

**Michigan Aging Information System
FY 2017 NAPIS Client and Service Report**



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

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FY 2017 Michigan NAPIS Client and Service Report

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FY 2017 National Aging Program Information System (NAPIS) Client and Service Report

NAPIS Background

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

The Aging Network in Michigan

AASA is the state agency with primary responsibility for administering federal and state programs for Michigan's 2.1 million older persons. Along with the Michigan Commission on Services to the Aging, AASA oversees a network of sixteen area agencies on aging (AAAs) that partner with nearly 1,200 service providers across the state.¹

NAPIS Reporting Requirements

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

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

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

AASA's Aging Information System

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

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

FY 2017 Client and Service Executive Summary

Clients Served

120,591 older adults enrolled in registered services³
 105,084 nutrition services clients
 107,416 older adults in community-based services (non-registered)
 22,245 in-home services clients
 7,644 caregivers in registered services

Table 1. Demographic Profile of Clients and Caregivers

Registered Clients		Registered Caregivers		Non-Registered Clients	
58%	Age 75 or older	38%	Under age 65	13%	Low-income
65%	Female	70%	Female	35%	Minority (by race/ethnicity)
44%	Lived alone	37%	Rural	8%	Rural
47%	Rural	21%	Daughter/daughter-in-law		
35%	Low-income ⁴	35%	Low-income		
17%	Minority (by race/ethnicity)	35%	Minority (by race/ethnicity)		

Difficulties with Common Daily Activities (65,615 home care clients)⁵

68% reported difficulty shopping and/or cooking meals
 55% had difficulty doing laundry, cleaning, climbing stairs, using private transportation, and/or walking
 80% had difficulty with three or more common daily activities

Services Provided

- Offered more than 40 different types of access, in-home, community, caregiver, and nutrition services.
- Served 10,397,105 congregate and home-delivered meals (includes respite meals).
- Provided 880,401 hours of care management, case coordination & support, chore, homemaker, home health aide, personal care, and other in-home services.
- Delivered 633,633 hours of counseling, disease prevention, elder abuse prevention, health screening, home repair, home injury control, information and assistance, legal services, medication management, outreach, transportation, and other community services.
- Supported caregivers with 797,423 hours of respite care, adult day care, counseling, training, and support groups; 197,972 home-delivered meals; and 57,432 contacts/hours of information and access services.

Expenditures

In 2017, the aging network spent more than \$101 million serving older adults and caregivers. About 39 percent came from the federal government, 34 percent from state government, and 27 percent from local sources.

NAPIS Client and Service Trends

The unduplicated count of registered clients in 2017 was 120,591. This total represents a decrease of nearly 1.5 percent from 2016. Increased participation in registered services was reported for nutrition services (0.2 percent), and caregiver services (2 percent). Counts of individuals registered for in-home services decreased slightly by 0.5 percent from 2016 levels. The count of clients in non-registered community services increased by 5 percent compared to the count reported for 2016.

NAPIS service levels increased from 12.86 million units in 2016 to more than 12.96 million units in 2017. Increased service units were reported in 2016 for in-home services (4 percent), community services (27 percent) and caregiver services (8 percent). Service units decreased by approximately 1 percent from 2016 levels for nutrition services.

The 2017 NAPIS population reported larger percentages of individuals aged 75 or older, female, lived alone, low-income, and minority by race and/or ethnicity than the age 60 and older population in Michigan in the 2010 Census (Table 4). The demographic profile of NAPIS clients for 2017 was similar to NAPIS clients in prior years:

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

Table 2. Client and Unit Counts by Selected Service Category

Service Category	Clients	Unit Count	Service Category	Clients	Unit Count
<i>IN-HOME SERVICES</i>			<i>COMMUNITY-BASED SERVICES</i>		
Care Management, Options Counseling & CLS	3,385	25,661	Information & Assistance	NA	107,120
Case Coordination & Support	10,225	55,552	Legal Assistance	8,882	31,515
Chore Services	3,528	40,240	Medication Management	4,506	11,247
Homemaker	9,228	492,147	Outreach	NA	78,440
Personal Care & PDN	4,069	266,737	PERS/Assistive Technology	2,892	17,897
<i>NUTRITION SERVICES</i>			Senior Center Operations/Staff	48,297	60,974
Congregate Meals	52,556	2,263,010	Special Needs/Gap Filling	48	326
Home-Delivered Meals (non-respite HDM)	52,528	7,936,123	Transportation	7,314	213,044
Nutrition Education/Counseling		NA	Vision Services	1,351	838
<i>COMMUNITY SERVICES</i>			<i>SERVICES TO CAREGIVERS</i>		
Counseling	107	520	Adult Day Care	1,387	551,292
Disease Prevention	14,364	53,004	Caregiver Supplemental Services	324	1,130
Elder Abuse Prevention	7,394	9,176	Caregiver Training	1,038	7,198
Friendly Reassurance	693	23,920	Counseling & Support Groups	788	3,303
Hearing Impaired Services	1,743	4,038	Home-Delivered Meals-Respite	1,532	197,972
Home Repair	116	2,378	In-Home and Other Respite Care	2,960	235,453
Home Injury Control	1,106	3,446	Information & Access Services	13,349	46,523

Table 3. Clients by Service Category⁶

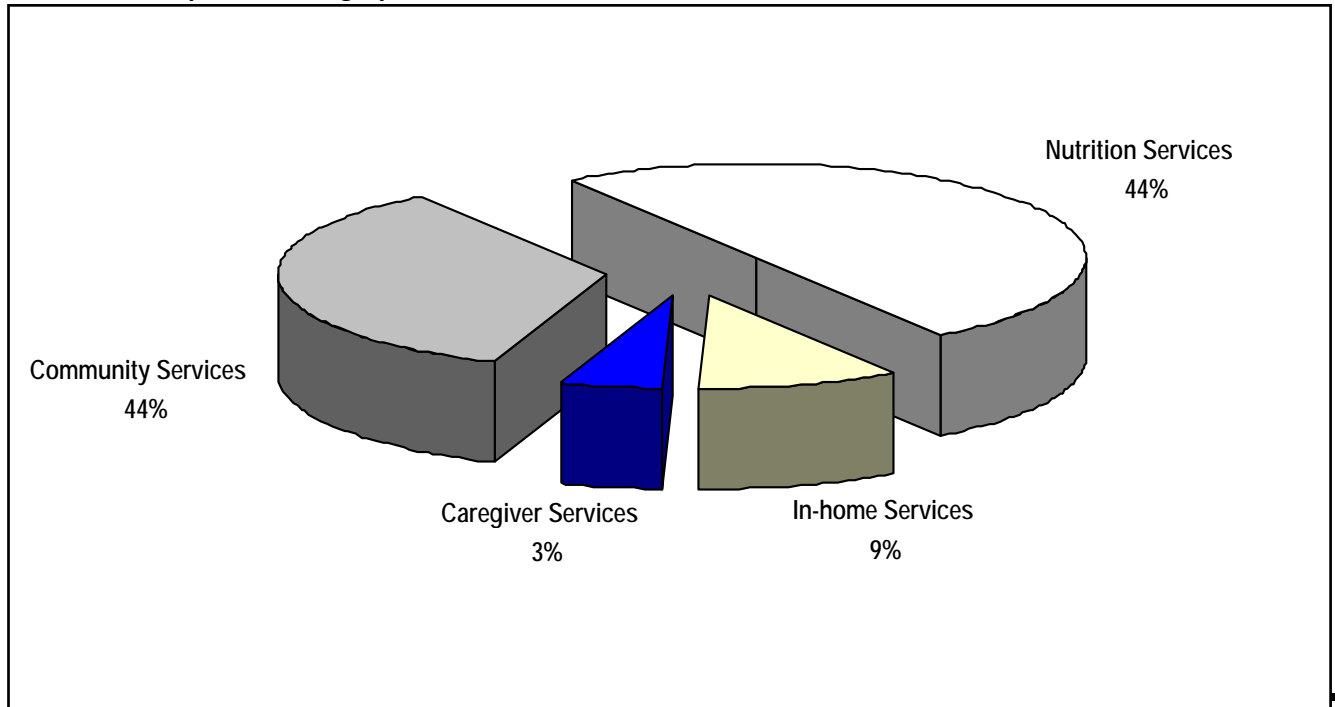
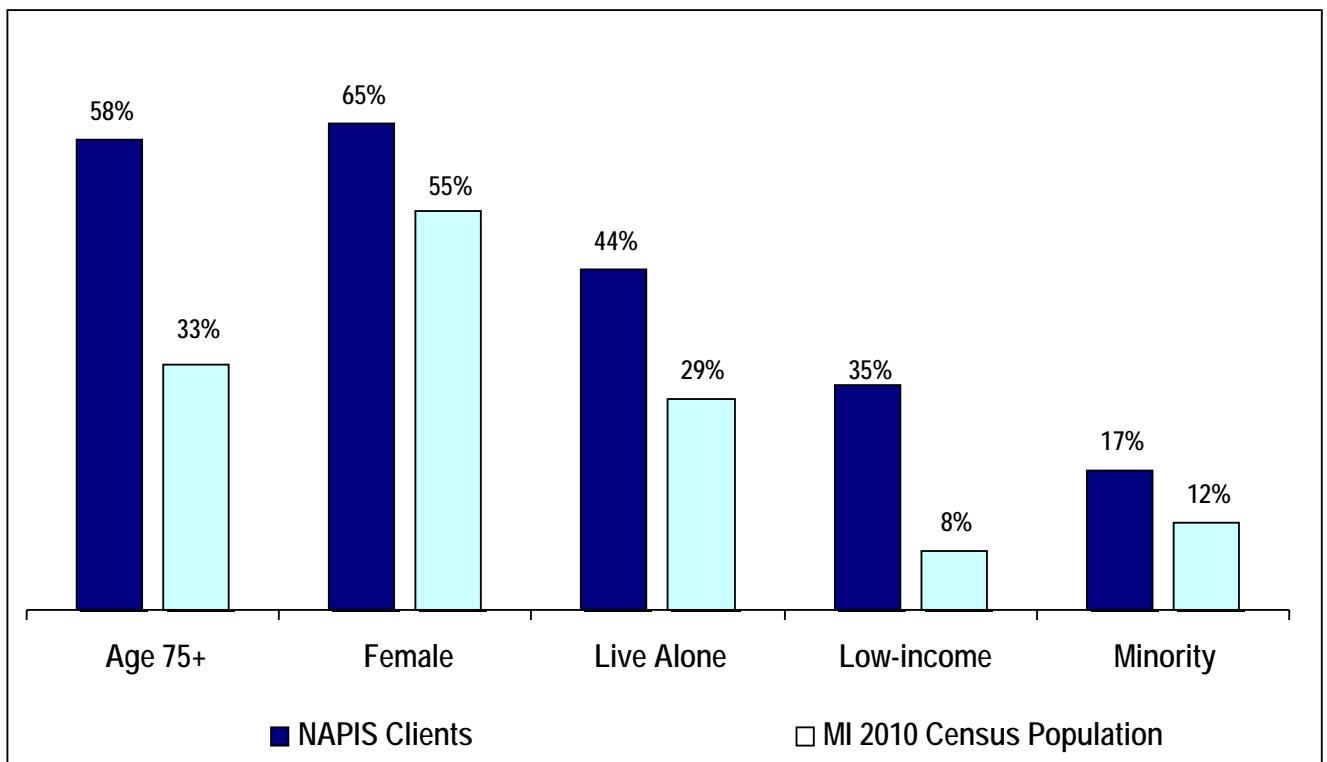


Table 4. Registered Clients and Michigan's 2010 U.S. Census 60+ Population by Selected Characteristics⁷



FY 2017 Service Expenditure Analysis⁸

Overall expenditures for services in 2017 totaled \$101,130,811, a decrease of 2 percent from 2016.⁹ Service expenditures increased by nearly 8 percent for nutrition services and by 14 percent for community services from 2016 levels. Expenditure totals for nutrition services decreased by 4 percent from 2016 levels, and caregiver services decreased by nearly 19 percent. Decreased caregiver services expenditures in 2017 were largely due to lower expenditure levels for state funds and local resources in 2017 as compared to 2016. Table 5 provides expenditure totals from federal, state, and local sources reported for 2017 for selected services.

Table 5. Service Expenditures by Source

Service Category	Total Federal Expenses	Total State Expenses	Program Income Totals	Total Cash Match	Total In-Kind Match	Total Expenses (All Sources)
Home Delivered Meals	\$15,457,937	\$10,364,343	\$4,822,214	\$2,655,531	\$3,124,976	\$36,425,001
Congregate Meals	\$8,759,167	\$236,323	\$3,428,260	\$1,485,577	\$1,367,328	\$15,276,655
Care Management	\$373,658	\$5,224,715	\$51,931	\$277,065	\$488,270	\$6,415,639
Respite Care (all forms)	\$1,000,815	\$3,565,617	\$145,711	\$174,287	\$542,886	\$5,429,316
Homemaker	\$676,180	\$3,619,263	\$328,796	\$201,096	\$305,537	\$5,130,872
Adult Day Care	\$189,709	\$2,735,681	\$1,190,014	\$213,365	\$345,609	\$4,674,378
Personal Care	\$702,101	\$2,396,450	\$270,104	\$763,432	\$192,197	\$4,324,284
Community Living Support (regional service)	\$284,274	\$2,796,927	\$102,253	\$143,485	\$431,653	\$3,758,592
Case Coordination & Support	\$775,420	\$1,298,793	\$174,238	\$297,331	\$184,347	\$2,730,129
Program Development	\$1,771,662	\$0	\$5,756	\$42,167	\$162,082	\$1,981,667
Information & Assistance	\$1,123,485	\$387,794	\$0	\$86,620	\$111,683	\$1,709,582
Transportation	\$644,257	\$149,294	\$96,166	\$649,229	\$130,159	\$1,669,105
Outreach	\$985,321	\$365,341	\$3,730	\$192,137	\$74,398	\$1,620,927
Senior Center Staffing/Operations	\$673,477	\$0	\$32,884	\$328,708	\$201,426	\$1,236,495
Disease Prevention/Health Promotion	\$876,866	\$0	\$88,974	\$47,247	\$155,989	\$1,169,076
Ombudsman	\$339,367	\$666,475	\$300	\$39,302	\$110,198	\$1,155,642
Legal Assistance	\$768,007	\$0	\$10,534	\$152,372	\$97,887	\$1,028,800
Caregiver Information and Assistance	\$750,108	\$0	\$3,181	\$45,061	\$52,217	\$850,567
Chore Services	\$557,121	\$0	\$65,790	\$30,801	\$75,996	\$729,708
Assistive Devices & Technologies	\$190,008	\$185,077	\$1,798	\$59,680	\$55,125	\$491,688
Caregiver Outreach	\$346,127	\$0	\$1,060	\$41,137	\$11,460	\$399,784
Caregiver Training	\$249,440	\$0	\$47,733	\$17,371	\$24,601	\$339,145
Community Support Navigator (regional service)	\$201,366	\$0	\$11,451	\$0	\$101,541	\$314,358
Medication Management	\$68,884	\$186,034	\$1,761	\$9,879	\$20,628	\$287,186
Elder Abuse Prevention	\$214,367	\$0	\$1,149	\$6,732	\$14,869	\$237,117
Targeted Outreach & Assist (regional service)	\$143,677	\$26,324	\$6,087	\$0	\$43,725	\$219,813
Caregiver Education	\$176,677	\$0	\$3,096	\$14,207	\$17,386	\$211,366
Home Injury Control	\$140,270	\$0	\$10,833	\$6,282	\$19,118	\$176,503
Caregiver Support Group	\$121,200	\$0	\$1,300	\$11,212	\$3,859	\$137,571
Caregiver Supplemental Service	\$103,702	\$0	\$0	\$5,503	\$12,561	\$121,766
Caregiver Transportation	\$100,937	\$0	\$1,119	\$11,089	\$1,140	\$114,285
Evidence Based Disease Prevention (RSD)	\$60,559	\$0	\$160	\$20,988	\$8,871	\$90,578
Caregiver Legal Services (regional service)	\$80,330	\$0	\$300	\$2,586	\$7,054	\$90,270
Creating Confident Caregivers	\$67,620	\$0	\$100	\$3,343	\$7,880	\$78,943
Nutrition Education	\$65,475	\$0	\$0	\$100	\$8,000	\$73,575
Assistance to Hearing Impaired & Deaf Community	\$60,000	\$0	\$1,078	\$2,250	\$9,397	\$72,725
Caregiver Case Management	\$45,202	\$0	\$0	\$17,349	\$0	\$62,551
Options Counseling	\$54,598	\$0	\$0	\$0	\$6,066	\$60,664
Home Repair	\$37,881	\$0	\$14,248	\$3,216	\$3,717	\$59,062
Safe-At-Home (regional service)	\$39,180	\$0	\$0	\$4,701	\$0	\$43,881
Crisis Services for the Elderly (regional service)	\$13,175	\$20,334	\$0	\$0	\$3,767	\$37,276
Caregiver Counseling	\$17,731	\$0	\$0	\$3,519	\$0	\$21,250
Counseling	\$17,518	\$0	\$0	\$3,050	\$0	\$20,568
Vision Services	\$15,000	\$0	\$1,280	\$0	\$2,647	\$18,927
Gap Filling Services (regional service)	\$13,134	\$0	\$0	\$3,258	\$1,060	\$17,452
Friendly Reassurance	\$14,320	\$0	\$10	\$1,742	\$0	\$16,072
Totals	\$39,367,310	\$34,224,785	\$10,925,399	\$8,074,007	\$8,539,310	\$101,130,811

