan Department of Health and Human Services

Date



June 16, 2017

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Dona J. Wishart, Chair  
Michigan Commission on Services to the Aging

Date

## Table of Contents

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Executive Summary .....	1
Context .....	4
Overview – State Plan Goals and Issue Areas .....	11
State Plan Goal #1 .....	12
Advocate for, inform, and empower those we serve.	
State Plan Goal #2 .....	15
Help older adults maintain their health and independence at home and in their community.	
State Plan Goal #3 .....	20
Promote elder and vulnerable adult rights and justice.	
State Plan Goal #4 .....	23
Conduct responsible quality management and coordination of Michigan’s aging network.	
<b>Attachments</b>	
A. State Plan Assurances and Required Activities	
B. Information Requirements	
C. Intrastate Funding Formula	
D. Planning and Services Areas	
E. Area Agencies On Aging	
F. Public Hearing Summary	

# Michigan FY 2018-20 State Plan on Aging

## Executive Summary

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*The Aging and Adult Services Agency (AASA) is pleased to present Michigan's state plan on aging for FY 2018-20. This plan reflects how Michigan will move forward with advocacy, policy, and program priorities that build on past successes, challenges, and experiences.*

### **Background – Michigan's Story**

For more than 40 years, AASA, now within the Michigan Department of Health and Human Services, has provided statewide leadership, direction, and resources aimed at helping older residents live their lives with dignity and a sense of purpose in their community. Over this time, AASA's vision for Michigan residents to live well as they age has been unwavering, and remains as relevant today as in the 1960's and 1970's when our country first came to view the unique needs of older adults as a national priority.

Today, a robust system of services exists in Michigan to help people remain in whatever setting they call home, and that complement care provided by family, friends, and others in the community. This system – a partnership known as the aging network – offers an array of federal and state-funded programs in every corner of the state. In Michigan, AASA is a necessary and integral part of this partnership between the Administration for Community Living at the federal level, AASA at the state level, 16 regional area agencies on aging, and 1,200 local community-based agencies. This state plan continues to build the capacity of Michigan's aging network to deliver services in a person-centered, cost effective way that best meets people's needs.

### **FY 2018-20 State Plan on Aging**

Moving forward, Michigan's state plan on aging for FY 2018-20 focuses on four broad goals:

- Advocate for, inform, and empower those we serve.
- Help older adults maintain their health and independence at home and in their community.
- Promote elder and vulnerable adult rights and justice.
- Conduct responsible quality management and coordination of Michigan's aging network.

### **Goal #1 Advocacy**

This FY 2018-20 state plan recommit AASA to serving as a visible and effective advocate for older and vulnerable Michigan residents in governmental decisions. Among its advocacy duties, AASA also serves as a reliable source of information (i.e. research, service data, census by legislative district, service wait list data) that informs area agencies on aging and aging network service providers in their aging advocacy work. This information is, in turn, often used to empower older adults to participate in the policy-making process. Older advocates helped pass 11 elder abuse bills in 2015, for example. And as a result of senior advocacy, 60 of 83 Michigan counties, at minimum, now have local millages specifically designated for senior programs.

Working with AASA, the Michigan Commission on Services to the Aging (CSA) represents the interests of older residents in state-level advocacy. In this spirit, AASA will provide advice and counsel to the newly-formed CSA advocacy committee in their efforts.

The State Advisory Council is also an important group of active and informed advocates, empowered by the Commission to make their voices heard on issues important to older

Michigan residents. Most recently, the Council submitted their well-researched report entitled *Direct Care Workers: Training, Certification, Accountability, and Retention* to the governor and Michigan legislature. Many of the direct care worker issues presented in this report (e.g., ensuring workers are paid a living wage and receive affordable, standardized training) have been at the forefront of concerns of area agencies on aging, and have repeatedly been raised at Commission-sponsored public hearings.

## **Goal #2 Maintain Health and Independence**

### **Core Programs**

This FY 2018-20 state plan recommit AASA to maintaining Older Americans Act “core programs” at the highest level possible. Core programs serve as the foundation for supports and services provided by the aging network that help people maintain their health and independence, in their home setting of choice. They are targeted to those who are frail, and those who are economically and socially vulnerable.

Core programs are: a) access services that include information and assistance, outreach, transportation b) in-home services for those with limitations that prevent them from caring for themselves c) congregate and home-delivered meals d) services for caregivers to get relief from caregiver duties, and e) a wide variety of community services that make living at home possible.

AASA will be engaging in and providing leadership on a number of initiatives that build on the core programs provided so well through Michigan’s aging network. Among the highlights:

### ***Long-Term Supports and Services Process Improvement***

AASA has been designated as the lead state agency of an initiative to identify opportunities to improve access for individuals seeking long-term supports and services (LTSS) across all of state government. A strong coalition of cross-departmental state-level partners was formed in 2015, with the help of a federal grant, and will continue its work to:

- Reduce waste and redundancy in LTSS processes, improve coordination between services and programs, and develop a comprehensive, integrated system; and
- Streamline and redesign processes to increase access to information, improve eligibility determination and enrollment in LTSS, and increase consumer satisfaction.

### ***Person-Centered Planning***

Person-centered planning (PCP) is an essential component of Michigan’s LTSS process improvement initiative being spearheaded by AASA, as the state seeks to streamline, coordinate, and integrate LTSS programs. Currently Michigan’s LTSS do not implement PCP in a consistent manner that is measurable across all state services for customer satisfaction, quality, and effectiveness. A state plan priority is to ensure that participant preferences are honored using a standardized method for conducting PCP across the entire LTSS system.

### ***Special Grant – Dementia-Specific Capacity Building***

Family members are the backbone of LTSS, and their personal and financial contributions are especially enormous when caring for persons with dementia. The disease trajectory is long, and nursing facility care is not appropriate for persons without skilled nursing care needs. According to the national Alzheimer’s Association, in 2016, 510,000 dementia caregivers in Michigan provided more than 582 million hours of unpaid care a year, valued at over \$7 billion.

AASA successfully competed for a three-year, \$591,870 federal grant from the Administration for Community Living to build the capacity of area agencies on aging by diffusing dementia

knowledge, skills, and practices throughout home and community-based services to improve care for persons with dementia, and to create a dementia-capable service system. Six rural area agencies on aging have volunteered to participate in this project. Michigan's area agencies on aging – as recipients of both Older Americans Act funds through AASA and Medicaid Waiver funding through the state's Medical Services Administration – are ideally positioned to build capacity of programs from both funding sources. We anticipate that lessons learned will be extended to building dementia-specific capacity of the remaining 10 area agencies on aging.

This grant builds on past efforts aimed at improving upon or expanding the depth and breadth of core aging and LTSS offered through the aging network. Of particular note is AASA's work on *Creating Confident Caregivers®*, an evidence-based program that has served 5,300 people who care for someone with dementia, through 615 local programs held, since its inception in 2008. Since *Creating Confident Caregivers®* became an AASA service definition in 2015, 12 of 16 area agencies on aging now offer the program as part of the array of services they provide.

### **Goal #3 Elder Rights and Justice**

New to this FY 2018-20 state plan is the addition of the Adult Protective Services (APS) program. Beginning in 2015, policy development staff for APS came under the purview of AASA in order to better coordinate resources. APS provides protection to vulnerable adults age 18 and older who are at risk of harm due to the presence or threat of abuse, neglect, and/or exploitation. Family members are the most frequently alleged perpetrators of harm.

In FY 2016:

- 43,129 total referrals were received and 25,854 total referrals were investigated;
- 25,215 referrals were made for adults age 60 or older; and
- 31% of investigations substantiated that there was harm.

APS joins the cluster of programs administered by AASA whose primary goal is to protect the rights, safety, and autonomy of older and vulnerable adults, namely the Michigan Long-Term Care Ombudsman Program and legal services programs.

### **Goal #4 Quality Management**

This FY 2018-20 state plan also recommit AASA to ensuring that the aging network is managed well, and as intended, through the laws that govern what we do – that financial resources are spent wisely and efficiently, that priorities are defined, and that decision-making is data-driven, as appropriate. To these ends, this is a sampling of initiatives AASA will undertake to ensure a comprehensive, coordinated and well-managed system of services is available to Michigan's older and vulnerable adult citizens:

- Financial assessments will be expanded to include new federal compliance measures, and grantees will be provided support technical assistance to establish and meet their performance goals.
- The system for evaluating and monitoring financial management activities will be streamlined and enhanced through an electronic risk assessment that will tailor financial management activities to each grantee, including corrective action plans.
- An exhaustive review of operational and service standards, as well as policy transmittal letters, will take place and necessary updates made to ensure consistency in meeting current state expectations.
- Area agencies on aging will be closely monitored and assessed for compliance with their area plans.
- Enhancements will continue to be made to AASA's internet-based Aging Information System in order to provide secure information systems, and to support informed decision-making for effective service delivery.

## **Michigan FY 2018-20 State Plan on Aging Context**

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### **Demographics**

The state's growing older adult population is, in part, driving the need for policies, programs, funding, and advocacy that improve quality of life for those in their golden years of adulthood. In 2010, for example, Michigan's population age 60 and older stood at 1.8 million. Today, that number has grown to more than 2.2 million people, or 22% of the state's population. Further, the U.S. Census projects 2.7 million older Michigan residents by 2030. Those age 85 and older continue to be the fastest growing population segment in our state. The growth of the older population has implications for Michigan's community-based long-term supports and services, some of which continually have waiting lists of people whose critical needs simply cannot be met with existing resources.

These additional demographic factors for the age 60 and older population group, based on the 2015 U.S. Census, American Community Survey, also influence policy and program decision-making:

- The majority of older adults (55%) is female;
- For those age 60 or older, 14.1% identify as something other than of white European ancestry. African Americans represent the largest of such groups at 10.7%; Asians represent 1.6%; American Indians and Alaska Natives comprise 0.4%; 0.4% identify as some other race; and 1% identify as being two or more races. Additionally, 1.9% of those age 60 or older identify as Hispanic.
- A person age 60 or older resides in 39% of all Michigan households;
- 46% live with a spouse; 39% live alone; 10% live with relatives; 3% live with non-relatives, and; 3% live in group quarters;
- There are 367,301 veterans age 60 and older;
- 88% graduated from high school; 29% have had some college; and 24% have a Bachelor's degree or higher.