Service Expenditure Patterns and Funding Sources

Service expenditures in 2017 were consistent with spending patterns for the last several years. Nutrition services accounted for one-half of all expenditures. Nearly one-quarter of expenditures supported In-home services, and the remaining expenditures supported caregiver services and community services.

Expenditure patterns for federal funds, state, and local funds in 2017 were consistent with 2016 levels. Federal funds were the largest source of funding for nutrition and community services, and state funds were the largest source for in-home and caregiver services. More than one-half of all local funds were expended on nutrition services, including more than three-quarters of reported program income. Table 6 describes expenditures by service category. Tables 7 through 10 describe expenditures by service category and source of funds.

Table 6. Expenditures by Service Category

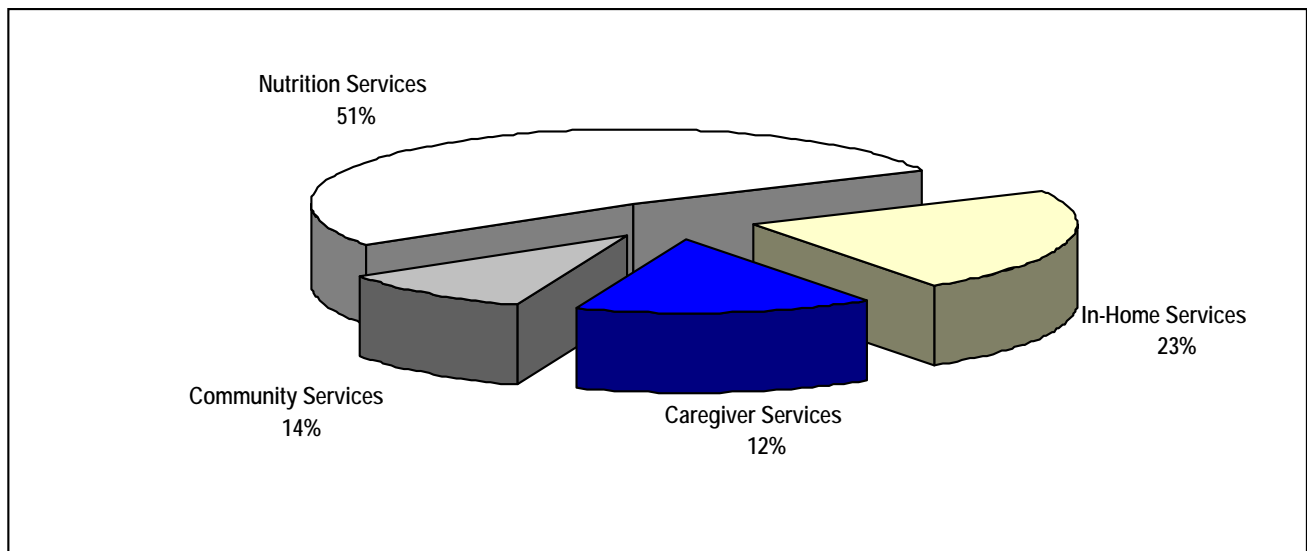


Table 7. Service Expenditures by Source of Funds

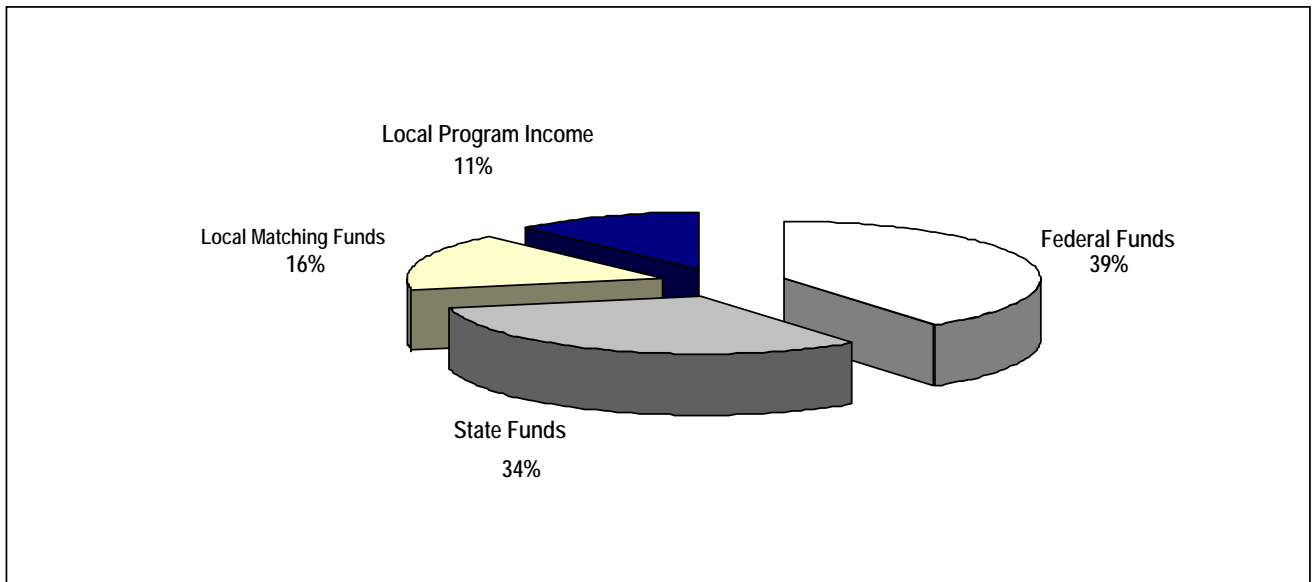


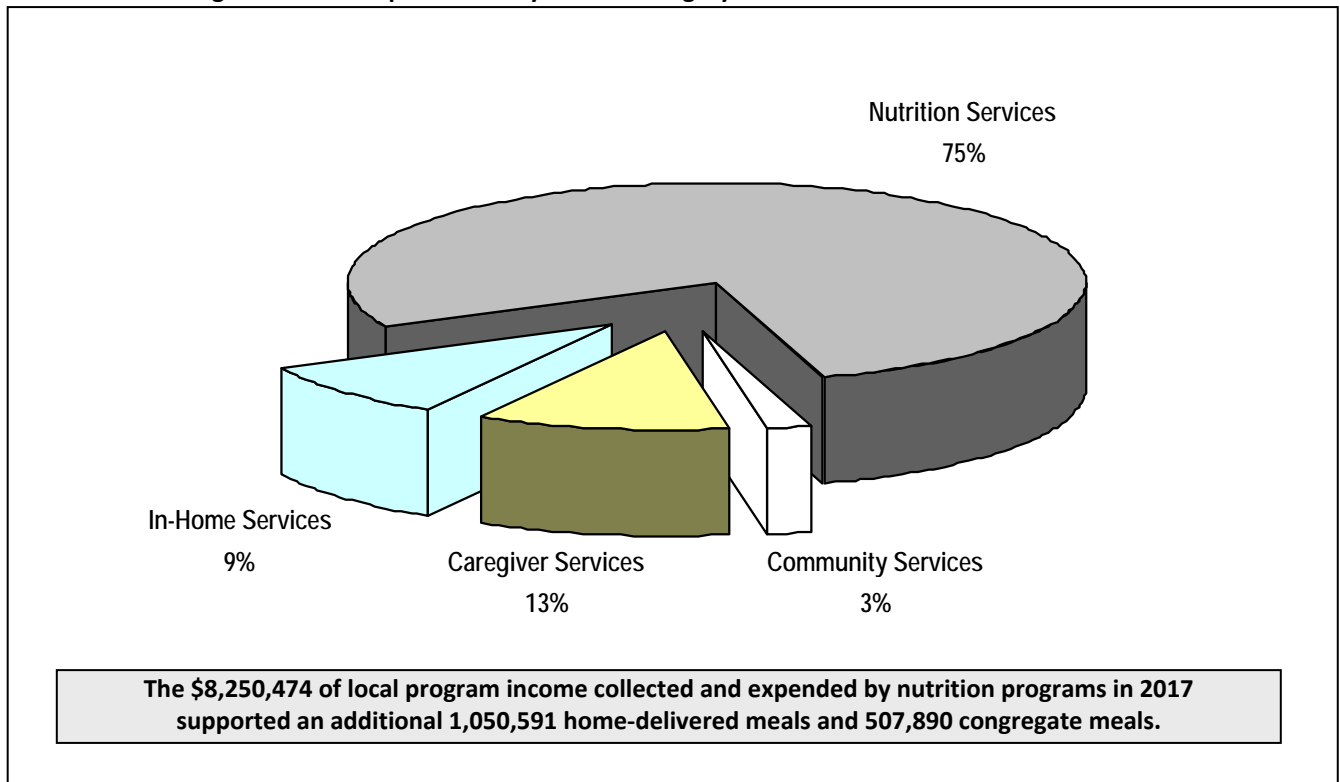
Table 8. Expenditures by Service Category and Source of Funds

Service Category	Total Expenditures	% Federal OAA Funds	% State Funds	% Local Program Income	% Local Matching Funds
Nutrition Services	\$51,775,231	47%	21%	16%	16%
In-Home Services	\$23,149,888	15%	66%	4%	15%
Community Services	\$13,674,500	62%	15%	2%	21%
Caregiver Services	\$12,531,192	26%	50%	11%	13%
Totals	\$101,130,811	39%	34%	11%	16%

Table 9. Expenditures of Local Funds by Service Category

Service Category	Total Expenditures of Local Funds by Service Category	% of Total Local Funds by Service Category
Nutrition Services	\$16,891,986	61%
In-Home Services	\$4,390,388	16%
Community Services	\$3,276,046	12%
Caregiver Services	\$2,980,296	11%
Totals	\$27,538,716	100%

Table 10. Local Program Income Expenditures by Service Category



FY 2017 Administrative Expenditure Analysis¹⁰

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

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

Likewise, State of Michigan administrative appropriations assist AASA and AAAs to administer and deliver more than 40 different state plan and annual implementation plan (AIP)-related access, in-home, nutrition, community-based and caregiver services across the state.

Federal and State Administrative Allotment Requirements

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

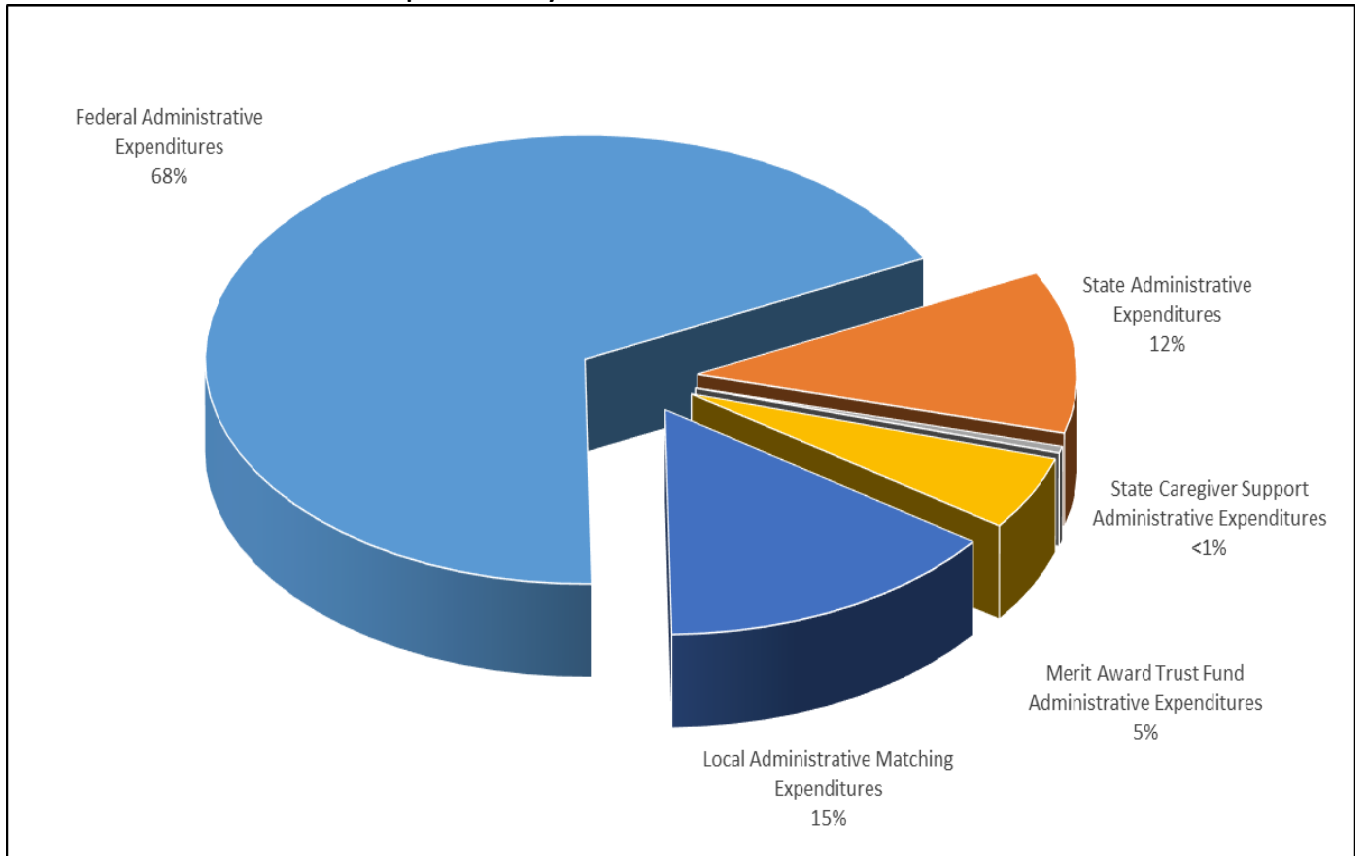
Federal and State Expenditures

In 2017, AASA, AAAs and local service providers expended \$106,404,887 for AIP-related services and administration from federal, state and local sources. Of that total, \$101,130,811 (95 percent) was expended on AIP-related services. This included \$73,592,095 in federal and state funds and \$27,538,716 in local funding. The remaining \$5,274,076 (5 percent) was expended by AAAs to administer services statewide. All told, this funding allowed the aging network to serve nearly 120,591 individuals “registered” for one or more services, 107,416 persons in “non-registered” services and 7,644 caregivers.¹¹ Table 11 describes administrative and service expenditures for 2017 by source of funds for AIP services and administrative activities. Table 12 describes administrative expenditures by source detail for 2017.

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

Source	Administrative Expenditures	Service Expenditures	Total Expenditures	Administrative Expenditures as % of Total Expenditures
Federal Funds	\$3,570,843	\$39,367,310	\$42,938,153	8.3%
State Funds	\$930,150	\$34,224,785	\$35,154,935	2.6%
Local Funds	\$773,083	\$27,538,716	\$28,311,799	2.7%
Totals	\$5,274,076	\$101,130,811	\$106,404,887	5.0%

Table 12. AAA AIP Administrative Expenditures by Source Detail



Other Sources of Aging Network Administrative Funding

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

FY 2017 NAPIS Local Service Funding

Aging Network Local Service Expenditures

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

Table 13 Total Expenditures for Selected Services

Service Category	Total Federal Expenses	Total State Expenses	Program Income Totals	Total Cash Match	Total In-Kind Match	Total Expenses (All Sources)
Nutrition Services	\$24,282,579	\$10,600,666	\$8,250,474	\$4,141,208	\$4,500,304	\$51,775,231
In-Home Services	\$3,423,352	\$15,336,148	\$993,112	\$1,713,210	\$1,684,066	\$23,149,888
Caregiver Services	\$3,249,598	\$6,301,298	\$1,393,614	\$560,029	\$1,026,653	\$12,531,192
Community Services	\$8,411,781	\$1,986,673	\$288,199	\$1,659,560	\$1,328,287	\$13,674,500
Totals	\$39,367,310	\$34,224,785	\$10,925,399	\$8,074,007	\$8,539,310	\$101,130,811

Local Matching Resources

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

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

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

Local Program Income

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

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

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

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

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

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

Service Expenditure Patterns & Fund Sources

More than one-half of all funds were expended on nutrition services, including more than three-quarters of reported program income. Local funding provides for significant program expansion beyond the service levels supported by state and federal funding - most notably in the nutrition programs. In 2017, nutrition programs were able to support nearly 1.6 million additional meals from the local program income that was received.

Other Significant Sources of Aging Network Local Service Funding

In addition to federal, state and related local funds, many county and municipal councils, commissions and departments on aging receive local "senior" millage funding for services. The Michigan Legislature has allowed senior millages since the mid-1970s. In that time the number of counties with some form of senior millage has grown to more than 65 counties. Millage funding is often administered separately from AASA funding, and millage-funded services and terms may vary from AASA services and from county to county. Millage funds are a significant funding source for many county and municipal providers, and these funds extend and expand the services available to older adults from other public, private, and/or charitable sources.

FY 2017 In-Home Service Programs

In-Home Services

In-home services assist individuals with functional, physical, or mental characteristics that limit their ability to care for themselves, and informal supports (e.g., family or friends) are either unavailable or insufficient. Targeting for in-home services is based on social, functional, and economic characteristics. In 2017, 22,253 older adults were supported by 880,401 hours/units of care management, case coordination and support, options counseling, chore, homemaker, home health aide, and personal care.

Profile of Registered In-Home Service Clients

66% were 75 years of age or older; and 33% were 85 years of age or older
 70% were female
 52% resided in rural areas
 56% lived alone
 37% started service five or more years ago
 32% were low-income
 14% were minority by race and/or ethnicity

Characteristics of In-Home Service Clients

In-home service clients were older and larger percentages were female, lived alone, and resided in rural areas compared to other registered NAPIS clients (Table 15). The most frequently reported activity limitations were cooking, cleaning, shopping, climbing stairs, and walking. Table 16 describes in-home clients by initial NAPIS registration date.

Expenditures

In 2017, approximately \$23.1 million was spent providing in-home services. Table 14 describes expenditures by service category and average costs per client and service unit.

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

Service Category	Expenditures	Cost / Client	Cost / Unit
Care Management & Options Counseling	\$6,476,303	\$1,913 <i>(avg. – 7.6 months service per client)</i>	\$252.38 <i>(per month of service)</i>
Community Living Support (regional service) ¹²	\$3,758,592	NA	NA
Homemaker	\$5,130,872	\$556	\$10.43
Personal Care (includes PDN & HHA)	\$4,324,284	\$1,063	\$16.21
Case Coordination and Support	\$2,730,129	\$267	\$49.15
Chore	\$729,708	\$207	\$18.13
Totals	\$23,149,888	\$1,041	\$26.30
Hours of in-home service per day in 2017 (statewide 260 service day average):			3,386

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

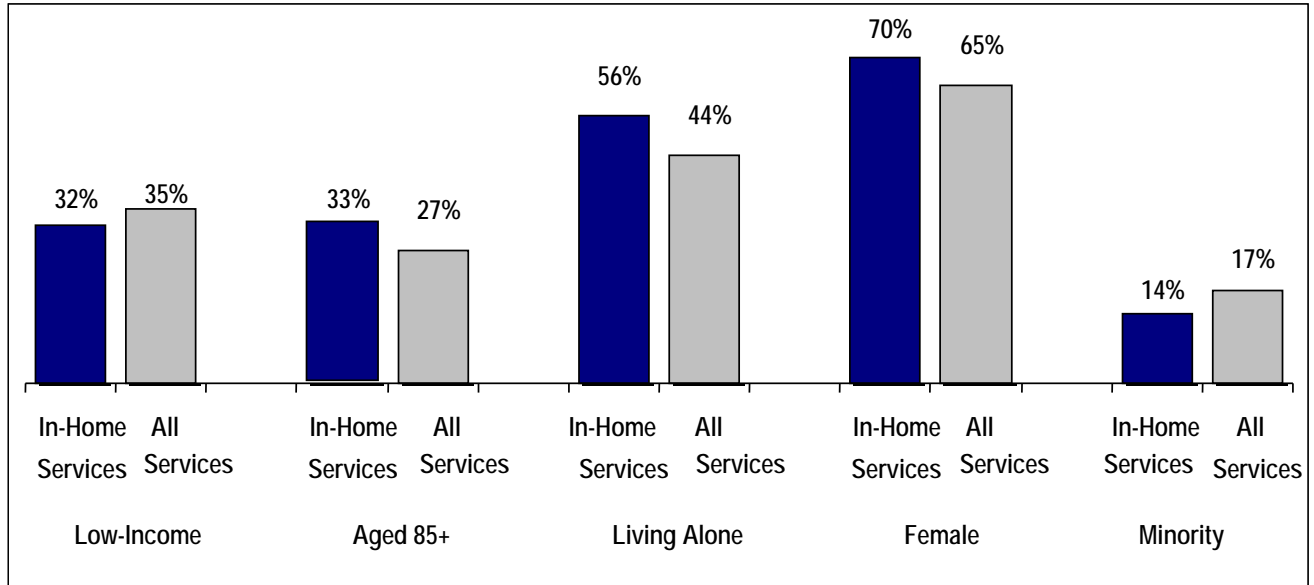


Table 16. In-Home Service Clients by Initial Service Intake Date

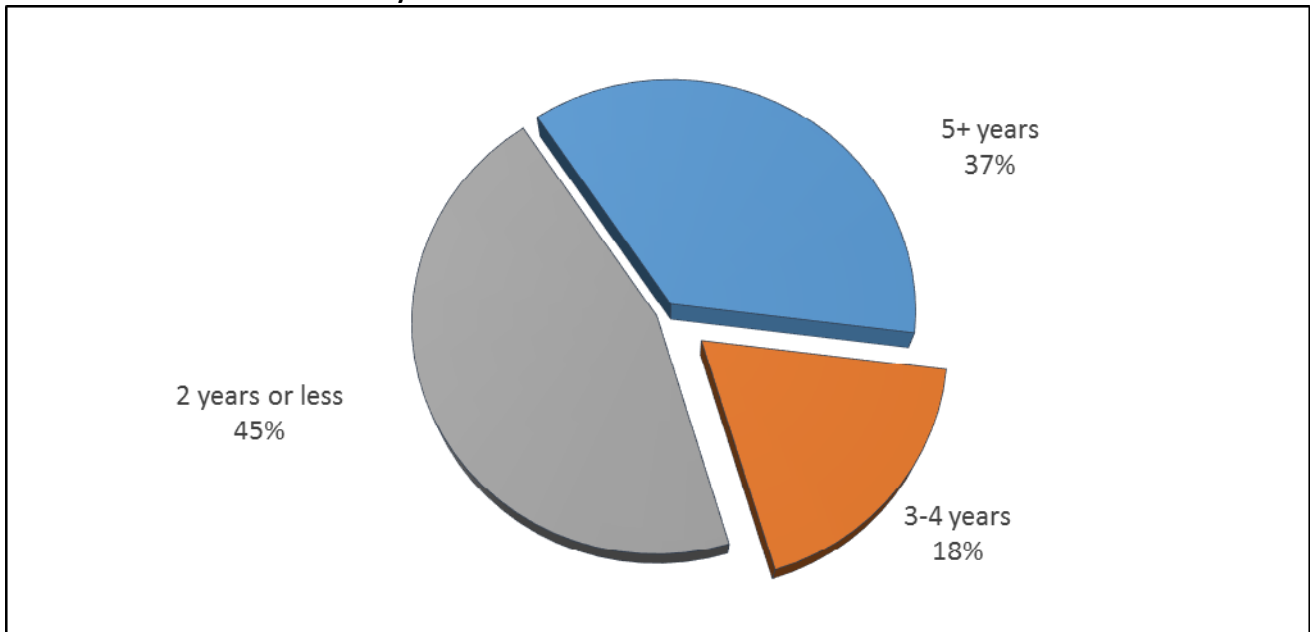


Table 17. In-Home Service Clients by Most Frequently Reported ADL and IADL Limitations

Daily Activity Limitations (ADLs & IADLs)	% of Clients w/ Reported ADL or IADL Limitation
Shopping	67%
Cleaning	64%
Cooking Meals	63%
Using Private Transportation	57%
Stair Climbing	57%
Walking	53%
Doing Laundry	53%
3+ ADLs/IADLs Reported	76%

Profile of In-Home Service Clients and Older Adults in Michigan

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

Table 18. In-Home Service Clients and Michigan’s 2010 U.S. Census 60+ Population by Selected Characteristics

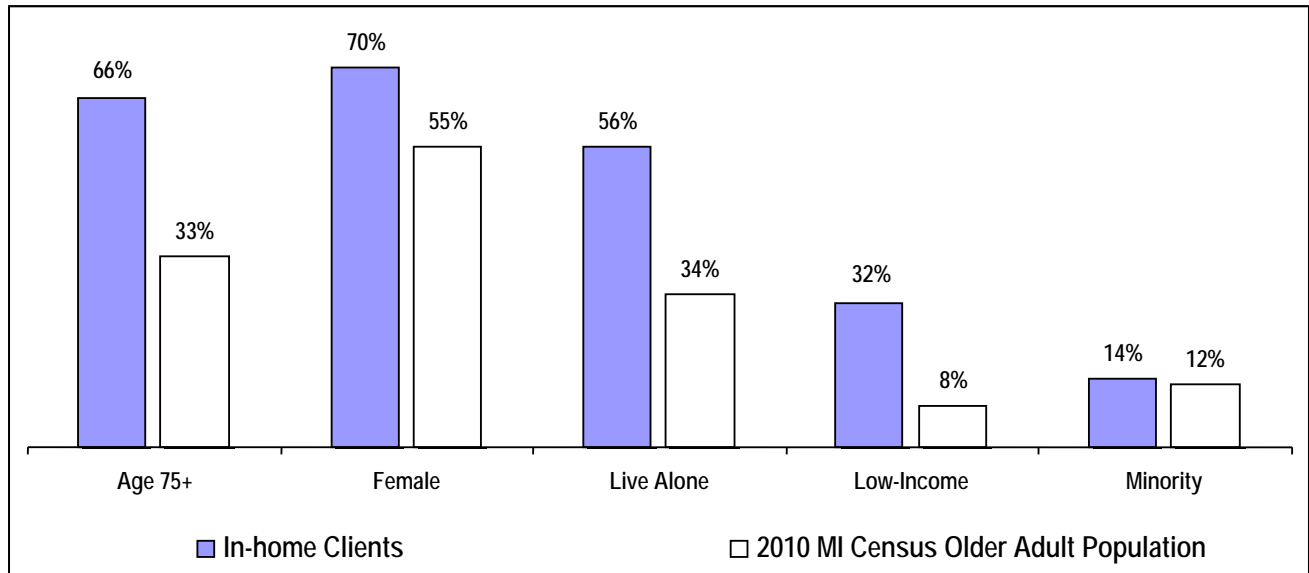
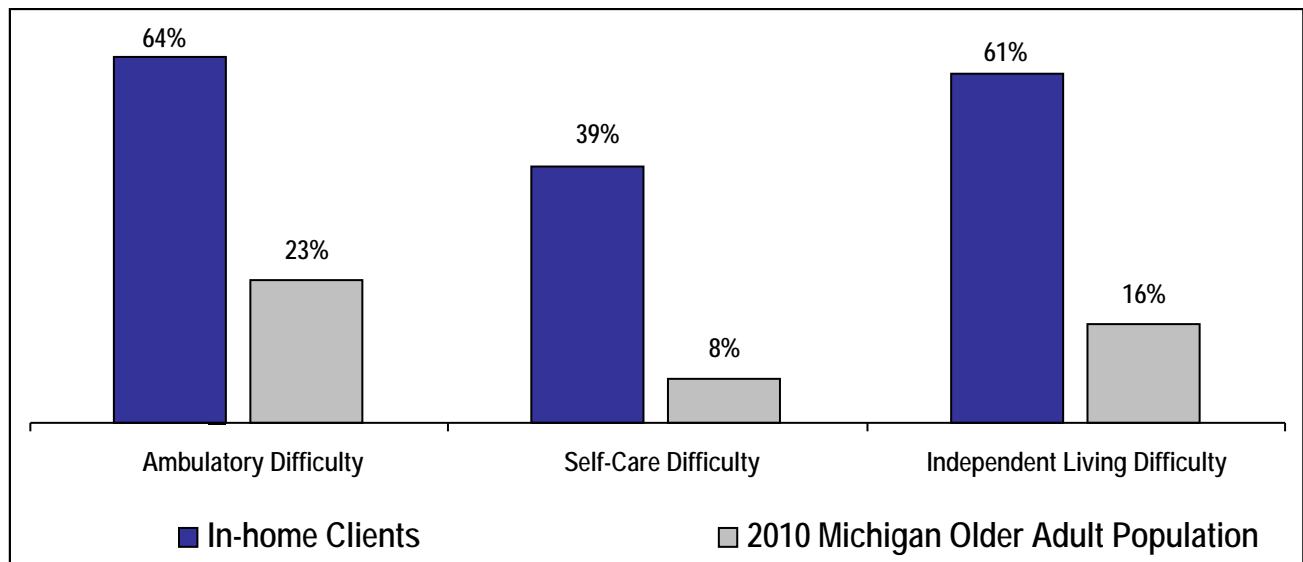