Geography plays an important role in considering how best to serve Michigan's older adult population. The cultures of urban, suburban, and rural settings are different, and each presents a very different profile of people with its own unique characteristics and available resources. Detroit, Saginaw, and Flint, for example, are very different from Escanaba in the Upper Peninsula and Lake County in rural northern Michigan. And those are considerably different from suburban Oakland County.

Because Michigan's older and vulnerable adults, themselves, are heterogeneous in most ways, a flexible and multi-faceted approach to aging policies and programs is necessary to meet people's complex needs, wants, and preferences. While Older Americans Act programs are available to all older Michigan citizens age 60 and over, this state plan speaks to increasing outreach and service to the many diverse populations that continue to add to Michigan's richness and vibrancy. For AASA, "diversity and inclusion" are broadly defined to include people of various races and ethnicities, veterans, lesbian/gay/bi-sexual/transgender individuals, adults with disabilities, American Indian elders, refugees, and those with limited English proficiency.

## ***State Plan Development***

AASA's FY 2018-20 state plan on aging has been carefully assembled, and is based on these important factors:

- Mandates of the federal Administration for Community Living;
- FY 2016 amendments to the Older Americans Act;
- Information presented in area plans of Michigan's 16 area agencies on aging;
- State-level staff expertise on myriad aging issues;
- Consultation with the Michigan Commission on Services to the Aging;
- Information gleaned from Michigan's State Advisory Council, comprised primarily of older adults who remain an ongoing source of information on local level issues;
- Ongoing communication with our program development and policy-making partners – statewide associations, organizations, and advocacy groups that share our mission, other state departments, and educational institutions involved in gerontology; and
- Input received through public hearings.

### ***Michigan Commission on Services to the Aging***

The views, opinions, and experiences of older adults and their caregivers, service providers, and area agency on aging representatives have always proven valuable in understanding the impact of aging network programs throughout the state. To this end, public hearings are hosted by the Michigan Commission on Services to the Aging (CSA), a bi-partisan group of 15 members, appointed by the governor. The CSA advises policymakers on matters of aging, and works with AASA on successfully meeting its federal and state mandates, including development of this state plan.

The CSA holds five public hearings each year. These hearings have become a useful venue for service providers to showcase their programs, for people to reaffirm the aging networks' mission, and for older adults and others to express issues important to them. A recurring theme heard from many during the public hearing process related to finding, paying, training, and retaining direct care workers who are a vital resource for helping homebound older adults.

### ***State Advisory Council on Aging***

The State Advisory Council on Aging also provides significant insight and local perspective in researching critical aging issues for the CSA, while providing considerable wisdom in advising on state policies that impact Michigan's older adults, whom they represent. Each year the Council studies an aging topic deemed important by the CSA. Recommendations for future action on each topic are presented to the CSA at an annual joint meeting.

### ***Opportunities and Challenges***

Perhaps the aging networks' greatest assets are its stability, its ability to respond quickly to change, its well-trained and informed workforce, and its ability to mobilize senior voices when legislative advocacy is warranted. These strengths can only come from the more than 40 years of experience, successes, and challenges that have led us to this moment.

Michigan's older adult population is, indeed, growing. While true this places notable stress on aging network resources, at the same time it offers opportunities for local communities to engage in becoming more livable for older adults and people of all ages through, for example, participation in AASA's Communities for a Lifetime Program.

Technology will continue to be our friend. Already our investment and reliance on technology has supported informed decision-making, and has created efficiencies in our financial and program management processes in ways not even considered a few years ago.

And finally, partnerships are essential. As the aging network's state leader, AASA acknowledges that it cannot operate in isolation to be truly effective. Tapping the collaborative spirit of public and private sector partners who share our vision and mission has great potential for leveraging financial resources, exploring innovations, and sharing ideas and best practices. The majority of this state plan is built on working in partnership and collaboration with others, as noted throughout many of the state plan objectives.

### ***Core Programs***

Core programs serve as the foundation for services provided by the aging network. They help keep older adults at home for as long as possible, and complement care provided by family or friends by supporting basic, daily functions, like bathing and food preparation. They also help older adults and families stay informed about the array of programs available to them in their community. Effectively targeting core programs helps AASA respond to the challenge of maintaining or increasing service levels.

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

- a. *Access Services* – Access services include care management, case coordination and support, information and assistance, outreach, and transportation.
- b. *In-Home Services* – Older adults needing these services are those with functional limitations that prevent them from caring for themselves, and who do not have sufficient informal support to help them meet their needs. In-home services include chore, friendly reassurance, homemaker, home health aide, home injury control, medication management, and personal care.
- c. *Nutrition Services* – Nutrition services are a foundational component of home and community-based services offered through the aging network. Nutritious meals are provided to homebound older adults and to older adults in community settings. This program is also known to combat social isolation, and offers an important link to other needed in-home and community-based services such as homemaker, transportation, and/or home repair and modification.

As the largest program administered by Michigan's aging network, the nutrition program served 10,448,990 meals to 104,825 participants in FY 2016. As part of AASA's continuing effort to ensure this program is the best it can be, included in this state plan is an AASA-hosted nutrition summit for all nutrition service providers funded by Titles III and VI. A planning group will be assembled to plan the event to ensure its usefulness to invitees.

- d. *Caregiver Services* – These services allow caregivers the opportunity to work, take a break, take time to care for themselves, and get relief from caregiving duties. Studies show that when caregivers receive the services matched to their needs, they are better able to cope with their caregiving duties over a longer period of time. Caregiver services include counseling, respite, and adult day programs.
- e. *Community Services* – Community services complement those provided through existing medical and health care systems to, among other things, help prevent hospital

readmissions by supporting activities of daily living. Community services include assistance to the hearing-impaired, counseling, evidence-based health promotion and disease prevention, elder abuse prevention, health screening, home repair, legal assistance, long-term care ombudsman, personal emergency response, senior center staffing, and vision services.

*Refer to Goal #1-Objective 1D; Goal #2-Objectives 2F, 2G;  
Goal #3-Objectives 3D, 3E for additional information.*

### **American Indian Elders**

Federal state plan guidelines require that AASA coordinate Michigan's core programs funded under Title III of the Older Americans Act with Title VI that directly fund Michigan's federally-recognized American Indian tribes for elder services. Currently, 8 of Michigan's 12 tribes, and one organization representing a coalition of tribes, collectively receive \$1,025,149 under Title VI. Michigan has 7,627 American Indian elders which represent .4% of Michigan's age 60 and older population; .6% are served by programs administered by the aging network. Outreach efforts will be undertaken with the American Indian community to identify ways in which collaboration may be useful. At minimum, AASA anticipates collaboration in the area of nutrition.

*Refer to Goal #1-Objective 1E for additional information.*

### **Long-Term Supports and Services Process Improvement**

Michigan's long-term supports and services (LTSS) process improvement efforts will continue, and will build on work started in FY 2015 when AASA was named the lead state agency of an initiative to identify opportunities to improve access for individuals seeking long-term supports and services. AASA was tasked with examining Michigan's LTSS programs, policies, and procedures developed and managed at the state level – across state departments – and ultimately implemented locally.

In FY 2016, the following quality improvements were made in three specific programs – the MI Choice Waiver program, the Independent Living/Home Help (ILS/HH) services program, and Adult Protective Services (APS).

- Participants in the ILS/HH program are no longer required to be medically recertified each year, unless they experience a change in health status. This allows program participants to avoid an unnecessary doctor visits. Work has also begun on redesigning the complex care portion of the ILS/HH program.
- Adult services workers in the APS program and staff from centralized intake now have a protocol to follow to coordinate information when investigations are being assigned. This change helps the program make more accurate, appropriate, and timely assignments for investigations. Work also continues on defining quality and measurable outcomes for the APS program to prove its effectiveness.
- A new policy in the MI Choice Waiver program allows participants in seven piloted regions to arrange for non-emergency medical care in as little as 15 minutes. Previously arrangement for this service took up to 14 days.

In FY 2017, Medicaid funds were made available to continue this work, with the recognition by appointed state leadership that improving Michigan's system of LTSS is an ongoing process involving the institutional commitment and involvement of state-level decision makers.

*Refer to Goal #2-Objective 2A for additional information.*

### **Person-Centered Planning**

Person-centered planning (PCP) is an essential component of Michigan's long-term supports and services process improvement initiative being spearheaded by AASA, as the state seeks to streamline, coordinate, and integrate LTSS programs. Currently Michigan's LTSS do not implement PCP in a consistent, standardized manner that is measurable across all state services and systems for customer satisfaction, quality, and effectiveness.

Various parts of state government that serve older and vulnerable adults and persons with disabilities demonstrate varying levels of commitment to, understanding of, and expertise in PCP. Some do not conduct PCP at all, making it difficult for a person to tell their story once and have their information follow them as they participate in different LTSS along the continuum. Some conduct PCP but never measure customer satisfaction or the competence of practitioners (e.g., supports coordinators) implementing PCP. Even the definition of PCP varies.

Moving forward, one major goal of Michigan's continual quality improvement effort is to standardize how PCP is applied across all programs to make for a satisfying and useful consumer experience that meets their needs.

*Refer to Goal #1-Objective 1C for additional information.*

### **Caregivers**

The National Family Caregiver Support Act (NFCSA) recognizes the extensive demands placed on family members and informal caregivers who provide the vast majority of long-term support to older adults in their lives. In Michigan, this Title III funded program supports adult day services, dementia adult day care, caregiver services, caregiver education, training, kinship support services, and respite care. In 2016, 7,479 caregivers received 835,597 hours of service.

Increasing attention is being given to the needs of caregivers themselves to help avoid situations of caregiver "burn out." Caregivers rise to meet countless challenges, but as their loved one's needs increase, they often find themselves overextended physically, mentally, and financially. It is important, then, that resources are available for caregivers to strike that essential balance between meeting their own personal needs and needs of those they care for.

The modest resources of the NFCSA empower caregivers with information and direct support. Michigan is also fortunate to have Merit Award Trust funding that has been made available to support respite and adult day services. There is also a special appropriation of escheated, uncashed health insurance payments that supports respite and adult day services. Studies show that a person-centered approach to understanding and meeting caregiver needs is essential. AASA is exploring ways to enhance our systems evaluation of individual caregiver needs.

*Refer to Goal #2-Objective 2D for additional information.*

### **Special Grant – Dementia**

Family members (e.g., spouses, children) are the backbone of long-term supports and services, and their personal and financial contributions are especially enormous when caring for persons with dementia. The disease trajectory is long, and nursing facility care is not appropriate for persons without skilled nursing care needs. In Michigan, the number of persons with dementia range from 131,265 of the age 65 and older population to 180,000 persons of all ages. About 70% of those with dementia live at home.

With the help of several federal grants over many years, AASA has completed extensive work on dementia-related issues, especially with regard to training of caregivers. In FY 2017, AASA competed for and received a three-year, \$591,870 federal grant to diffuse dementia knowledge, skills, and practices throughout the home and community-based service system in order to improve care for persons with dementia and create a dementia-capable service system.

Six rural area agencies on aging and the state's Medical Services Administration that administers the Medicaid program are grant partners in this initiative. It is anticipated that the capacity of Michigan's service system will be strengthened by creating a "no wrong door" for connecting people with dementia and caregivers to available services.

*Refer to Goal #2-Objective 2H for additional information.*

### **Direct Care Workers**

There are currently 171,490 direct care workers (DCWs) in Michigan, and it is estimated that an additional 24,000 DCWs will be needed by 2022. The net effect of this shortage is being acutely felt by the aging network. The importance of the role that DCWs have in the LTSS system cannot be overstated as they provide older and vulnerable adults and people with disabilities or chronic illness the essential help needed with daily activities.

In recent years, AASA and its partners completed a federal demonstration project to develop and formally evaluate a training program that presents key competencies required to be a successful direct care worker. Called *Building Training...Building Quality* (BTBQ), this 77-hour training encompasses twenty-two 3.5 hour modules consistent with nationally required core competencies. Over the past two years the BTBQ curriculum has been further revised and is now recognized as an evidence-based program.

Based on past successes, AASA will continue collaborating with state/local partners to expand the BTBQ program to increase the number of competent DCWs who provide in-home supports to Michigan's older adult and disability population in a person-centered way. AASA and partners will also implement grants and secure other resources to sustain the BTBQ program over time. Partners include Michigan State University, the Paraprofessional Health Care Institute, area agencies on aging, and Medicaid waiver agents.

*Refer to Goal#2-Objective 2C for additional information.*

### **Community Engagement**

Engaging communities in the process of becoming more "age-friendly" has been a long-standing AASA priority. Through the Communities for a Lifetime (CFL) program, AASA works with a variety of local municipalities, counties, and cities to assess and develop a plan to make communities more desirable and welcoming living environments for older adults and people of all ages. Communities choosing to develop and implement a plan may apply for certification as a Community for a Lifetime awarded by the Michigan Commission on Services to the Aging.

Plans may include making streets walkable, creating a safe pedestrian environment, ensuring easy access to shopping centers, and ensuring a mix of housing types, for example. With the aging of Michigan's population, this initiative will become even more critical to ensure our communities are ready to accommodate the needs of an older population.

Michigan currently has 26 communities recognized as Communities for a Lifetime by the Michigan Commission on Services to the Aging. Over the next three years, AASA will work closely with area agencies on aging to have one CFL, at minimum, within each planning and service area.

*Refer to Goal#2-Objective 2B for additional information.*

## **Overview**

### **State Plan Goals and Issue Areas**

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#### **Goal #1**

**Advocate for, inform, and empower those we serve.**

- Legislative Advocacy
- Aging Resource Guide
- Person-Centered Planning
- Inclusion and Diversity
- American Indian Elders

#### **Goal #2**

**Help older adults maintain their health and independence at home and in their community.**

- Long-Term Supports and Services Process Improvement
- Communities for a Lifetime
- Direct Care Workers
- Caregivers
- Veterans
- Nutrition
- Evidence-Based Disease Prevention
- Dementia-Specific Capacity Building

#### **Goal #3**

**Promote elder and vulnerable adult rights and justice.**

- Adult Protective and Prevention Services
- Legal Services
- Michigan Long-Term Care Ombudsman Program

#### **Goal #4**

**Conduct responsible quality management and coordination of Michigan's aging network.**

- Financial Management
- Emergency Preparedness
- Service Mapping
- Comprehensive Review of Operating, Service, and Policy Standards
- Aging Information System
- Area Agency on Aging Planning and Performance Monitoring
- Data Collection Tools

**State Plan Goal #1**  
**Advocate for, inform, and empower those we serve.**

***Issue Area: Legislative Advocacy***

Objective 1A: Be a visible and effective advocate for older and vulnerable Michigan residents in all governmental decisions to ensure public policies serve the best interests of older adults.

Strategies

- Identify and monitor all federal and state legislation or policies that impact older and vulnerable Michigan residents.
- Provide information to lawmakers, advocacy groups (e.g., Silver Key Coalition), and/or others who are working to enact legislation or policies that impact older and vulnerable Michigan residents to ensure informed decision-making takes place.
- Provide staff support to the advocacy committee of the Michigan Commission on Services to the Aging on shaping advocacy priorities and proposals (e.g., transportation and direct care workers).
- Provide ongoing consultation to the steering committee of Older Michiganians Day. The event, hosted by area agencies on aging in partnership with several aging network partners, is an opportunity for advocates to present a platform of aging-related issues requiring legislative action to state lawmakers. Platform issues for FY 2017 and FY 2018 include: continued progress in making Michigan a “no wait state”; legislative attention on issues of recruiting and training direct care workers; and support for dementia care.

Outcome

- Lawmakers are better informed of potential outcomes if/when they choose to enact, amend, or eliminate legislation or policies that impact older and vulnerable Michigan residents.

Objective 1B: Develop and distribute an annual aging resource guide to promote knowledge of and access to programs for older adults and caregivers.

Strategies

- Conduct an analysis of aging programs and services available in each county in Michigan.
- Develop a resource guide that organizes information on aging programs and services by county, listing contact information and basic program descriptions.
- Distribute the resource guide using AASAs existing external communication channels (e.g., news release, website, newsletter, Facebook); provide copies to Michigan’s area agencies on aging to ensure Michigan residents have easy access to this valuable resource.

Outcome

- Michigan residents will have a new statewide resource, updated annually, that will help them have better access to, and make more informed decisions about, locally-available aging programs and services.

### ***Issue Area: Person-Centered Planning***

Objective 1C: Design, implement, and measure a standardized method for conducting person-centered planning (PCP) across Michigan's system of long-term supports and services (LTSS).

#### Strategies

- Engage in a collaborative process with subject matter experts across state government to ensure that one uniform method for conducting PCP is developed and applied consistently across all Michigan LTSS. AASA, representing the interests of the aging network, will partner with the Michigan Department of Health and Human Services (Behavioral Health, Developmental Disabilities Administration, and Medical Services Administration), Michigan Rehabilitation Services, Michigan Department of Licensing and Regulatory Affairs, and Michigan Department of Veteran's and Military Affairs.
- Explore current training tools and methods used by collaborating partners; develop standardized PCP training materials for state and local-level staff administering or delivering LTSS.
- Ensure that PCP plans can be shared electronically between agencies and programs.
- Develop standardized language for use in all LTSS contracts and grant award agreements, requiring use and standardized practice of state-required PCP.
- Monitor grantees and contractors for compliance in implementing PCP.
- Develop measures to determine the competence/proficiency of those facilitating PCP.
- Develop a system to monitor whether LTSS being delivered follows a person's choices as outlined in their person-centered plan.
- Develop a system to measure customer satisfaction with the PCP process, and whether people's wishes are honored.

#### Outcomes

- Percentage of adoption of standardized PCP methods and practice by all of Michigan's LTSS, as demonstrated by such things as AASA service definitions, revisions to state statute, and standardized contract and grant language requiring state-defined PCP methods and practice.
- Develop and implement standardized training materials.
- Person-centered plans are stored in state-level data files in a format that can be shared between state agencies and with local contractors and agencies.
- Increase percentage of PCP included and reviewed against criteria in state program assessments, audits, and reviews of local program/service provider performance, to 100% by end of 2020.
- Increase percentage of data indicating that LTSS desired by participants in person-centered plans are honored and included in plans of care or service.
- Increase percentage of positive customer satisfaction with the person-centered planning process, indicating that specific preferences and wishes have been honored.

### ***Issue Area: Inclusion and Diversity***

Objective 1D: Work toward making services offered through the aging network inclusive of all people.

#### Strategies

- Provide leadership within the aging network to ensure that training, technical assistance, and informational needs related to diversity and inclusion are identified within each planning and service area; collaborate with state and local partners to identify barriers to inclusion and address needs.

- Collaborate and partner with state and local organizations serving diverse populations to better inform the aging network of inclusion issues; share aging network resources to reach out to diverse populations on services available.
- Review AASA internal practices, staff development, and performance criteria to identify barriers to inclusion and diversity.

#### Outcomes

- Older adults and people with disabilities from all backgrounds and differences are treated with dignity.
- Training, technical assistance, and informational needs are addressed within each planning and service area.
- Policy and program changes are made, as necessary, to improve service delivery to diverse populations at the local level.
- Internal policies and practices are revised, as necessary.
- Increased outreach activities and service to diverse populations, including lesbian/gay/bisexual/transgender individuals, adults with disabilities, elder American Indians, refugees, and those with limited English proficiency.

Objective 1E: Extend outreach efforts to the American Indian (AI) community, with the aim of closer collaboration between Titles VI and III of the Older Americans Act in serving American Indian elders.