Table 19. In-Home Service Clients and Michigan’s 2010 Census Population by Daily Activity Difficulties



FY 2017 Nutrition Services Programs

Nutrition Services

Adequate nutrition is critical to health, functioning, and quality of life. Nutrition services provide nutritious meals in community settings and to frail older adults in home settings. Additionally, these services combat social isolation and provide nutrition education. In 2017, 52,528 home-delivered meal clients received 7,936,123 (non-respite meals) and 52,556 congregate meal clients received 2,263,010 meals.

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

Home-Delivered Meal Clients	Congregate Meal Clients
64% were age 75 or older; 36% were 85 or older	52% were age 75 or older; 19% were 85 or older
63% were female	64% were female
52% lived alone	34% lived alone
36% resided in rural areas	59% resided in rural areas
40% were low-income	29% were low-income
72% were at high nutritional risk	17% were at high nutritional risk
19% were minority by race and/or ethnicity	14% were minority by race and/or ethnicity
24% started service five or more years ago	40% started service five or more years ago

Characteristics of Home-Delivered and Congregate Meal Clients

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

Expenditures

Approximately \$51.8 million was expended in 2017 for nutrition services. Table 21 describes expenditures, costs per meal and client, and average service levels.

Table 21. Nutrition Program Expenditures and Average Costs and Meals

Service Category	Expenditures	Avg. Meals / Client	Avg. Cost / Client	Avg. Cost/Meal	Avg. Statewide Meals/Day
Home-Delivered Meals	\$36,425,001	155	\$693	\$4.59	31,285
Congregate Meals	\$15,276,655	43	\$291	\$6.75	8,704
Nutrition Counseling/ Education	\$73,575	NA	NA	NA	NA
Totals	\$51,775,231	198	\$493	\$5.08	39,989

Profile of Home-Delivered Meal Clients and Older Adults in Michigan

In 2017, the profile of home-delivered meal clients differed from congregate meal clients. Larger percentages of home-delivered meal clients were aged 85 or older, low-income, and minority by race or ethnicity (Table 22). Similarly, larger percentages of home-delivered meal clients were aged 75 or older, female, lived alone, and/or low-income compared to Michigan’s 2010 Census population (Table 24).

Table 22. Nutrition and Registered Service Clients by Selected Characteristics

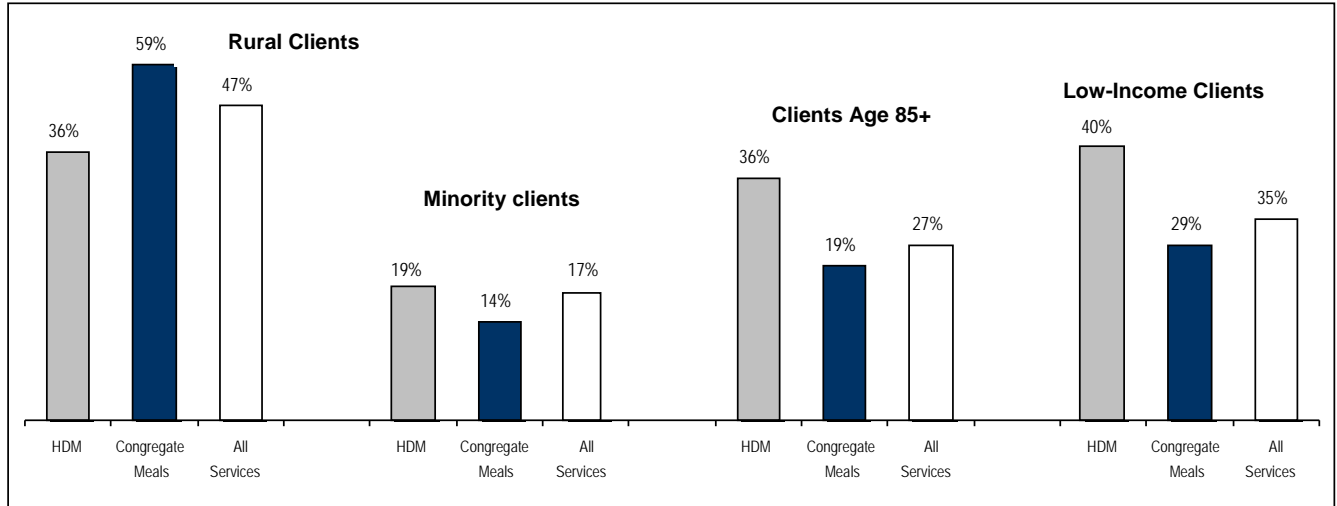
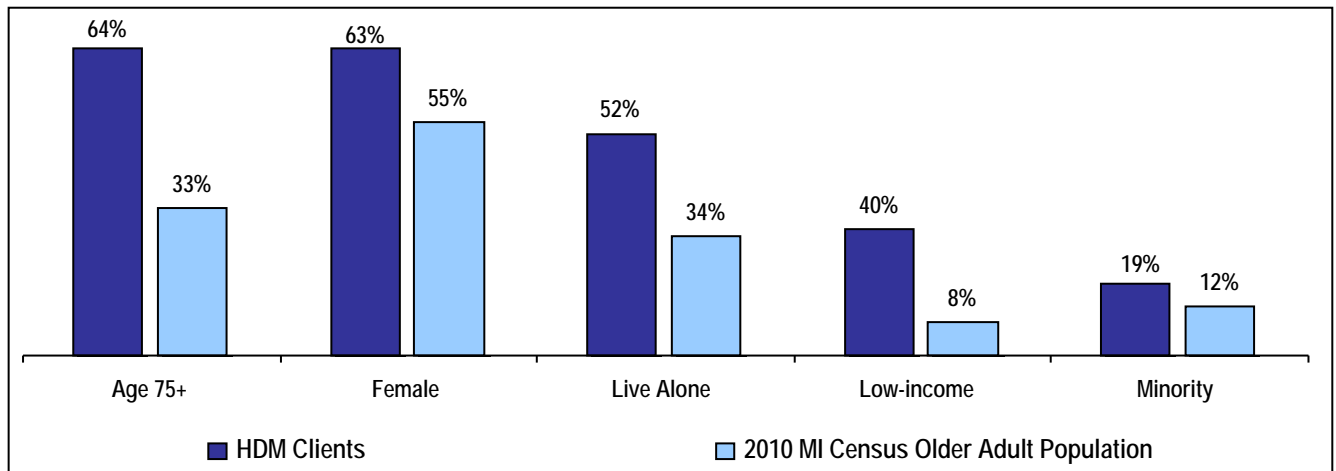


Table 23. Home-Delivered Meal Clients by Most Frequently Reported Daily Activity Limitations

Most Frequently Reported Daily Activity Limitations (ADL and IADLs)	% of Clients w/ ADL or IADL Limitation
Cooking Meals	74%
Shopping	72%
Doing Laundry	59%
Using Private Transportation	59%
Stair Climbing	59%
3+ ADLs/IADLs Reported	82%

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



Profile of Home-Delivered Meal Clients by Service Intake and Meal Type

About one-quarter of clients in the home-delivered meals program in 2017 had been registered for NAPIS service(s) for five years or more. This compares to 40 percent of clients in the congregate meals program. Table 25 describes nutrition program clients by initial NAPIS registration.

Nearly three-quarters of home-delivered meals served in 2017 were hot meals (Table 26). Most of the remaining meals were cold meals (17 percent) or liquid meals (5 percent). The 80,542 Nutrition Services Incentive Program (NSIP) meals served in 2017 was an increase of 8 percent from 2016. NSIP-only meals meet all federal OAA requirements, but are not supported by OAA or state funds from AASA. These locally-funded meals expand service delivery and are included in Michigan’s annual NAPIS meal count. The federal Administration on Aging utilizes the NAPIS meal count to allocate federal NSIP funds to SUAs. In 2017, NSIP expenditures represented nearly 17 percent of total AASA expenditures for home-delivered meals.

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

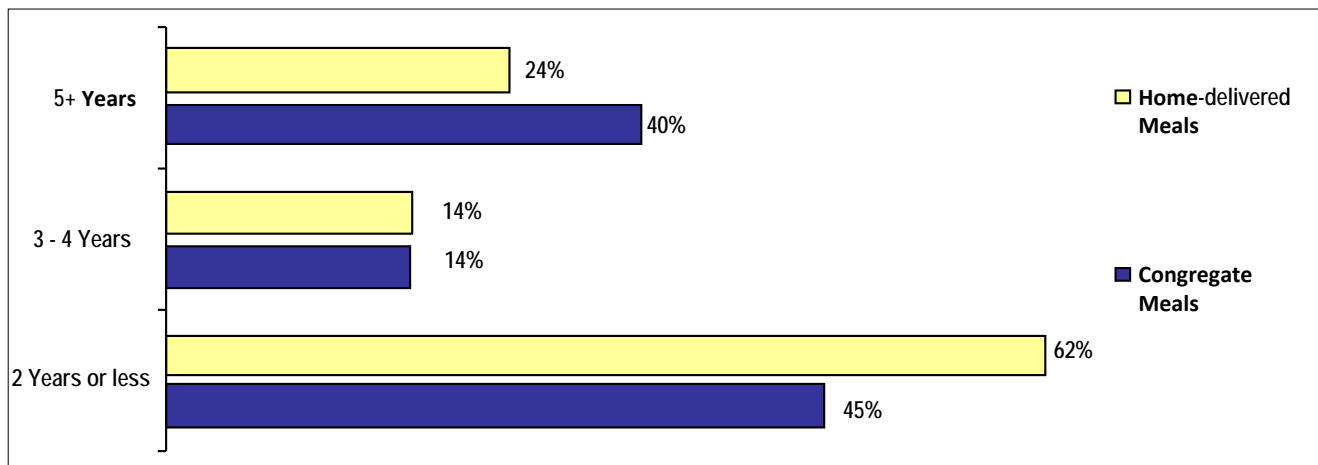
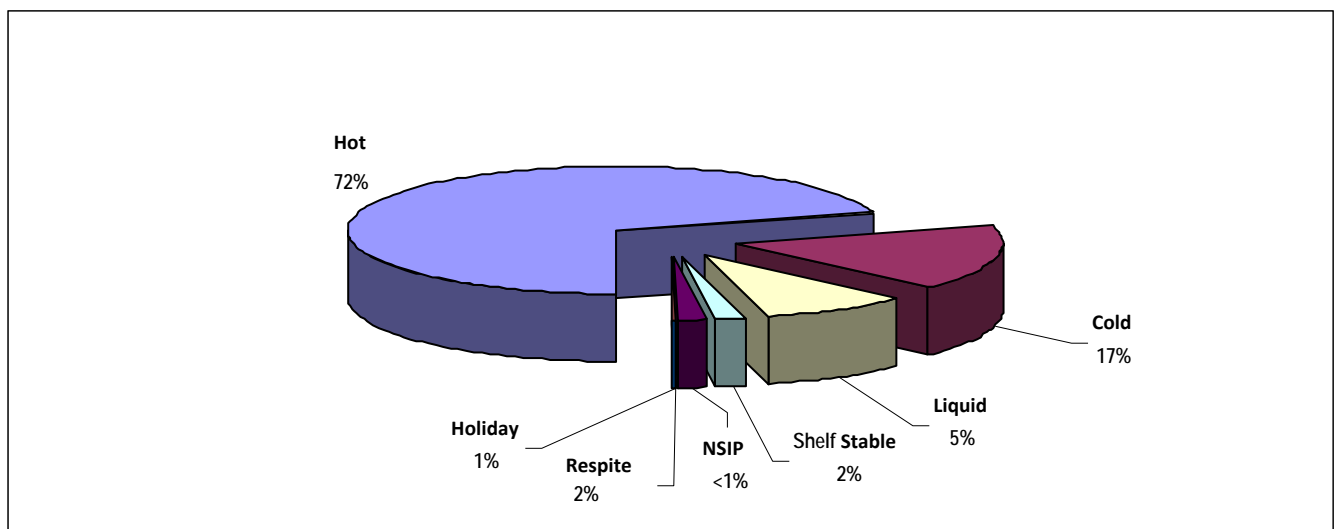


Table 26. Home-Delivered Meals by Meal Type



Profile of Congregate Meal Sites and Type of Meals Served

At the end of 2017, there were 620 congregate meal sites operating across Michigan. Most congregate sites (73 percent) served meals four or more days per week, and 44 sites served meals on weekends. About 45 percent of congregate sites also operated a home-delivered meal program out of the same facility. Sites statewide reported serving an average of 90 meals to 50 program clients per week. The federal OAA requires that program clients be given an opportunity to donate toward the cost of most services. In 2017, most sites (91 percent) reported a suggested per meal donation rate of between \$2.00 and \$4.00, with a statewide average, suggested donation rate of \$2.63.

More than 94 percent of the nearly 2.3 million congregate meals served in 2017 were provided in congregate settings. A small number of congregate meals (56,848) were served by restaurant voucher programs. Typically, restaurant voucher programs operate in areas where service to a small number of regular clients is not cost effective given the administrative costs of a fully operational site. Congregate programs increasingly looked to locally-funded *NSIP-only* congregate meals to help maintain service levels. A total of 69,301 NSIP-only congregate meals were served in 2017. NSIP-only programs meet all OAA requirements, but are locally funded and do not receive any OAA or AASA nutrition funding. Tables 27 and 28 describe congregate meal service patterns and congregate meal types.