#### Strategies

- Contact AI tribes and AI urban organizations to identify potential areas of collaboration.
- Request Title VI grantee participation in two AASA nutrition initiatives: the nutrition summit and Senior Project FRESH/Market FRESH that provides coupons to purchase Michigan-grown fruits and vegetables at registered roadside stands and farmers markets. In FY 2016 two tribes participated, receiving a total of 200 coupon books for elders.
- Include AI contact information in AASA's newly-developed statewide resource guide.
- Participate in monthly conference calls with tribal representatives and state government liaisons to address a variety of tribal issues.
- Follow through on AASA's commitment to make its training and public information materials on dementia available to the Inter Tribal Council.
- In those planning and service areas where AI communities exist, have dialogue with area agencies on aging on outreach possibilities to the AI community.
- Continue to track AI participation in Title III programs.

#### Outcomes

- A working relationship with AI tribes and organizations is established, to the extent possible.
- At minimum, two Title VI grantees participate in AASA's nutrition summit; a total of four AI organizations participate in Senior Project FRESH/Market FRESH.
- The statewide resource guide is distributed to AI tribes and organizations.
- The Inter Tribal Council uses AASAs dementia materials.
- AI participation in Older Americans Act programs is available in NAPIS.

**State Plan Goal #2**  
**Help older adults maintain their health and independence**  
**at home and in the community.**

***Issue Area: Long-Term Supports and Services Process Improvement***

Objective 2A: Integrate, streamline, and coordinate all of Michigan's long-term supports and services (LTSS) into a unified system, using Lean and other Continual Quality Improvement (CQI) techniques, methods, and practices.

**Strategies**

- Work with a variety of programs identified across Michigan's long-term care continuum that have been determined by department leadership to most benefit from process improvement techniques, methods, and practices. Among the programs and initiatives to engage in the CQI process during this state plan cycle:
  - Person-centered planning
  - Veteran's programs
  - Program for All-Inclusive Care for the Elderly
  - Information and assistance
  - Care management
  - Nursing home admission and discharge
  - Nursing facility transition
  - Level of care determination
  - Options counseling
  - Medicaid MIChoice
- Create design teams comprised of subject matter experts, value stream map operational processes, and use the "Plan-Do-Study-Act" model of improvement to propose, pilot, and implement necessary changes.
- Require/provide training as a critical tool to institutionalize the process.
- A coalition of partners – known as the BOLD Council – will continue to serve as a clearinghouse for policy and program changes, and oversee all LTSS process and system improvements. Coalition members include representatives from the Department of Health and Human Services, Department of Licensing and Regulatory Affairs, Department of Veterans Affairs, and Michigan Rehabilitation Services.
- Add new partners to the process, as required.

**Outcomes**

- Proposed improvements are piloted and implemented; identified waste of approximately 26% is reduced or eliminated entirely (e.g., labor, cost of service provision).
- Data sharing across all LTSS systems and providers results in improved data analysis, trending, and identifying areas for continual improvement.
- People have the ability to access their own records.
- Access to Michigan's LTSS becomes easier for customers. Gaps, barriers, and problems with smooth transitioning from one program to another along the continuum are eradicated, and seamless transition for customers becomes routine. Customers only tell their story once. Continual quality improvement using scientific Lean and other quality improvement methods, based on LTSS customer and stakeholder input, becomes standard operating procedure.
- Funding is secured to support and sustain Michigan's continual LTSS quality improvement, integration, coordination, and streamlining efforts.

### ***Issue Area: Communities for a Lifetime***

Objective 2B: Assist communities in adapting to meet the needs of older adults, their families and caregivers, in order to attract and retain more residents and be able to provide them with a better quality of life. It is anticipated that a minimum of one Community for a Lifetime will be designated in each of Michigan's sixteen planning and service areas.

#### Strategies

- Provide support to area agencies on aging in their new role of serving as a catalyst for encouraging communities within their respective planning and service areas to conduct aging-friendly community assessments.
- Provide technical assistance to area agencies on aging and community partners on conducting aging-friendly community assessments, including how to address community barriers to becoming a Community for a Lifetime.

#### Outcomes

- Sixteen new participating communities are designated as Communities for a Lifetime by the Michigan Commission on Services to the Aging.
- There are increased opportunities for collaboration between the aging network and local private and public entities to meet the growing needs of an aging population.
- The Community for a Lifetime program has greater visibility.

### ***Issue Area: Direct Care Workers***

Objective 2C: Increase the number of certified people trained in *Building Training...Building Quality*, an evidence-based training program used to ensure a skilled workforce of personal and home care aides (PHCA). The number of certified trainers will increase by 50%, from 20 to 30 trainers statewide.

#### Strategies

- Engage in a new collaborative initiative to develop the Integrated Model for Personal Assistant Research and Training (IMPART), a project sponsored by Michigan State University (MSU) College of Human Medicine with funding from the Michigan Health Endowment Fund.
- Participate in a statewide training coalition formed to provide consultation on the IMPART project. In addition to AASA, MSU has engaged the Community Services Network, Yale University, Michigan Works!, and an advisory group of area agencies on aging, people receiving LTSS, and home care providers to help guide the project.
- Provide consultation to IMPART on the *Building Training...Building Quality* (BTBQ) train-the-trainer training program; on developing online access of the curriculum for approved trainers; and on developing a web-based portal where a registry of approved BTBQ trainers and trained PHCAs will be maintained.
- Work with the Michigan Commission on Services to the Aging to implement a certificate approval process for BTBQ trainers.

#### Outcomes

- A web-based registry maintains all training data.
- The Michigan Commission on Services to the Aging certifies 10 BTBQ trainers.
- AASA participates in a statewide training coalition that meets regularly, serving as a resource on all aspects of the BTBQ program.

### ***Issue Area: Caregivers***

Objective 2D: Improve the range and consistency of the information area agencies on aging and service providers ask of caregivers to better evaluate their individual needs and preferences, in order to link them to services most likely to be supportive in their caregiving role.

#### Strategies

- Review current best practice literature on caregiver assessment; identify recommended core elements to include when directly asking caregivers about their situation.
- Compare current minimum service standard requirements for caregiver data collection, registration, and assessment against best practices; evaluate current practice levels across the area agency on aging network; and identify areas where minimum requirements could be improved or added.

#### Outcome

- Enhanced minimum standards to evaluate caregiver needs and preferences are developed for area agencies on aging.
- Area agencies on aging and providers have better tools to increase their capacity to re-assess caregivers up front and over time as their needs and roles change.
- Caregivers, regardless of their location, have access to a more consistent level of evaluation of their situation, in line with best practices, to better identify services most likely to support them and the person they care for.

### ***Issue Area: Veterans***

Objective 2E: Build capacity of the aging network to serve veterans by strengthening the aging network's knowledge of, and working relationships with, Michigan's Veteran Service Organizations (VSOs) at both the state and local levels.

#### Strategies

- Attend Veterans Community Action Teams (VCAT) events and trainings; encourage area agencies on aging to participate also.
- Initiate and facilitate meetings to strengthen lines of communication between area agencies on aging and county veteran offices; identify and work on issues of mutual interest and/or concern.
- Seek out potential areas of collaboration and networking opportunities between AASA and the Michigan Department of Veterans
- Enhance National Aging Program Information System data collection to include reporting on older adult veterans.

#### Outcomes

- Direct assistance provided to older adult veterans who contact the aging network seeking information and assistance is improved.
- There is an increase in referrals of older adult veterans by area agencies on aging to VSOs and of VSOs to area agencies on aging.
- Greater understanding of, and sensitivity to, the person-centered needs of veterans.

### ***Issue Area: Nutrition***

Objective 2F: Host an annual statewide nutrition summit to promote program effectiveness through common understanding of current issues and best practices.

#### Strategies

- Convene a planning group of nutrition service providers, tribes receiving Title VI funding, and area agency on aging representatives to gain perspective on urban, suburban, rural, and tribal experiences.
- Create an agenda focused on issues of current interest to nutrition program staff and that provides opportunities for interaction among Summit participants.

#### Outcomes

- Titles III and VI nutrition service providers and area agency on aging staff are informed of federal and state policies related to older adult nutrition.
- Successful best practices are shared.
- Nutrition service providers are better prepared to address/reduce waiting lists for home delivered meals.

### ***Issue Area: Evidence-Based Disease Prevention***

Objective 2G: Work with the aging network on ways to involve older adults in evidenced-based disease prevention (EBDP) programs, and how to increase their access to these programs. Evidence-based programs help older adults learn how to reduce their risk of developing chronic conditions, and how to better manage conditions they may already have.

#### Strategies

- Expand data collection from area agencies on aging on the impact of EBDP programs.
- Conduct quarterly conference calls with area agencies on aging regarding their EBDP program experiences.
- Determine new approaches for maintaining and increasing the reach of programs based on information gathered from area agencies on aging and EBDP providers.

#### Outcomes

- Older adults have greater awareness of the positive impact of EBDP programs and seek opportunities to participate.
- Successful best practices become standard practice statewide.

### ***Issue Area: Dementia-Specific Capacity Building***

Objective 2H: Build capacity of six area agencies on aging to serve older adults with dementia.

#### Strategies

- Measure the dementia capability of six area agencies on aging participating in the federally-funded Dementia Capable Project for the following competencies:
  - Develop a screening/referral protocol for identifying persons with cognitive losses among the service population.
  - Develop a dementia training tool box, including person-centered content for secondary caregivers based on the Savvy Caregiving program, to provide dementia education.
  - Pilot dementia-specific service capacity for persons with dementia and their informal caregivers.

## Outcomes

- Families receive improved dementia care and support from home and community-based supports and services.
- Families and persons with dementia have improved access to supports and services.
- Informal caregivers of persons with dementia gain dementia knowledge and skills.
- Dementia care is incorporated into community services programs.
- A “No Wrong Door” for dementia is created.

## **State Plan Goal #3**

### **Promote elder and vulnerable adult rights and justice.**

#### ***Issue Area: Adult Protective and Prevention Services***

Objective 3A: Establish a statewide public information campaign to raise awareness of Adult Protective/Prevention Services (APS) – what the program is and how it can be of help to Michigan residents age 18 and older. FY 2018 results will determine follow-up activities.