About 42 percent of congregate sites were rural, 40 percent were urban and the remaining 17 percent were in a suburban area. A significant number of sites were located in areas with concentrations of older adults in poverty (57 percent). Approximate 21 percent of sites were located in areas with a concentration of minority elders. Tables 29 and 30 describe congregate meal sites by location for 2017.

Table 27. Congregate Meal Sites by Service Delivery Pattern

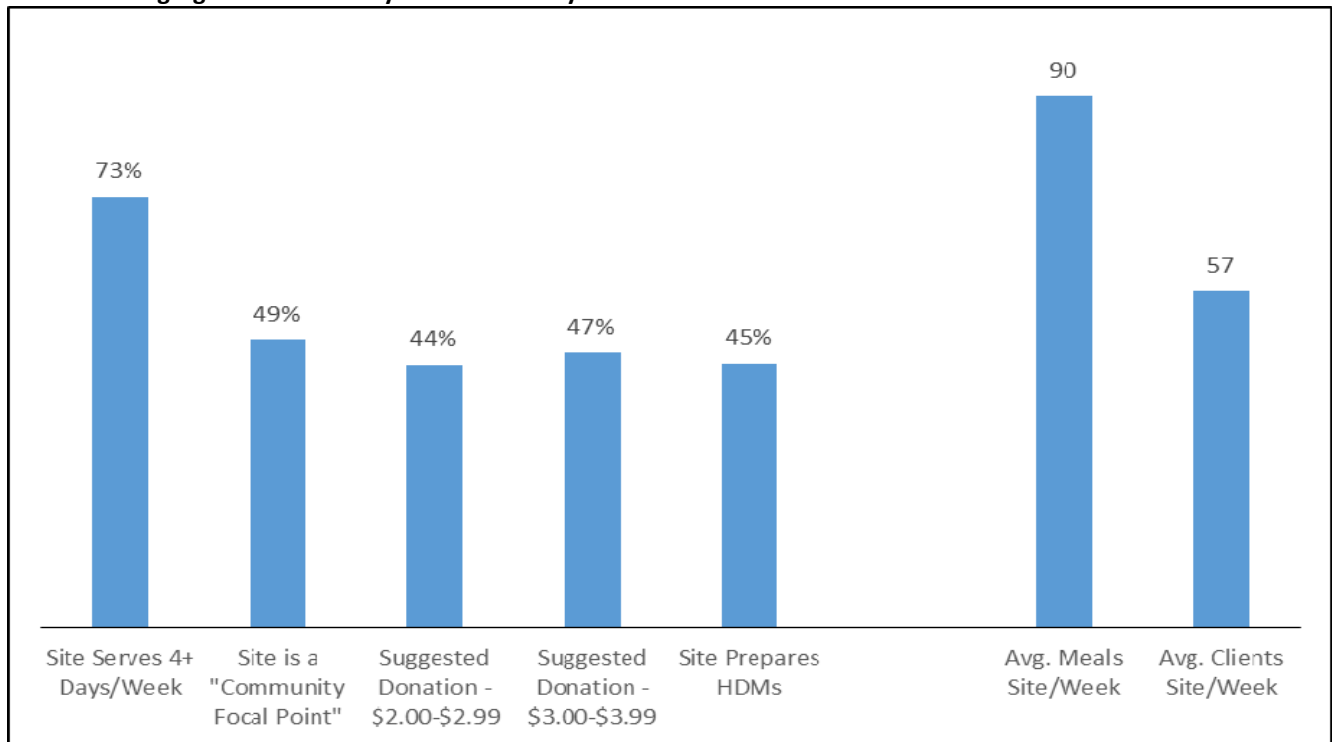


Table 28. Congregate Meals Served by Meal Type

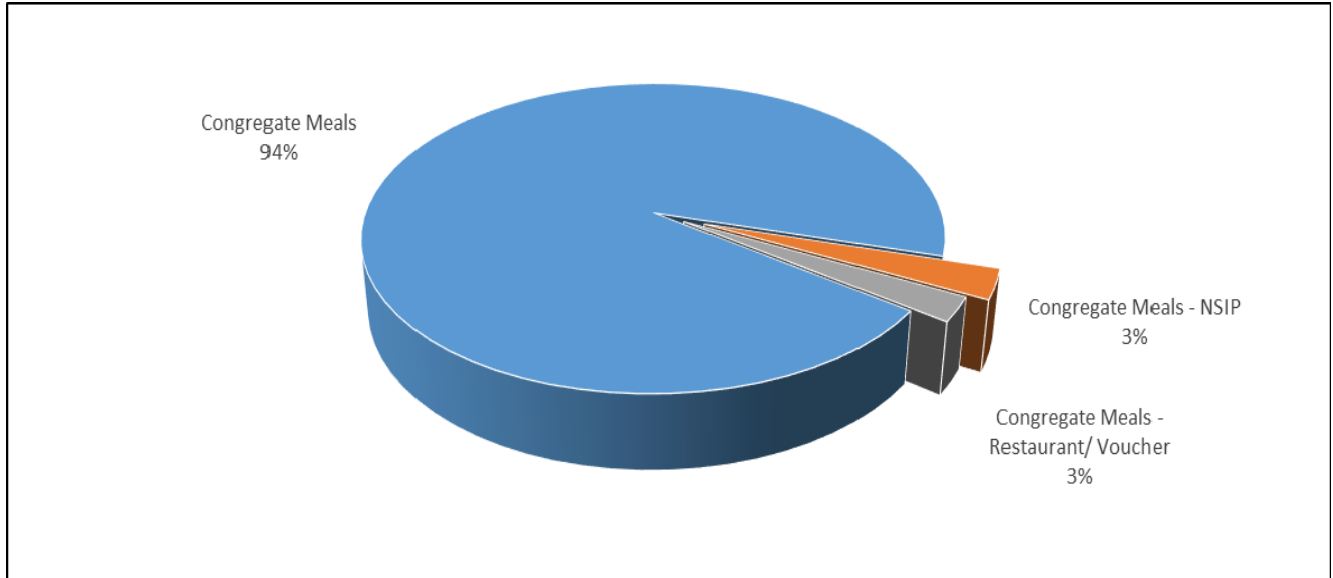


Table 29. Congregate Meal Sites by Facility Characteristics¹⁴

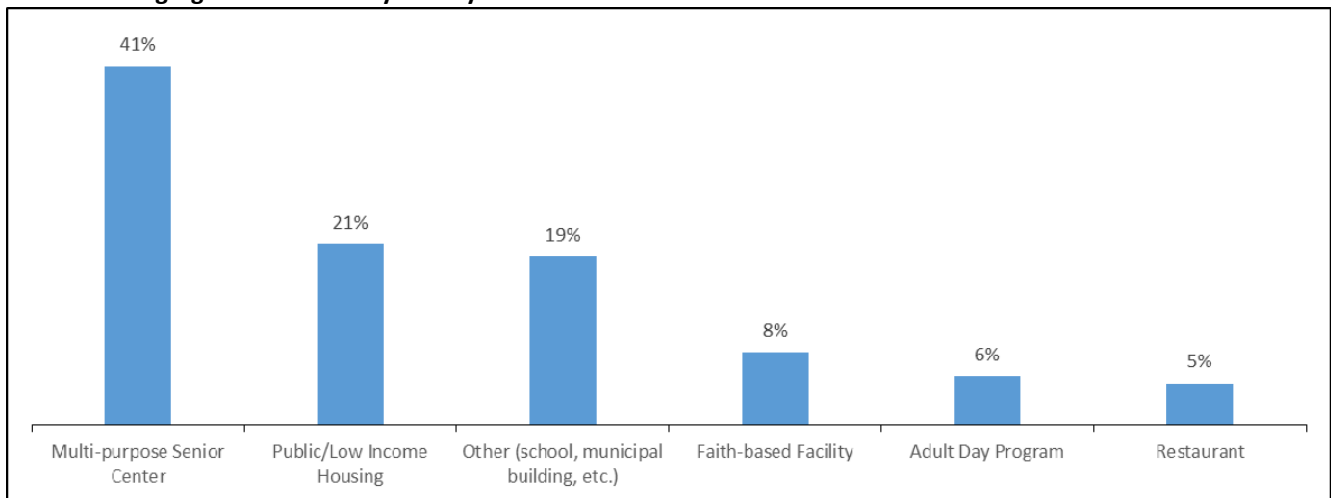
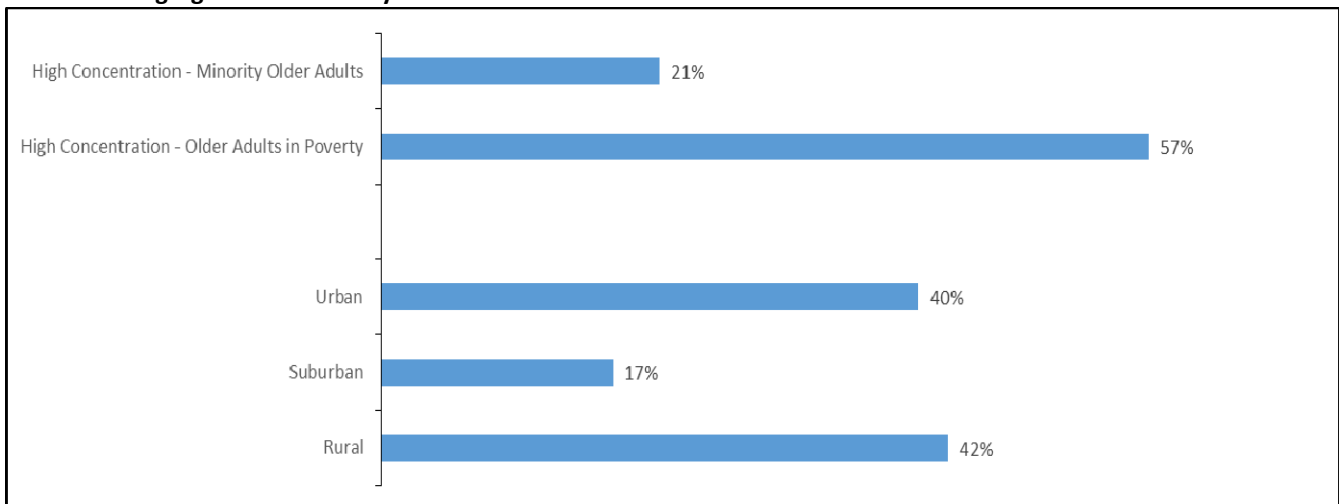


Table 30. Congregate Meal Sites by Location Characteristics



FY 2017 Community Services Programs

Community Services

The aging network offers a variety of services designed to assist older adults in their local communities. Community services are often available at multi-purpose senior centers that coordinate and integrate services to create a comprehensive system of services. Community services include disease prevention, education, hearing services, counseling, elder abuse prevention, home repair, information and assistance, legal assistance, medication management, outreach, transportation, and vision services. In 2017, older adults received 633,633 hours/units of community services.

Profile of Community Services Clients

- 13% were low-income
- 35% were minority by race and/or ethnicity
- 8% resided in rural areas

Characteristics of Community Services Clients

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

Expenditures

In 2017, about \$13.7 million was spent providing community services. Table 31 describes expenditures and average costs for selected community services.

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

Service Category	Clients	Units	Expenditures	Avg. Cost/Client	Avg. Cost/Unit
Assistance to Hearing Impaired & Deaf Community	1,743	4,038	\$72,725	\$42	\$18.01
Assistive Devices & Technologies	2,892	17,897	\$491,688	\$170	\$27.47
Community Support Navigator(RSD)	7,844	14,994	\$314,358	\$40	\$20.97
Counseling	107	520	\$20,568	\$192	\$39.55
Crisis Services for the Elderly(RSD)	709	709	\$37,276	\$53	\$52.58
Disease Prevention/Health Promotion	14,364	53,004	\$1,259,654	\$88	\$23.77
Elder Abuse Prevention	7,394	9,176	\$237,117	\$32	\$25.84
Friendly Reassurance	693	23,920	\$16,072	\$23	\$0.67
Gap Filling Services/Special Needs(RSD)	48	326	\$17,452	\$364	\$53.53
Home Injury Control	1,106	3,446	\$176,503	\$160	\$51.22
Home Repair	116	2,378	\$59,062	\$509	\$24.84
Information & Assistance	NA	107,120	\$1,709,582	NA	\$15.96
Legal Assistance	8,882	31,515	\$1,028,800	\$116	\$32.65
Medication Management	4,506	11,247	\$287,186	\$64	\$25.54
Outreach	NA	78,440	\$1,620,927	NA	\$20.66
Senior Center Operations/Staffing	48,297	60,974	\$1,236,495	\$26	\$20.28
Transportation	7,314	213,044	\$1,669,105	\$228	\$7.83
Vision Services	1,351	838	\$18,927	\$14	\$22.60

FY 2017 Caregiver Services Programs

Caregiver Services

Caregivers provide daily or episodic support, and assist with services such as bathing, appointments, shopping, food preparation, and medical care. Caregiving has the potential to impact the health, work, family relationships, and finances of the caregiver. Caregivers may live with the person they are caring for, travel to provide care, or may be a long distance caregiver. In 2017, 7,644 caregivers were supported with 197,972 home-delivered meals and 797,423 hours of adult day care, respite care, counseling services, and supplemental care.

Profile of Registered Caregivers

- 70% were female
- 38% were younger than 65 years of age
- 37% resided in rural areas
- 21% of caregivers were daughters or daughters-in-law; 33% of caregivers were spouses
- 35% were low-income
- 35% were minority by race and/or ethnicity

Table 32. Profile of Caregiving

Profile of Caregiving	
72%	Provided daily, hands-on care
84%	Have been caregiving for more than one year; 41% for three or more years
65%	Lived with the individual(s) that they care for; 29% travel up to one hour to provide care
43%	Indicated that there were “no other family members willing or able” to help provide care
28%	Were employed full or part-time
21%	Described their health as “fair” or “poor”
13%	Were kinship caregivers (e.g., caregiving for grandchildren)

Expenditures

In 2017, the aging network spent \$12.5 million to support caregivers. Table 33 describes expenditures and average costs per caregiver and service unit for caregiver services.