#### Strategies

- Incorporate and highlight APS information on AASA's website.
- Increase the number of public speaking engagements about APS.
- Coordinate with community partners to increase awareness and education of APS.
- Develop and promote public service announcements on adult abuse, neglect and exploitation (e.g., recognizing signs of abuse and available community resources).
- Coordinate with Michigan educational institutions offering social work and nursing programs, in particular, to offer presentations on APS. These presentations are aimed at broadening understanding of situations which may be encountered when in direct contact with clients. Physicians in training will also benefit from receiving information on recognizing signs of abuse.

#### Outcomes

- For those exposed to and/or who participated in APS public information activities, there is greater understanding of the nature of adult abuse, neglect, and exploitation, as well as services that APS provides.
- Increase in the number of appropriate APS referrals.
- The number of community partners able to identify vulnerable adults in need of protection is expanded.

Objective 3B: Implement the Michigan Adult Integrated Management System (MiAIMS) for the APS program. This redesigned and improved system is expected to allow APS workers to perform their jobs more efficiently, especially related to time management on reporting and tracking APS caseloads.

#### Strategies

- Conduct MiAIMS testing.
- Pilot MiAIMS in two Michigan counties.
- Based on pilot, make appropriate adjustments and implement MiAIMS statewide.
- Compare data reports with previous system data reports:
  - Additional data fields to capture more information;
  - Ongoing monitoring based on the additional data fields available;
  - Ongoing monitoring at different management levels.

#### Outcomes

- Improved data elements are captured in the MiAIMS system.
- Significant efficiencies are realized by APS staff, allowing reinvestment into the program (e.g., more time available to spend with clients).

Objective 3C: Develop a continual quality improvement (CQI) process for more effective intervention of adult protective services.

#### Strategies

- Research systems in other states to determine CQI processes already being used.
- Contact Michigan's Children's Services about their CQI process and gain knowledge from their experience.
- Build on Michigan's LEAN quality improvement initiative to define effective intervention.
- Create an improved, streamlined process for effective intervention.

#### Outcomes

- Implement the CQI process.
- Risk is stabilized or reduced for APS clients who have received service.
- Continually monitor risk and fine-tune APS effective intervention processes, as needed.

### ***Issue Area: Legal Services***

Objective 3D: Strengthen the capacity of Michigan's legal services program to protect the rights and autonomy of older and vulnerable adults.

#### Strategies

- Host one training event annually for legal service providers, the Michigan Long-Term Care Ombudsman program, and APS to engage these programs in innovative ways to tackle issues of mutual concern, share best practices, and encourage ongoing dialogue; prepare a report on follow up.
- Prepare an analysis of legal services reports each year; make reports and corresponding analysis available to interested public and private agencies.
- Devise a work plan to increase legal services for underserved populations.
- Coordinate with national efforts to develop and implement targeted outreach efforts.
- Leverage data changes from the legal services network collected in the Legal Services Information reporting system.

#### Outcomes

- At least one training is held each year; a report on follow up activities is made available to participants.
- A legal services report is generated annually and distributed to interested parties.
- Underserved populations are identified and served.

### ***Issue Area: Michigan Long-Term Care Ombudsman Program***

Objective 3E: Improve the quality of life and quality of care of individuals living in Michigan's licensed long-term care facilities.

#### Strategies

- Provide advocacy services to individuals expressing a question, concern, or complaint with their long-term services and supports.
- Develop a comprehensive process to improve program effectiveness in advocating against inappropriate discharges.
- Establish collaborative partnerships between AASA, the Michigan Long-Term Care Ombudsman (LTCO) program and other federal, state, and local affiliates following the transition of the program from state government.

- Meet quarterly with the LTCO on the status of implementing new ombudsman regulations.
- Provide outreach and information about LTCO services to those using long-term supports and services.
- Participate in legislative and administrative advocacy to better serve people using long-term supports and services.

#### Outcomes

- All LTCO staff are trained using the standard Michigan LTCO curriculum; continuing education is available annually.
- Services are provided by certified LTCO staff only.
- Education and advocacy services are provided to those being involuntarily discharged.
- Data on involuntary discharges is tracked; findings are used to advocate for improved discharge processes and outcomes.
- AASA participates in various workgroups and other initiatives at local, state, and federal levels to represent the interests of those receiving long-term supports and services.
- Policies and procedures meet the requirements of new ombudsman regulations.
- New policies and procedures are reviewed by AASA in preparation for presentation to the Michigan Commission on Services to the Aging.
- LTCO staff is trained on new policies and procedures.
- Program uses a data system compatible with federal reporting requirements; data is monitored quarterly to identify trends or problems.
- Program effectiveness is evaluated using state and local versions of the national LTCO effectiveness tools.
- Program responds to legislation affecting people using LTSS, as needed.
- Public policies that benefit people using long-term supports and services are promoted.
- Quarterly meetings are held with the LTCO to address any presenting issues.

**State Plan Goal #4**  
**Conduct responsible management and coordination of Michigan's aging network.**

***Issue Area: Financial Management***

Objective 4A: Ensure proper stewardship of public funds for services to older Michigianians.

Strategies

- Expand comprehensive financial assessments for all AASA grantees following Uniform Grant Guidance, per the Office of Management and Budget; update financial assessment tools and procedures to include new federal guidance and requirements.
- Build on AASAs current system for evaluation and monitoring consistent with federal requirements in order to increase efficiency and strengthen oversight necessary for resolving findings of noncompliance or internal control weaknesses.
- Provide technical assistance to further support AASA grantees in their grant administration; tailor technical assistance to grantees' needs identified during the financial assessment and monitoring process.
- Use technology to test financial risk areas as a way of addressing problems; prepare individual monitoring and corrective action plans based on documented financial risk assessments of each grantee.
- Implement additional monitoring procedures to achieve compliance without overly burdensome procedures.

Outcomes

- There is assurance that funds are used only for authorized purposes in compliance with federal statutes, regulations, and terms and conditions of grant awards.
- Updated financial assessment tools and procedures that reflect changes in federal requirements are in place.
- An improved evaluation and outcome monitoring process is established that emphasizes increased accountability to ensure appropriate use of federal funds.
- An electronic risk assessment tool is implemented that produces consistent evaluation correlated with the scope of work to be performed,
- Based on the above-mentioned risk assessment tool, all grantees have customized plans for improving their financial operations.
- An evaluation and outcome measurement (via the financial risk assessment tool) provides a uniform standard by which AASA can identify performance issues requiring monitoring, and track corrective actions throughout the period of the grant award.
- Agency-centered technical assistance supports compliance and performance goals of AASA grantees.

***Issue Area: Emergency Preparedness***

Objective 4B: Ensure that a coordinated emergency management system is in place statewide, spearheaded by area agencies on aging, to protect older adults in the event of an emergency (e.g., weather).

Strategies

- Develop an emergency preparedness/business continuity self-assessment template to help AAAs identify their strengths and challenges; conduct assessments.

- Conduct a statewide training to support area agency on aging emergency management activities.
- Review and evaluate AASA minimum expectations for area agency on aging local emergency preparedness role and state/federal declared disaster response capabilities.

#### Outcomes

- AASA and area agencies on aging are prepared to maintain effective functioning during an emergency.
- AASA and area agencies on aging are prepared to assist state and local emergency management agencies.

### ***Issue Area: Service Mapping***

Objective 4C: Prepare visual presentations of program information (e.g., data mapping and performance charts) to assist area agencies on aging in better understanding their service populations and the impact of service programs they offer. The nutrition program is the first to be analyzed in this way. The process of service mapping is a new tool used by AASA in its ongoing effort to provide leadership in managing the aging network.

#### Strategies

- Add a mapping feature to specific components of existing program reports.
- Expand program evaluation techniques available through mapping locations of congregate meal sites, farmers markets, and other client/service locations in relation to population distribution of older adults, including targeted populations (e.g., minorities).
- Create maps for program evaluation based on input from local program managers.

#### Outcomes

- Reported information is more usable for program management decision-making.
- Local planning for program expansion improves with more useful information about the location of service provision and program participants.
- AASA will play a leadership role in demonstrating how data mapping informs local service providers about potential approaches that may improve program efficiency and evaluation.

### ***Issue Area: Operating and Services Standards, Policy Transmittal Letters***

Objective 4D: Conduct a comprehensive review of state operating standards, services standards, and policy transmittal letters governing area agencies on aging; update, as needed.

#### Strategies

- Identify and prioritize operational and services standards and policies needing review and updating.
- Ensure standards are consistent with current expectations for area agency on aging operations and delivery of services to Michigan's older adult population.

#### Outcomes

- Improved guidance for area agency on aging operations and service delivery.
- Reduced inconsistencies across AASA-approved standards, policy transmittal letters, and area agency on aging practices.

### ***Issue Area: Aging Information System***

Objective 4E: Continue to enhance AASA's internet-based Aging Information System (AIS) to provide secure information systems and support informed decision-making for effective service delivery.

#### Strategies

- Ensure comprehensive reporting on participants/services at state, area agency on aging, and local levels.
- Develop a comprehensive profile of participants and services to help program planners ensure that services are participant-driven and provide maximum flexibility.
- Integrate analysis and reporting of financial and program data.

#### Outcomes

- An annual National Aging Program Information System report is prepared.
- An annual area agency on aging data quality review analysis is developed for assessments and to enhance state program report data quality, including more precise reporting on activities of daily living and instrumental activities of daily living to address missing data.
- Technical assistance and data review with grantee agencies takes place.
- Technology is upgraded to automate and streamline oversight functions (FIRST software for one-stop financial reporting).

### ***Issue Area: Area Aging on Aging Planning and Performance Monitoring***

Objective 4F: Monitor the planning activities and performance of area agencies on aging.

#### Strategies

- Monitor compliance with AASA operating standards for both area agencies on aging and service programs, and other government mandates, requirements, and/or policies.
- Provide financial and program technical assistance, support, and oversight of all area agencies on aging.
- Update program and financial assessment tools, methods, and processes to reflect new federal guidance and requirements for grantee monitoring.