Table 33. Caregiver Service Expenditures and Average Cost per Client and Service Unit

Service Category	Expenditures	Avg. Cost / Caregiver	Avg. Cost / Unit
Caregiver Counseling, Support Group & Training	\$497,966	\$277	\$47.43
Caregiver Supplemental Service	\$121,766	\$376	\$107.76
Adult Day & Respite Care (all forms)	\$10,103,694	\$1,698	\$10.27
Information & Access Services	\$1,807,766	NA	\$31.48
Totals	\$12,531,192		
Hours/Units of Caregiver Services Per Day in 2016 (statewide 260 service day average):			4,049

NAPIS Special Reports



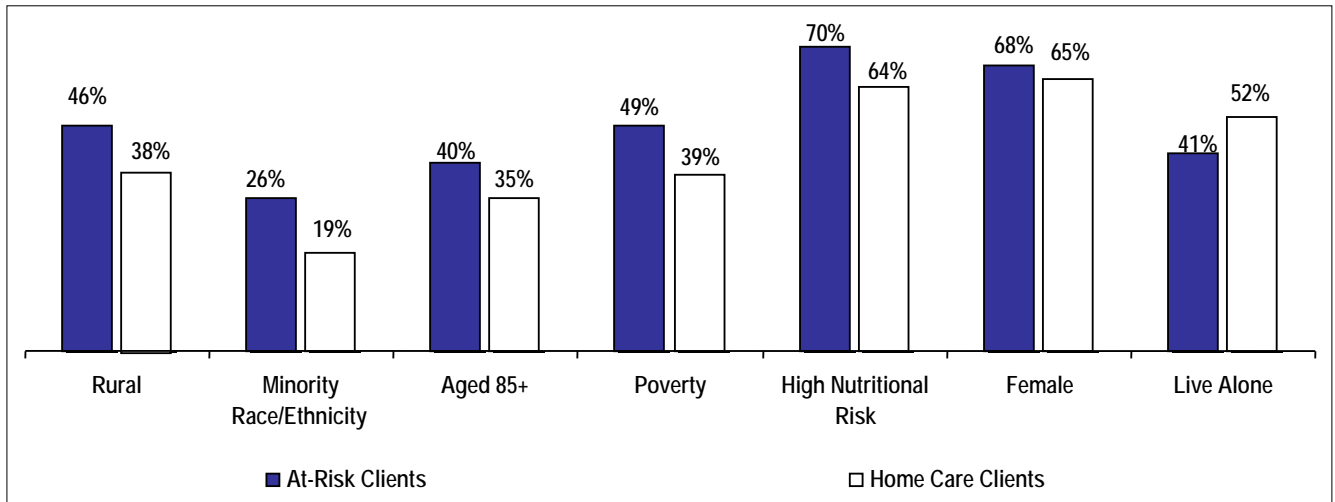
Services to *At-Risk* In-Home Service Clients in FY 2017

At-risk clients are a subset of the home care population comprised of individuals who have specific daily activity limitations that are consistent with a nursing facility level of care.¹⁵ In 2017, 4,214 at-risk older adults received 83,921 hours/units of home care and 493,757 home-delivered meals.

Profile of At-Risk Clients

- 71% were 75 years of age or older; and 40% were 85 years of age or older
- 70% were at high nutritional risk
- 68% were female
- 49% were low-income
- 41% lived alone
- 26% were minority by race and/or ethnicity
- 46% resided in rural areas

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



Expenditures for At-Risk Clients

In 2017, approximately \$4.5 million was expended providing in-home services and home-delivered meals to at-risk older adults. Table 35 describes expenditures, services, and average client costs.

Table 35. Expenditures and Service Levels to At-Risk Clients

Service	Expenditures	Service Units	At-Risk Clients
Care Management	\$1,096,566	4,386	550
Case Coordination & Support	\$90,673	1,845	288
Chore	\$26,784	1,477	97
Home-Delivered Meals	\$2,266,232	493,757	2,428
Homemaker	\$395,261	37,913	698
Personal Care	\$620,912	38,300	502
Totals	\$4,496,429	577,678	4,214

Services Provided to At-Risk Clients

Service data for 2017 indicated that at-risk clients received several in-home services at a greater proportion than this group represented in the total home care population (Tables 36 and 37). This suggests that client characteristics are important factors in the delivery of services. This supports the aging network goal of targeting services to those *most* in need within the overall mission of serving as many older adults as possible. Tables 36 and 37 also provide at-risk client service costs and average costs per client and per service unit.

Table 36. At-Risk and Home Care Clients Served

Total Home Care Clients	At-Risk Clients	At-Risk % of Total Home Care Clients
65,615	4,214	6%
Average Cost/Client		Average Cost/Service Unit
\$1,067		\$7.78

Table 37. Services to At-Risk Clients

Service Category	Service Units All Home Care Clients	Service Units At-Risk Clients	At-Risk Service Units % of Total
Personal Care	266,737	38,300	14%
Homemaker	492,147	37,913	8%
Care Management	25,661	4,386	17%
Chore	40,240	1,477	4%
Home-Delivered Meals (non-respite meals)	7,936,123	493,757	6%
Case Coordination & Support	55,552	1,845	3%
Totals	8,816,460	577,678	7%

State Aging Network *No Wait State* Service Funding in FY 2017

The Michigan aging network received increased state appropriations starting in 2015 intended to support in-home services and home-delivered meals and reduce the number of older adults waiting for service. *No wait state* funding was first appropriated in the AASA budget under the community services and nutrition services line items in Public Act 252 of 2014. To this end, this funding was integrated into existing aging network service providers and service delivery for local in-home services and home-delivered meals programs.

In 2017, \$3.6 million in state funding was targeted to in-home service programs and home-delivered meals to reduce waiting lists. Of this total, \$2.1 million was allocated to in-home services and \$1.5 million was added for home-delivered meals. Those *no wait state* funds in 2017 leveraged nearly \$834,891 in local program income and local matching funds for in-home services and home-delivered meals - accounting for nearly 19 percent of total *no wait state*-related expenditures. In total, approximately \$4.4 million in *no wait state* funding was expended by the Michigan aging network to address waiting lists.

No wait state funding in 2017 supported 6,237 older adults with in-home services and home-delivered meals. Fiscal year 2017 saw increases in expenditures for in-home services and home-delivered meals of 22 percent and 5 percent, respectfully, as compared to 2014. At the same time, the Michigan aging network served 10 percent more home-delivered meal clients and 6 percent more meals and nearly 12 percent more in-home clients and 29 percent more hours of in-home services. Table 38 below describes services levels for *no wait state*-related services for 2017 and compares services levels for in-home and home-delivered meals service levels in 2017 versus 2014 (i.e., the fiscal year prior to first receiving *no wait state* funds).

Table 38. *No Wait State* Service Levels and Expenditures

Fiscal Year/Service Levels	In-Home Clients	HDM Clients	Total HDM & In-Home Clients	In-Home Units	HDM Meals (includes respite)
FY 2017	22,245	52,528	65,615	880,401	8,133,094
FY 2014	19,933	47,618	59,378	683,050	7,705,650
# Change FY 2017 vs. 2014	2,312	4,910	6,237	197,351	427,444
% Change FY 2017 vs. 2014	12%	10%	11%	29%	6%
<i>No Wait State</i> Service Expenditures	FY 2017 <i>No Wait State</i> Expenditures	<i>No Wait</i> -related Program Income Expenditures	<i>No Wait</i> -related Local Matching Expenditures	Total <i>No Wait State</i> & Related Local Expenditures	
Home-delivered Meals	\$1,500,000	\$198,581	\$238,044	\$1,936,625	
In-Home Services	2,100,000	\$90,088	\$308,178	\$2,498,266	
Totals	\$3,600,000	\$288,670	\$546,222	\$4,434,891	
Total Service Expenditures (all sources)	FY 2014	FY 2017	# Change FY 2017 vs. 2014	% Change FY 2017 vs. 2014	
Home-delivered Meals	\$34,843,154	\$36,425,001	\$1,581,847	5%	
In-Home Services	\$18,909,245	\$23,149,888	\$4,240,643	22%	
Totals	\$53,752,399	\$59,574,889	\$5,822,490	11%	

Service Targeting in FY 2017

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

Table 39. Service Data for Selected Target Populations ¹⁷

OLDER ADULTS SERVED IN GREATEST SOCIAL AND GREATEST ECONOMIC NEED			
	Michigan 60+ Population	% of Michigan 60+ Population	% of NAPIS Registered Service Population
Total Population 60+	1,930,341		
White (non-Hispanic)	1,675,109	86.8%	83.0%
African American	199,887	10.4%	14.8%
Asian/Pacific Islander	25,559	1.3%	0.7%
American Indian/Alaskan	7,627	0.4%	0.6%
Hispanic (of any race)	30,319	1.6%	1.6%
Below Poverty	80,803	7.9%	35.4%
Rural	564,721	33.7%	47.0%
CAREGIVERS SERVED IN GREATEST SOCIAL AND GREATEST ECONOMIC NEED			
	Michigan 18+ Population	% of Michigan 18+ Population	% of Total NAPIS Caregiver Service Population
Total Population 18+	7,539,572		
White (non-Hispanic)	6,105,164	79.0%	65.2%
African American	1,007,295	13.4%	32.5%
Asian/Pacific Islander	178,281	2.4%	0.3%
American Indian/Alaskan	44,739	0.6%	0.6%
Hispanic (of any race)	264,511	3.5%	1.5%
Below Poverty	956,358	12.7%	34.5%
Rural	1,929,959	25.6%	36.5%

Dementia Caregivers: Creating Confident Caregivers® in FY 2017

Dementia caregiving is increasingly impacting family caregivers across Michigan. The aging network in Michigan provides the evidence-based Savvy Caregiver program (SCP) under the service definition “Creating Confident Caregivers” (CCC) to family caregivers of persons with dementia who are living at home. CCC/SCP is proven effective for reducing caregiver stress and improving skills.

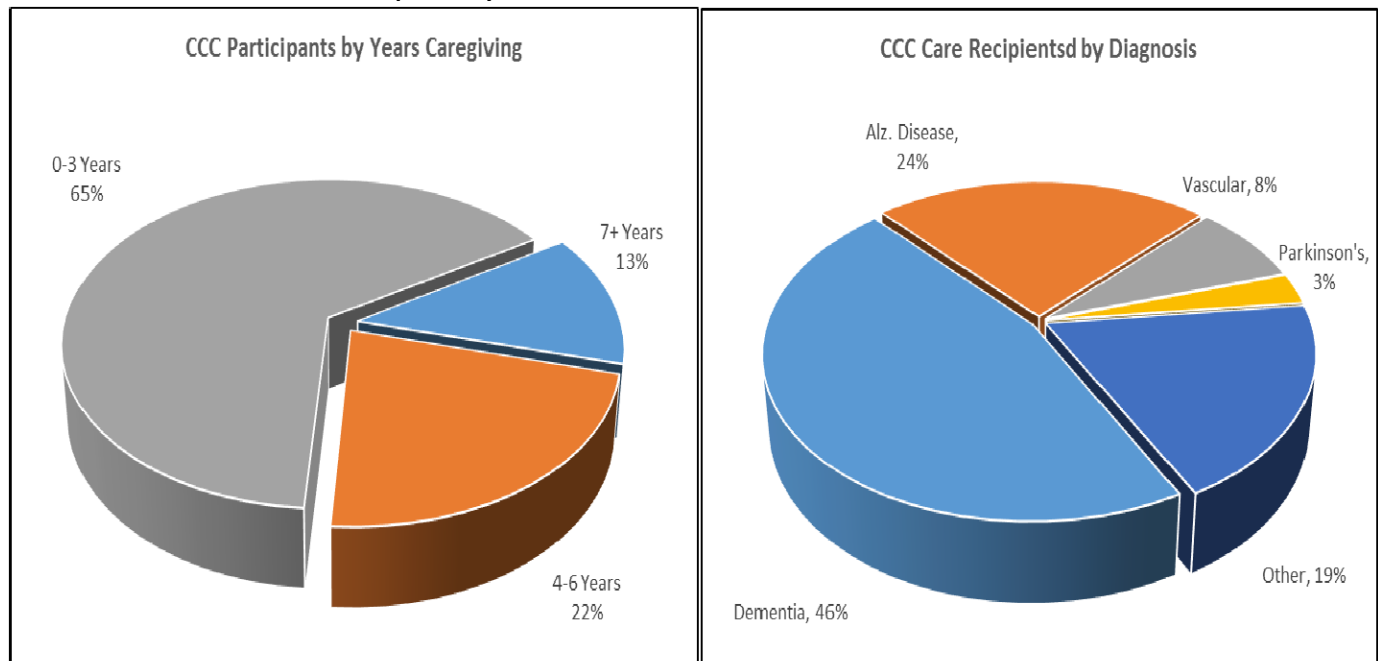
Program profile: In 2017, twelve AAAs provided 57 CCC programs in 34 counties

- Served 448 informal caregivers with 4,300 service units
- 369 (82%) attended four or more sessions, “completers”
- 10% of clients and 10% of care recipients reported ethnic/racial diversity
- Client evaluations ranked the program at 4.8 (5=excellent)
- 99% of clients would recommend it to another dementia caregiver

Table 40. CCC Client and Care Recipient Profile

CCC Caregiver Client Profile	CCC Care Recipient Profile
80% Female	51% Female
Average Age: 65, ranging from 28-92	Average age: 80, range from 49 to 98, 33% were age 85+
65% Clients lived with the person with dementia	47% Were cared for by adult child/in-law; 44% by spouse/partner
26% Working, full or part-time	76% Had a formal diagnosis
68% Learned CCC from family, friends, support group, services or health care provider	29% Had served in the military
35% Had high school education or less, 31% some college; 34% had college degrees	

Table 41. CCC Clients and Care Recipients by Selected Characteristics



Rural Service Expenditures in FY 2017

The Older Americans Act of 1965, as amended, emphasizes targeting services to those older adults with greatest economic and/or social need, including older individuals residing in rural areas. Table 42 describes NAPIS service expenditures in 2017 to clients residing in rural areas in Michigan.

Table 42. Service Expenditures in Rural Areas

Service Category	Total Service Expenditures	Rural Service Expenditures
Adult Day Care	\$4,674,378	\$1,854,207
Assistance to Hearing Impaired and Deaf Community	\$72,725	\$0
Assistive Devices & Technologies	\$491,688	\$44,884
Care Management	\$6,476,303	\$3,140,143
Caregiver Case Management	\$62,551	\$13,222
Caregiver Counseling	\$21,250	\$2,891
Caregiver Education	\$211,366	\$56,998
Caregiver Information and Assistance	\$850,567	\$598,799
Caregiver Outreach	\$399,784	\$399,784
Caregiver Supplemental Service	\$121,766	\$74,189
Caregiver Support Group	\$137,571	\$41,650
Caregiver Training	\$339,145	\$153,447
Caregiver Transportation	\$114,285	\$114,285
Case Coordination & Support	\$2,730,129	\$1,311,919
Chore Services	\$729,708	\$233,846
Community Living Support (regional service)	\$3,758,592	\$811,143
Community Support Navigator (regional service)	\$314,358	\$0
Congregate Meals	\$15,276,655	\$9,076,654
Counseling	\$20,568	\$0
Creating Confident Caregivers	\$78,943	\$76,919
Crisis Services for the Elderly (regional service)	\$37,276	\$0
Disease Prevention/Health Promotion	\$1,259,654	\$58,116
Elder Abuse Prevention	\$237,117	\$14,014
Friendly Reassurance	\$16,072	\$12,941
Gap Filling Services (regional service)	\$17,452	\$0
Home Delivered Meals	\$36,425,001	\$13,187,117
Home Injury Control	\$176,503	\$36,705
Home Repair	\$59,062	\$7,637
Homemaker	\$5,130,872	\$3,257,571
Information & Assistance	\$1,709,582	\$80,002
Legal Assistance	\$1,119,070	\$58,461
Medication Management	\$287,186	\$2,741
Nutrition Education	\$73,575	\$0
Ombudsman	\$1,155,642	NA
Outreach	\$1,620,927	\$29,363
Personal Care	\$4,324,284	\$2,028,955
Program Development	\$1,981,667	NA
Respite Care (all forms)	\$5,429,316	\$1,954,554
Safe-At-Home (regional service)	\$43,881	\$0
Senior Center Staffing/Operations	\$1,236,495	\$120,585
Targeted Outreach and Assist (regional service)	\$219,813	\$0
Transportation	\$1,669,105	\$275,217
Vision Services	\$18,927	\$0
Totals	\$101,130,811	\$39,128,959

Aging Network Waiting Lists in FY 2017

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

Table 43 describes the in-home services and home-delivered meals waiting lists as of September 30, 2017. Table 44 provides a count of individuals awaiting service broken out by the number of days on the waiting list. Table 45 describes factors contributing to waiting lists in 2017. Table 46 describes waiting list totals since 2005. Table 47 provides a description of the service alternatives offered to individuals placed on waiting lists in 2017.

Table 43. Home-Delivered Meals and In-Home Services Waiting Lists

	Home-Delivered Meals	In-Home Services
Total count of individuals on waiting list:	1,035	5,008
Count of individuals on waiting list 180+ days:	493	2,074

Table 44. Home-Delivered Meals and In-Home Services Waiting Lists by Number of Days on List

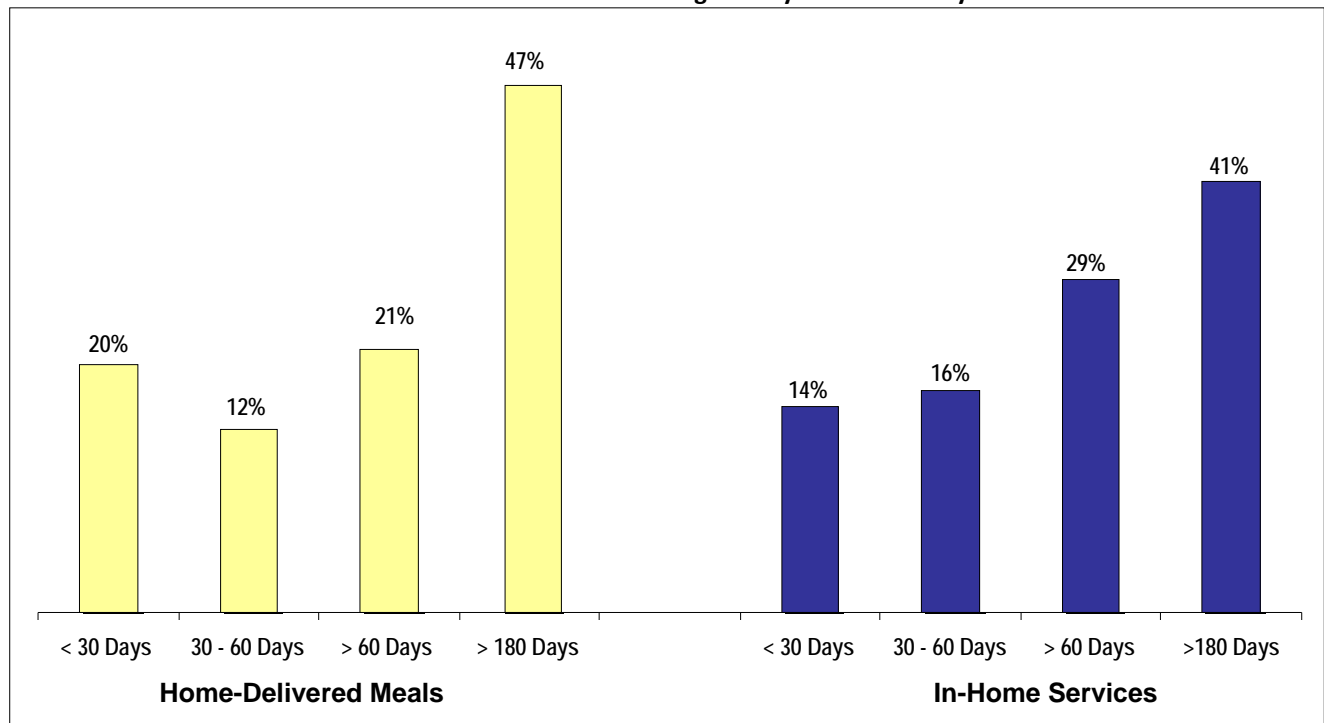


Table 45. Waiting List Factors

Demand exceeds service availability due to:	HDM	In-Home
Limited funding for services	75%	88%
Limited service area / service delivery availability	32%	31%
Driver / worker shortage	19%	63%
Client choice	13%	38%

Table 46. Waiting List Totals 2005-2017

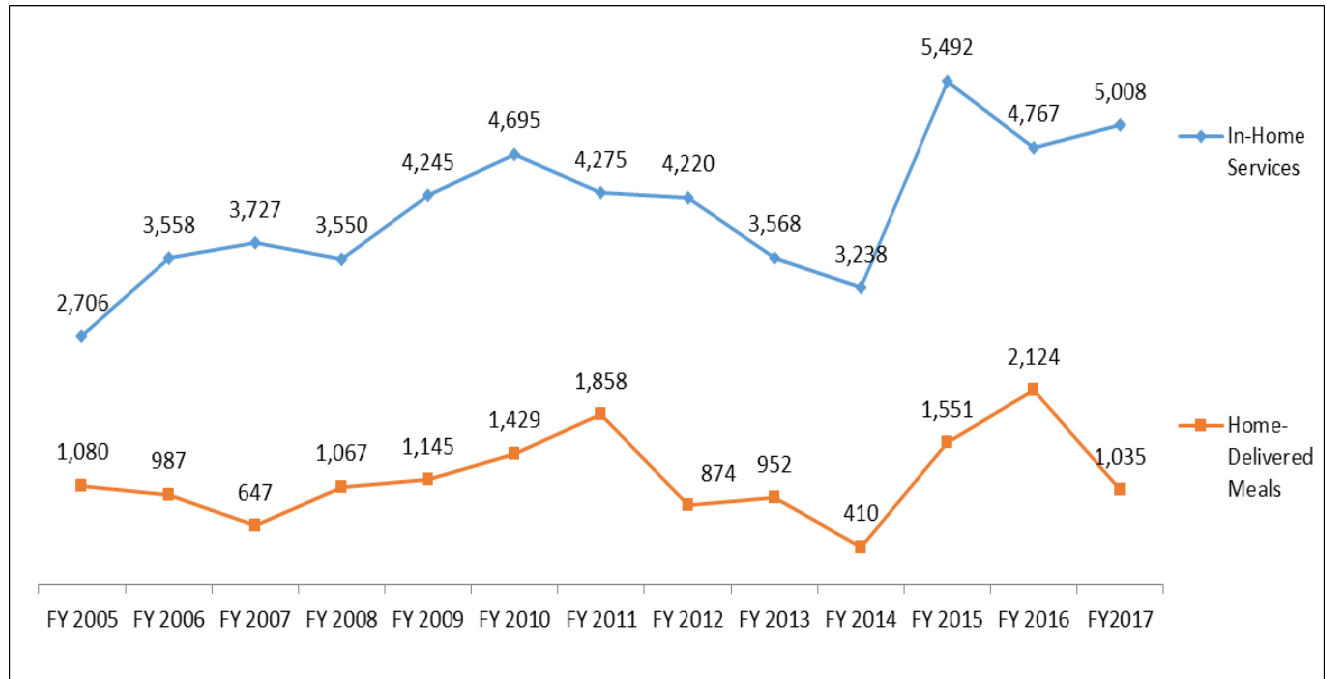


Table 47. Service Alternatives Offered to Individuals on Waiting Lists

AAA assistance/Referrals are provided to:	HDM	In-Home
Local non-AAA food assistance program (e.g., Senior Project FRESH, etc.)	63%	75%
Local food bank/pantry shelf	63%	88%
Michigan Department of Health & Human Services (DHHS) office	56%	94%
HCBS/ED MI Choice Waiver Program	56%	94%
ADRC/CLP options counseling for service options	25%	44%
Private pay program	56%	50%
Other assistance	50%	50%

FY 2017 Aging Network Service Provider Profile

Aging network NAPIS services are delivered through a coordinated network of sixteen AAAs and nearly 1,200 service providers across the state. AAAs are regional public, non-profit or governmental organizations defined under the Older Americans Act that plan, coordinate, and administer services in sixteen planning and service areas (PSAs) that cover the state. Michigan’s population of aging network service providers includes a variety of public and private non-profit, for-profit, and public organizations that range from small single-service agencies to large multi-service corporations. Tables 48 through 51 describe the characteristics, services, and service area of aging network service providers in 2017.

Table 48. Aging Network Service Providers by Selected Characteristics

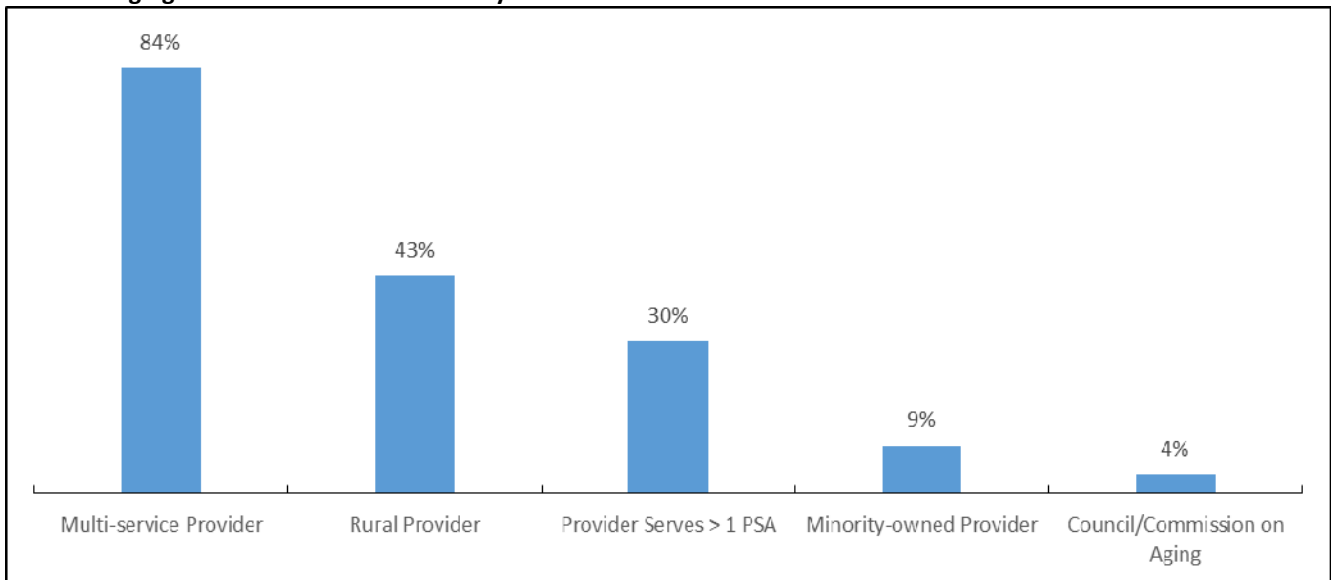


Table 49. Aging Network Service Providers by Service Category

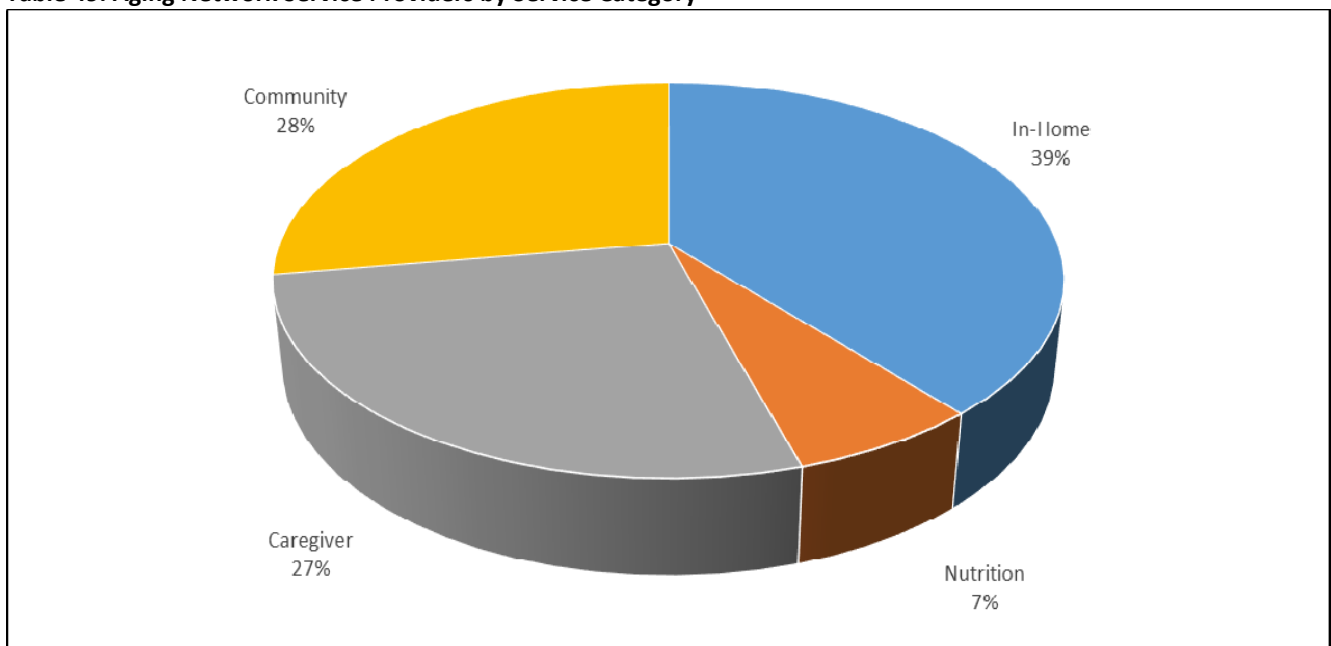


Table 50. Aging Network Service Providers by Selected Services¹⁸

Providers by Service Category	Count	Providers by Service Category	Count
Homemaker	627	Other Respite Care	247
Personal Care	601	Community Living Support	76
In-Home Respite Care	579	Caregiver Transportation	49
Transportation	323	Elder Abuse Prevention	40
Chore Services	241	Home Injury Control	35
Medication Management	218	Nutrition Education/Counseling	47
Home-Delivered Meals	128	Home Repair	27
Senior Center Staffing	127	Friendly Reassurance	16
Disease Prevention/Health Promotion	105	Legal Assistance	12
Congregate Meals	103	Crisis Services for the Elderly	10
Home Health Aide	87	Community Support Navigator	16
Case Coordination & Support	80	Creating Confident Caregivers	8
Counseling	80	Vision Services	4
Outreach	67	Deaf & Hard of Hearing Case Coordination	3