#### Outcomes

- Area plans are approved by the Michigan Commission on Services to the Aging every three years; area implementation plans are approved annually.
- Formal financial and performance assessments are conducted.
- Program and audit reports are reviewed.
- On-site monitoring of area agency on aging governance is conducted.
- Technical assistance is provided, as needed.

### ***Issue Area: Data Collection Tools***

Objective 4G: Update/redesign data collection tools for the Senior Project FRESH/Market FRESH program to increase coupon redemption rates.

#### Strategies

- Enhance administrative tools to improve program effectiveness:
  - Employ a web-based application process for Senior Project FRESH/Market FRESH participants.

- Establish an AASA business site for Senior Project FRESH/Market FRESH lead agency and market master material.
- Provide video and written instruction material to a multitude of users, including lead agencies, market masters, nutrition providers, and area agencies on aging.

#### Outcomes

- It is anticipated that AASA will reach its goal of increasing coupon redemption rates with these program enhancements:
  - Improved program data bases;
  - Improved tracking of coupons through AASAs business site;
  - Availability of video and technical assistance materials to guide the reporting process; and
  - Clearer administrative instructions and simplified forms made available for program operations that will result in a reduction in the number of reporting errors.

**STATE PLAN GUIDANCE  
STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES  
OLDER AMERICANS ACT, AS AMENDED IN 2016**

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.*

**ASSURANCES**

**Sec. 305, ORGANIZATION**

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2)The State agency shall—(A) except as provided in subsection (b)(5), designate for each such 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;

(B) 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;

(E) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) 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;

(c) An area agency on aging designated under subsection (a) shall be-

(5) in the case of a State specified in subsection (b) (5), the State agency; and 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. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

*Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.*

**Sec. 306(a), AREA PLANS**

(a) Each area agency on aging...Each such plan shall--

(2) 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, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) 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;

(4)(A)(i)(I) provide assurances that the area agency on aging will--

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) 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--

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --

(I) identify the number of low-income minority older individuals in the planning and service area;

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an 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.

(5) 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, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) 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;

(11) 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;

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--

(i) 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

(ii) the nature of such contract or such relationship;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship;

(E) 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;

(14) 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;

(15) provide assurances that funds received under this title will be used--

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

### **Sec. 307, STATE PLANS**

(a) . . . Each such plan shall comply with all of the following requirements:

(3) The plan shall--

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000.

(7)(A) 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.

(B) The plan shall provide assurances that--

(i) 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;

(ii) 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

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

(9) 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.

(10) 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.

(11) The plan shall provide that with respect to legal assistance --

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) 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

(iii) 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.

(B) 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.

(D) 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; and

(E) 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.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) 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--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(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 where appropriate and consented to by the parties to be referred; and

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

(13) 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...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

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

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

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

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

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

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

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) 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.

(18) 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.

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

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

(21) 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.

(23) 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.

(24) 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.

(25) 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.

(26) 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.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

#### **Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (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.

#### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) 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) 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) 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) 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) 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) 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...

**STATE PLAN GUIDANCE  
REQUIRED ACTIVITIES**

**Sec. 305 ORGANIZATION**

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) the State agency shall—

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) 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

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

**Sec. 306 – AREA PLANS**

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

**Sec. 307(a) STATE PLANS**

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

*Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.*

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) 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).

Signed:



June 16, 2017

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Richard Kline, Senior Deputy Director  
Aging and Adult Services Agency  
Michigan Department of Health and Human Services

Date



June 16, 2017

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Dona J. Wishart, Chair  
Michigan Commission on Services to the Aging

Date

**STATE PLAN GUIDANCE  
INFORMATION REQUIREMENTS**

**IMPORTANT:** States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

**Section 305(a)(2)(E)**

*Describe the mechanism(s) for assuring 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;*

**AASA Response**

AASA minimum service standards for AAAs require that a comprehensive and coordinated service delivery system be developed, with preference given to serving older adults in greatest social or economic need. For this State Plan period, targeted (traditionally underserved) populations will be served at the same level as their percentage in the total population, at minimum, and AAAs shall strive to increase the percentage of targeted populations served based on specific objectives in area plans.

“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 2017 is defined as \$12,060 for a single individual and \$15,510 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 adults in the distribution of funds to each of Michigan’s 16 Planning and Service Areas (PSAs).
- Assuring that AAAs target contracts for social services and nutrition in areas with high concentrations of older adults having the greatest economic/social need.
- Assuring that AAAs award OAA 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.
- Requiring all contractors under area plans to assure that services are provided to low-income and minority older adults 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.

**Section 306(a)(17)**

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.*

**AASA Response**

AASA will continue to support and coordinate emergency preparedness activities with AAAs within their area plans. AASA allows AAAs to use funding available through Title III-B funds, federal and state administrative funds, and program development funds for emergency preparedness activities. Additionally, AAAs under their approved area plans are required to cooperate in efforts to maintain and update a plan that adequately addresses the needs of older adults in the event of an emergency.

**Section 307(a)(2)**

The plan shall provide that the State agency will --

(C) *specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306*

*(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

**AASA Response**

AASA minimum operating standards require that AAAs expend a minimum of 10% of final annual allocations of Title III Part B funds\* for access services, 10% for in-home services, and 6.5% for legal services. AASA may grant a waiver to the minimum percentage of Title III Part B funds to be expended for any category when the AAA demonstrates that such services are being furnished through other resources in amounts greater than required by the respective minimum percentage.

*\*Final annual Title III-B allocation is defined as the amount of funds available prior to transfers between Parts B and C. Funds carried over from a previous year are not included).*

**Section 307(a)(3)**

The plan shall--

(B) with respect to services for older individuals residing in rural areas--

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

**AASA Response**

Regarding services funded under this State Plan, preference will be given to those older adults residing in rural areas, including assurance that AAA's spend at least 105% of the amount spent in fiscal year 2000 under the OAA for services to older adults in rural areas. Based on FY 2016 federal and state service expenditures, the cost of providing services, including access to those services for older adults, is reflected in the following chart. It is estimated that costs of providing these services will remain about the same for each fiscal year to which this plan applies.

FY 2016 Expenditures for Rural Clients by Service		
Service Category	Total Service Expenditures	Expenditures for Rural Clients
Adult Day Care	\$5,977,631	\$1,754,914
Assistance to the Hearing Impaired	\$75,530	\$0
Assistive Devices & Technologies	\$330,635	\$3,157
Care Management (includes Options Counseling)	\$7,535,048	\$3,654,498
Caregiver Case Management	\$118,344	\$88,758
Caregiver Counseling	\$21,717	\$4,290
Caregiver Education	\$116,541	\$45,218
Caregiver Information and Assistance	\$1,010,280	\$770,844
Caregiver Outreach	\$444,570	\$0
Caregiver Supplemental Service	\$121,945	\$43,306
Caregiver Support Group	\$238,083	\$80,200
Caregiver Training	\$415,813	\$175,690
Caregiver Transportation	\$44,409	\$0
Case Coordination & Support (includes regional service)	\$2,554,088	\$1,233,625
Chore Services	\$809,054	\$249,189
Community Living Support (regional service)	\$2,054,297	\$421,131
Congregate Meals	\$14,525,970	\$8,425,063
Counseling	\$20,518	\$10,895
Creating Confident Caregivers	\$61,021	\$56,139
Disease Prevention/Health Promotion	\$851,198	\$674,129
Elder Abuse Prevention	\$188,747	\$170
Friendly Reassurance	\$12,717	\$0
Home Delivered Meals	\$37,218,005	\$14,142,842
Home Injury Control	\$129,263	\$20,650
Home Repair	\$311,203	\$16,887
Homemaker	\$4,747,776	\$3,071,811
Information & Assistance (includes regional service)	\$1,543,285	NA
Legal Assistance	\$1,003,877	\$50,065
Long Term Care Ombudsman	\$1,260,747	NA
Medication Management	\$219,858	\$128,177
Nutrition Education	\$79,017	\$79,017
Other Napis Services (e.g., gap filling regional services)	\$7,975	\$7,898
Outreach	\$1,508,993	NA
Personal Care (includes PDN and HHA)	\$4,002,022	\$2,029,025
Program Development	\$2,000,135	NA
Respite Care (all respite sub-types)	\$6,935,688	\$2,940,732
Senior Center Staffing	\$612,431	\$198,428
Transportation	\$1,574,073	\$226,590
Vision Services	\$24,692	\$0
Wellness Center Support (regional service)	\$221,684	\$0
<b>Totals</b>	<b>\$100,928,880</b>	<b>\$40,603,337</b>

**Section 307(a)(10)**

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

**AASA Response**

A total of 7.5% of service funds are allocated based on geographic distribution in order to target additional resources to PSAs with large populations of older adults residing in rural areas. AASA maintains a web-based aging information system (NAPIS) to retrieve and analyze data regarding services provided to older adults and their caregivers. To determine rural expenditures, AASA uses the rural designation by zip code from the U.S. Census Bureau and applies those percentages to the actual number of people served in each zip code in Michigan.

**Section 307(a)(14)**

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

**AASA Response**

60+ Population in Michigan	60+ Population below 150% of poverty	Minority 60+ Population below 150% of poverty with language other than English spoken at home
1,879,231	334,752	3,046

*Source: 2007-2011 American Community Survey 5-Year Estimates, Table S0102 – Population 60 Years and Over in the United States.*

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

**AASA Response**

AASA minimum operating standards for AAAs require that substantial emphasis be given to serving eligible persons with greatest social and/or economic need, with particular attention to low-income minority individuals. "Substantial emphasis" is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total older adult population within the geographic service area.

Each provider must specify how they satisfy the service needs of low-income minority individuals in the area they serve. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with identified needs. Each provider must also meet the specific objectives established by the AAA for providing services to low-income minority individuals in numbers greater than their relative percentage to the total elderly population within the geographic service area.

Participants shall not be denied or receive limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish written procedures for prioritizing clients waiting to receive services based on social, functional, and economic needs. Indicating factors include:

- Economic Need - eligibility for income assistance programs, self-declared income at or below 125% of the poverty threshold, etc. Note: National Aging Program Information System reporting requirements remain based on 100% of the poverty threshold.
- AASA minimum operating standards for AAAs which establish outreach efforts that place special emphasis on reaching older individuals:
  - residing in rural areas
  - who are veterans
  - with the greatest economic need;
  - with the greatest social need;
  - with severe disabilities;
  - who are American Indian;
  - with limited English proficiency; and,
  - with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction, and the caregivers of these individuals.

**Section 307(a)(21)**

The plan shall --

(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.*

**AASA Response**

A profile of Michigan’s American Indian elder population may be found in the “context” section of this state plan (refer to page 10). As well, a strategy for working with the American Indian elders may be found in Goal 1, Objective 1E.

AASA provides assurance that its minimum operating standards for AAAs require that there is special emphasis placed on reaching the American Indian elder population, and that access to outreach is also made available. AAA’s are required to develop, implement, and evaluate outreach efforts which identify individuals eligible for assistance under this Act, and to inform them and their caregivers of older individuals of assistance available.

**Section 307(a)(28)**

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive

**AASA Response**

AASA has required AAAs, as part of their FY 2017-19 Multi-Year Plans (MYP), to describe their priorities for use of Older Americans Act and state funding during FY 2017-2019. This includes providing:

- A summary of the area agency's service population evaluation;
- A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing;
- A description of how the area agency's strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the MYP and help address the increased service demand; and
- Highlights of the AAA's strategic planning activities.

AASA and AAAs, through the MYP process, have identified the numbers of potentially eligible older adults who could approach the AAA coordinated service system. Additionally, the quantity and intensity of services that the area agency and its providers are expected to arrange, coordinate, and provide for new and existing service populations is increasing. There is an exponentially growing target population of the "old-old" (85-100+) who often present with complex problems, social and economic needs, and multiple chronic conditions. They require more supports, coordination, and care management staff time to assess, provide service options, monitor progress, re-assess, and advocate for the persons served and their caregivers. AAA partnerships with the medical and broader range of long-term care service providers are essential to help address these escalating service demands with a collective and cohesive community response.

With emerging service demand challenges, it is essential that AAAs carefully evaluate the potential, priority, targeted, and unmet needs of its service population(s) to form the basis of an effective MYP. As such, AASA requires each AAA to provide the following service population information as part of their MYP:

- Key changes and current demographic trends since the last MYP to provide a picture of the potentially eligible service population using census, elder-economic indexes, or other relevant sources of information.
- Eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc.

- A summary of the results of a self-assessment of the AAAs service system dementia capability using the *ACL Dementia Capability Quality Assurance Assessment Tool*, including areas where the AAA service system demonstrates strengths and areas of improvement. Future plans to enhance dementia capability are also presented.
- Where program resources are insufficient to meet service demand, a summary of how service plans prioritize clients waiting to receive services, based on social, functional and economic needs.
- A summary of the area agency Advisory Council input on service population priorities, unmet needs priorities, and strategies to address service needs.
- A summary of how each AAA uses information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available resources.
- AASA has also emphasized strategic planning with AAAs to support the mission of remaining viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of AASA. This includes an “Organizational Strengths Weaknesses Opportunities Threats” (SWOT) analysis within each PSA.
- A description of what each AAA would do if there was a 10% reduction in funding.
- A description of what direction the AAA is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as Commission on Accreditation of Rehabilitation Facilities, Joint Commission on Accreditation of Hospitals, or other accrediting body, or pursuing additional accreditations and why.
- A description of what ways the AAA is planning to use technology to support efficient operations, effective service delivery, and performance and quality improvement.
- A description of the AAAs strategy for developing and sustaining capacity for Evidenced-Based Disease Prevention Programs (EBDP) and the agency’s provider network EBDP capacity.

**Section 307(a)(29)**

*The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.*

**AASA Response**

AASA will continue to provide technical assistance, training, monitoring, and oversight to AAA’s on developing and refining AAA emergency preparedness plans. AASA oversight may include, but is not limited to: plan reviews, on-site visits, and regional and/or statewide emergency preparedness workshops. AAA participation will also be encouraged, as appropriate, in Michigan State Police–Dept. of Homeland Security (MSP/DHS) emergency preparedness training, emergency drills, full scale exercises, and actual event response and recovery activities. AASA encourages AAA’s to communicate and coordinate with their local emergency planning and response partners whenever and wherever possible.

**Section 307(a)(30)**

*The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.*

**AASA Response**

The AASA Director remains fully engaged in the agency's emergency preparedness planning efforts. During his tenure, he has participated in all state-level emergency management drills. Under his direction and leadership, AASA's emergency management coordinator and staff work with the Michigan Department of Health and Human Services-Office of Public Health Preparedness, Michigan State Police-Dept. of Homeland Security, and Michigan's 16 AAA's to continuously improve our collective emergency preparedness footing.

**Section 705(a) ELIGIBILITY --**

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307--*

*(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).*

*(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--*

*(1) 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;*

**AASA Response**

AASA continues to assure older adults have full and complete access information and assistance related to rights and benefits. This is a result of partnerships with the AAAs, ADRCs, MMAP (SHIP) and their local partners, Elder Law of Michigan, and the Legal Hotline for Michigan Seniors. AASA and its partners collect and review data to identify benefit access issues and program needs. This data is used to guide program implementation.

*(2) 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;*

**AASA Response**

The Michigan Commission on Services to the Aging hosts 4-5 public hearings each year to better understand issues facing older Michigan residents, their caregivers and the service provider community. Another important vehicle for public input is the State Advisory Council (SAC) comprised of older adults and others. Appointed by the Commission, the SAC offers recommendations on a wide variety of program and policy matters. Finally, AASA serves as a consultant on planning and hosting the annual

Older Michiganians Day, a legislative senior advocacy event attended by more than 1,000 older adults throughout the state.

*(3) 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;*

**AASA Response**

OSA assures continuation of area and state planning activities to clearly identify and prioritize statewide activities related to accessing, securing, and maintaining benefits and rights. AAAs directly, and through participation in ADRCs, provide specific plan goals detailing direct and referral services for older adults with benefits and rights concerns. Partnerships with MMAP (SHIP) and local elder rights programs will ensure access to benefit information and referral for direct case assistance, as needed.

*(4) 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;*

**AASA Response**

AASA agrees to not supplant any funds currently expended under any federal or state law to carry out each of the vulnerable elder rights protection activities described in this chapter. AASA will monitor AAAs to ensure compliance with all maintenance of effort polices and program funding requirements. Further, AASA in partnership with AAAs, MMAP (SHIP), Legal Hotline for Michigan Seniors, and related key partners will continue efforts to secure additional funding to expand elder rights program efforts and program access for vulnerable adults. Additionally, the Michigan legislature has appropriated \$1 million annually since FY 2015 to support elder abuse prevention efforts statewide. This funding is in addition to any federal for elder abuse prevention efforts.

*(5) 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);*

**AASA Response**

AASA will continue to use the existing process to designate local ombudsman entities. This process was promulgated by the Michigan Commission on Services to the Aging on April 15, 2011, and authorizes the State Long-Term Care Ombudsman (SLTCO) to employ the requirements in clauses (i) through (iv) of section 712(a)(5)(C). Starting for FY 2017, the SLTCO office operates under a grant from AASA to the Michigan Advocacy Program's Michigan Elder Justice Initiative (MEJI). MEJI staffs the SLTCO office and employs the state's long term care ombudsman.

*(6) 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.*

#### **AASA Response**

AASA assures compliance with all requirements contained in part six (6) of Section 705(a)(7). State laws – the Social Welfare Act (MCL 400.11 et. seq.) and Michigan’s Financial Exploitation statute (MCL 750.174a) – and AASA minimum operating service standards that mandate coordination of elder abuse prevention and intervention activities with Adult Protective Services and law enforcement. To this end, AASA administers a coordinated elder abuse prevention effort in partnership with AAAs, Adult Protective Services, Michigan State Police, Michigan Department of Attorney General, Prosecuting Attorneys Association of Michigan, Elder Law of Michigan, Legal Hotline of Michigan Seniors, and State Long-Term Care Ombudsman Program. Over the course of this State Plan, this coordinated approach will lead to expanded public awareness of abuse and exploitation, as well as to victims’ access to services and resources. Since AASA was created under Executive Order in 2015, AASA has added Adult Policy Unit staff. This unit is responsible for policy for the state’s Adult Protective Services (APS) program. The addition of APS policy to AASA has fostered better coordination at the state level of elder abuse activities.

AASA and partner agencies strictly follow procedural and statutory client consent and confidentiality policies when referring victims and at-risk individuals to services and programs. The release of confidential information is only allowed if within the exceptions cited in the Older Americans Act. Further, AASA provides training and guidance to prevent coerced participation in abuse prevention and intervention efforts.

Eleven elder abuse laws, signed by Governor Snyder in 2012, have strengthened Michigan's system to prevent abuse, neglect and exploitation by: increasing penalties; providing tools for law enforcement and courts; requiring mandatory reporters; and making reporting and prosecuting elder abuse easier. Additionally, the Michigan Legislature has appropriated \$1 million annually since FY 2015 to support elder abuse prevention efforts statewide.

**INTRASTATE FUNDING FORMULA**

On March 15, 2013 the Michigan Commission on Services to the Aging (CSA) approved updating the current approved Intrastate Funding Formula (IFF) with 2010 population data from the U.S. Census. The CSA also approved the establishment of a work group during FY 2013 to review the current IFF for FY 2015 and 2016. On October 18, 2013, the CSA approved a four-year “phase-in” of the implementation of the impact of the IFF with updated census data. The CSA requested that the phase-in include an approximate one-fourth application of the IFF impact each year of this state plan on aging. The Commissioned-approved IFF was fully implemented for FY 2017. The CSA has approved a five year review of the IFF; the next CSA review of the IFF is scheduled for FY 2019.

Michigan is divided into 16 PSAs, 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 in state	+	# aged 60 and over nonwhite in state	+	.5 x in state

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

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

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

**Formula Factor Importance**

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

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

Administrative funds = federal + state administrative funds

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

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

### Geographic Base

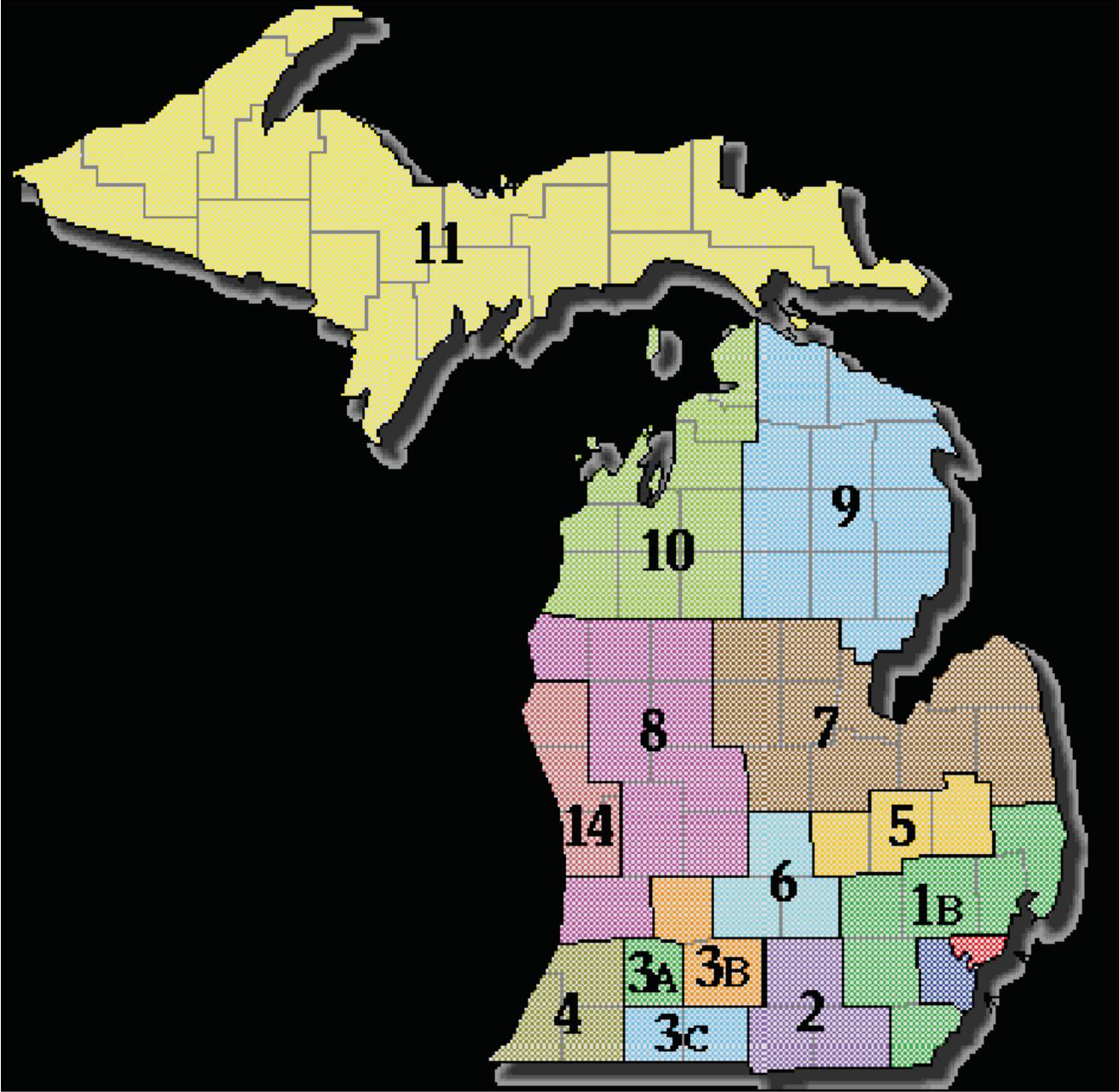
Prior to applying the formula factors, 7.5% of state and federal service funds are subtracted from the service total and distributed to each PSA according to its share of the total square miles in the state.

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

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

PLANNING AND SERVICE AREAS



**AREA AGENCIES ON AGING (6/2017)**

1A - Paul Bridgewater, President/CEO  
Detroit Area Agency on Aging  
1333 Brewery Park Blvd., Suite 200  
Detroit, MI 48207

1B - Jim McGuire, Acting CEO  
Area Agency on Aging 1-B  
29100 Northwestern Hwy., Suite 400  
Southfield, MI 48034

1C - Tamera Kiger, Executive Director  
The Senior Alliance, Inc.  
3850 Second Street, Suite 100  
Wayne, MI 48184

2 - Julie Wetherby, Executive Director  
Region 2 Area Agency on Aging  
102 N. Main St.  
P.O. Box 189  
Brooklyn, MI 49230

3A - Judy Sivak, Director  
Region 3-A Area Agency on Aging  
Kalamazoo County Health & Community Services Dept.  
3299 Gull Road, P.O. Box 42  
Nazareth, MI 49074-0042

3B - Karla Fales, CEO  
Region 3B Area Agency on Aging  
200 W. Michigan Ave., Suite 102  
Battle Creek, MI 49017

3C - Laura Sutter, Director  
Branch-St. Joseph Area Agency on Aging (3C)  
570 Marshall Rd.  
Coldwater, MI 49036

4 - Lynn Kellogg, Executive Director  
Region IV Area Agency on Aging  
2900 Lakeview Avenue  
St. Joseph, MI 49085

5 - Kathy Boles, Executive Director  
Valley Area Agency on Aging  
225 E. Fifth Street, Suite 200  
Flint, MI 48502

6 - Marion T. Owen, Executive Director  
Tri-County Office on Aging  
5303 S. Cedar St., Suite 1  
Lansing, MI 48911

7 - Bob Brown, Executive Director  
Region VII Area Agency on Aging  
1615 S. Euclid Avenue  
Bay City, MI 48706

8 - Jackie O'Connor, Executive Director  
Area Agency on Aging of Western MI  
3215 Eaglecrest Drive NE  
Grand Rapids, MI 49525

9 - Laurie Sauer, Director  
Region 9 Area Agency on Aging  
Northeast MI Community Service Agency, Inc.  
2375 Gordon Road  
Alpena, MI 49707

10 - Robert Schlueter, Executive Director  
Area Agency on Aging of Northwest MI, Inc.  
1609 Park Drive  
P. O. Box 5946  
Traverse City, MI 49696-5946

11 - Jonathan Mead, Executive Director  
U. P. Area Agency on Aging  
UPCAP Services, Inc.  
2501 14<sup>th</sup> Ave. S.  
P.O. Box 606  
Escanaba, MI 49829

14 - Pam Curtis, CEO  
Senior Resources  
560 Seminole Road  
Muskegon, MI 49444-3720

**PUBLIC HEARING SUMMARY  
FY 2014 AND 2015**

From October 2013, the beginning of the current 2014-2016 State Plan cycle, through August 2015, 10 public hearings were hosted by the Michigan Commission on Services to the Aging (CSA). Public hearing guests included older adults, senior volunteers, service providers, and staff of Area Agencies on Aging, and their comments reflect the broad nature and spectrum of issues facing the aging network and those served by it. The comments received were as diverse as Michigan's older citizens themselves, serving to reinforce the importance of holding these listening sessions in a variety of locations.

As one might expect, the challenges of program availability, delivery, and access are often different based on the unique geography that makes Michigan a special place in which to live. How an older adult interfaces with the aging network is often different in rural northern Michigan, urban southeast Michigan, or suburban Oakland County, for example. The Michigan Commission on Services to the Aging understands the value of learning from these different perspectives as they engage in aging program and policy decisions at the state level.

***Public Hearing Locations***

FY 2014 Detroit, St. Joseph, Lansing, Coldwater, Port Huron

FY 2015 Gaylord, Lansing, Ann Arbor, Big Rapids, and Escanaba

***Topics presented to the Commission at ten public hearings***

Transportation, Michigan Medicare & Medicaid Assistance Program, Senior Corps (Foster Grandparents, Senior Companions, RSVP), core Older Americans Act services, wait lists, marketing of senior programs, partnerships and collaboration, housing, Communities for a Lifetime, local millage, federal and state funding, senior centers, congregate and home delivered meals, advocacy, data, PACE, Silver Key Coalition, and Aging and Disability Resource Centers.

***General Statewide Themes***

- Several organizations showcased the services they provide in their local communities, often bringing service recipients to share their personal stories on how they have been helped. This always serves to put a human face on how the aging network helps older adults.
- The importance of local millage for aging services in all parts of the state is clear.
- The need for additional funding was voiced often. At the same time, several organizations presented many creative ideas about how they make existing funding stretch to meet needs.
- Representatives of the senior volunteer programs made impact statements on what would happen if funding was either significantly reduced or eliminated. The negative consequences would be great.
- Family members commented on the need for more marketing of aging services available in local communities. Community resources can be difficult to find.
- There is statewide support for the work of the Silver Key Coalition, as well as the Governor's priority to make Michigan a "no wait state."

## **PUBLIC HEARING SUMMARY FY 2016**

### ***Public Hearing Locations:***

Lansing, Traverse City, St. Ignace, and Petoskey

### ***Attendees:***

Several members of the public attended each public hearing, although those who offered public testimony were primarily representatives of local agencies serving older adults.

### ***Issue Areas:***

The most prevalent issue area raised was that of direct care workers serving older adults.

Among the important concerns presented:

- Difficulties in recruiting direct care workers, especially related to the inability to offer competitive entry level wages;
- Challenges of finding/retaining direct care workers in rural areas, especially with regard to the amount of travel required;
- Funding needed to be competitive with the private sector; and
- Training of direct care workers, especially in terms of the challenge to free up workers' time to actually attend training.

The Commission also heard testimony on:

- The importance of nurses and recognizing the critical work they perform;
- The value of senior centers in order for older adults to age in place; and
- Increased funding for senior centers and home delivered meals.

Local programs also showcased their agencies and the important work they do on behalf of older adults.