Table 51. Aging Network Service Providers by PSA Region¹⁹

AAA	Counties/Communities in AAA PSA	Providers	% of Total
1A	Cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, & Highland Park	125	8%
1B	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw	294	18%
1C	Wayne (excluding areas served by AAA 1A)	186	11%
2	Jackson, Hillsdale, Lenawee	44	3%
3A	Kalamazoo	64	4%
3B	Barry & Calhoun	92	6%
3C	Branch & St. Joseph	38	2%
4	Berrien, Cass, Van Buren	69	4%
5	Genesee, Lapeer, & Shiawassee	126	8%
6	Clinton, Eaton, & Ingham	87	5%
7	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	70	4%
8	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola	139	9%
9	Alcona, Arenac, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	35	2%
10	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	108	7%
11	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	37	2%
14	Muskegon, Oceana, Ottawa	108	7%

AASA and the National Aging Network in FY 2016²⁰

AASA, AAAs, service providers, families, caregivers, and volunteers in Michigan are part of a national network of federal, state, and local agencies, federally-recognized Indian tribes, and individuals across the country that support older adults and caregivers. In 2016, the national aging network planned, coordinated, and delivered services to nearly 11 million individuals. AASA is one of 57 *state units on aging* (SUAs). Tables 52 through 56 provide a snapshot of clients, services, expenditures, and staffing for Michigan and several other states with comparable numbers of adults aged 60 and older.²¹

Table 52. NAPIS Client Counts and Profiles for Selected States (2016)

State	Age 60+ Population	% Age 60+	Registered Services	% of 60+ Population	% Minority	% Rural	% Low-income
Illinois	2,641,144	21%	118,117	5%	37%	18%	33%
Ohio	2,644,563	23%	86,903	3%	25%	40%	41%
Michigan	2,272,302	23%	119,224	5%	16%	45%	24%
North Carolina	2,186,554	22%	46,727	2%	51%	44%	44%
New Jersey	1,918,056	21%	57,733	3%	27%	0%	23%

Table 53. SUA Service Expenditures for Selected States (2016)

State	Total Title III-related Service Expenditures (excludes Title III-E)	OAA Title III Service Expenditures (excludes Title III-E)	% OAA Title III of Total Service Expenditures
Ohio	\$83,615,478	\$27,670,243	33%
Illinois	\$86,145,448	\$30,852,235	36%
North Carolina	\$68,725,351	\$24,428,313	36%
Michigan	\$82,387,420	\$25,578,406	31%
New Jersey	\$88,873,806	\$28,973,313	33%
U.S. SUA Totals	\$3,536,989,086	\$929,188,929	26%

Table 54. Service Units by Selected SUA by and Selected Service Categories (2016)²²

Service Category	Michigan	Ohio	Illinois	N. Carolina	New Jersey
Personal Care	261,834	205,933	0	1,009,499	1,783
Homemaker	461,270	171,208	0	14,676	1,556
Chore	45,426	13,658	1,484	258,836	1,189
Home-Delivered Meals	8,387,367	5,873,901	5,562,049	2,849,344	3,290,168
Case Management	81,809	15,741	0	1,208	39,738
Assisted Transportation	26,633	9,940	15,943	0	100,636
Congregate Meals	2,154,980	1,902,170	2,341,841	1,663,311	1,583,697
Transportation	117,379	791,511	436,295	697,663	436,762
Legal Assistance	36,861	14,216	37,331	16,877	25,517
Caregiver Counseling/ Support Groups/Training	11,533	0	33,461	4,480	13,775
Caregiver Respite	891,819	0	88,725	81,817	193,447

Table 55. Staffing for Selected State Units on Aging (2016)

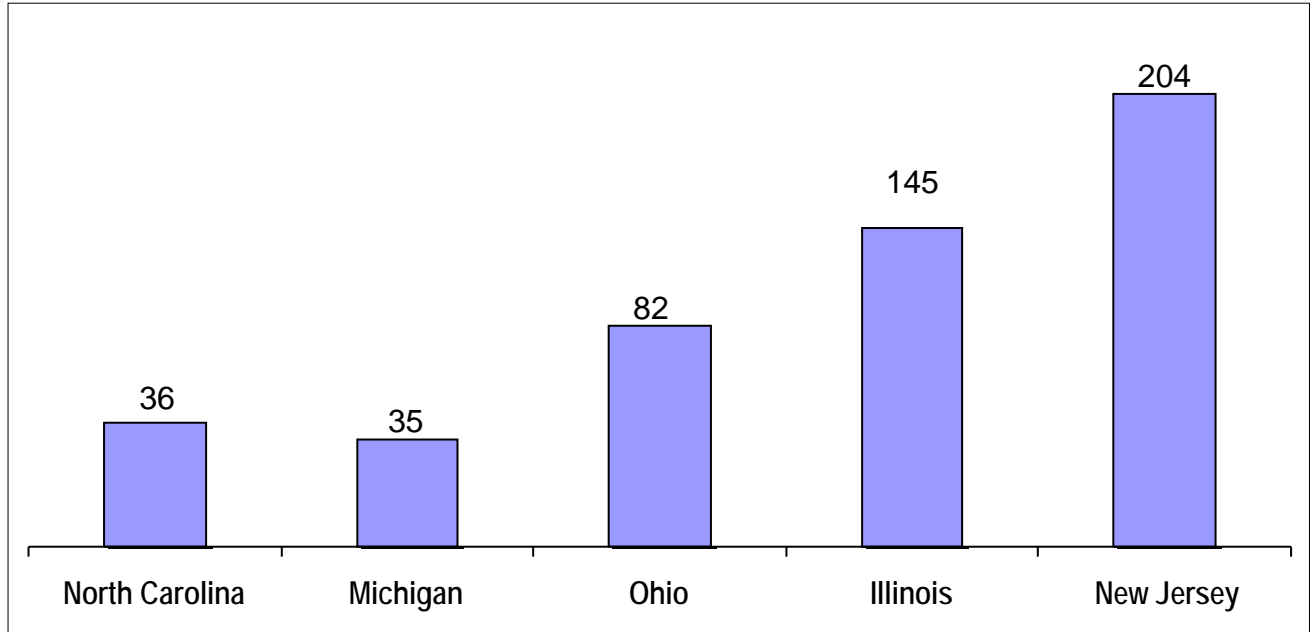
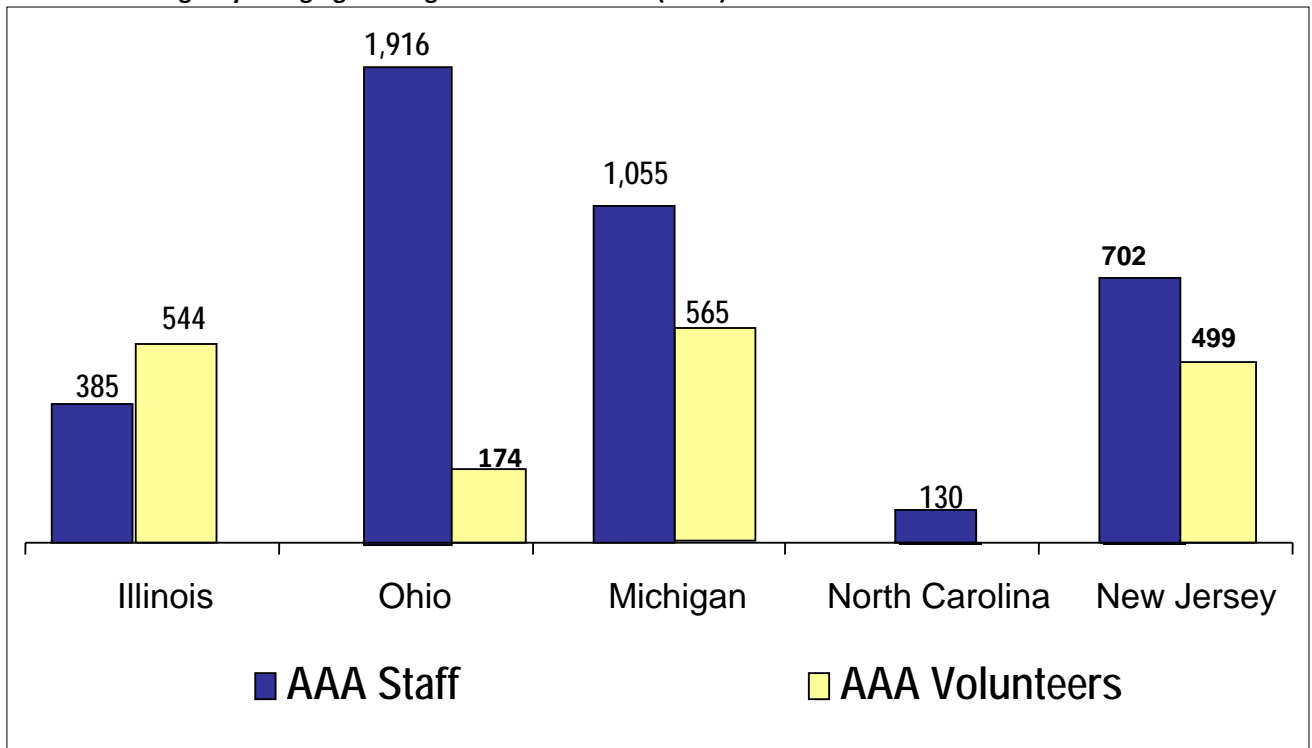


Table 56. Area Agency on Aging Staffing for Selected States (2016)



NAPIS Expenditure and Service Trends



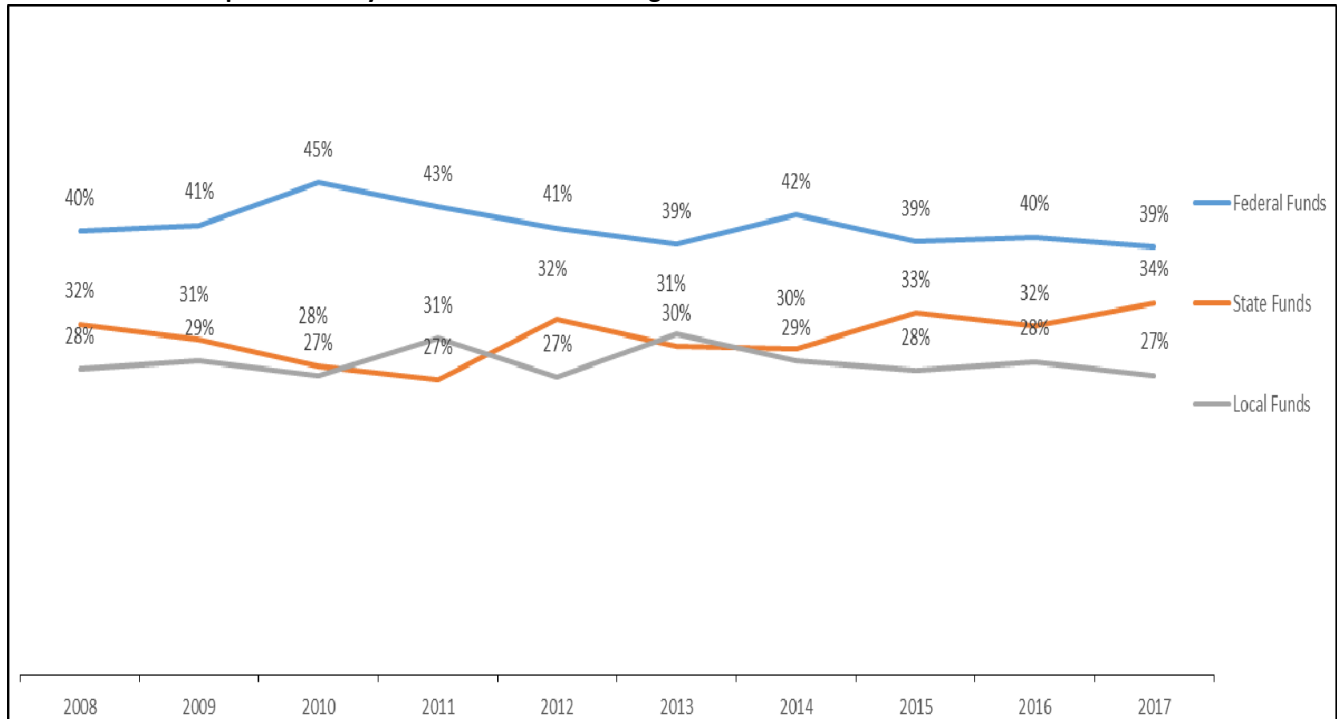
NAPIS Expenditures Trends

Overall service expenditures in 2017 increased by nearly 5 percent compared to 2013 levels (Table 57). This trend was driven largely by increases in the expenditure of state funds. Whereas expenditures of federal funds increased by about \$1.5 million from 2013 through 2017, state expenditures increased by nearly \$5.4 million. This significant increase in the expenditure of state funds reversed a trend from the previous five-year period that saw expenditures of state funds fall by nearly \$5.3 million from 2008 through 2012. Expenditures of local funds have fluctuated since 2013 – with 2017 expenditure levels nearly \$2.4 million lower than 2013. This reversed the previous 5-year trend that saw the expenditure of local funds increase from \$26.6 million in 2008 to nearly \$28.5 million in 2012.

Table 57. Service Expenditures by Fund Source 2013-2017

	2013	2014	2015	2016	2017	Chg. 2017 vs 2013	Chg. 2017 vs. 2013
Federal Funds	\$37,838,917	\$39,251,166	\$39,183,345	\$40,961,044	\$39,367,310	\$1,528,393	4%
State Funds	\$28,886,650	\$27,816,830	\$32,727,176	\$32,593,636	\$34,224,785	\$5,338,135	19%
Local Funds	\$29,919,308	\$26,800,992	\$27,546,687	\$29,272,080	\$27,538,716	-\$2,380,592	-8%
Totals	\$96,644,875	\$93,868,988	\$99,457,208	\$102,826,760	\$101,130,811	\$4,485,936	5%

Table 58. Service Expenditures by Fund Source 2008 through 2017



NAPIS Service Cost Trends

Average costs for both clients and service units have generally increased since 2013. Statewide costs increased by nearly 3 percent for service units and by more than 8 percent for clients (Tables 59 and 60). Costs for in-home and nutrition services increased the most between 2013 and 2017. Client costs increased for in-home and nutrition services, while costs decreased for clients in registered caregiver services.

Based on anecdotal reporting, the factors impacting average costs for in-home services over the last several years include rising costs for direct care staff, insurances and transportation. Similarly, home-delivered meals were impacted by increasing transportation costs as well as a larger reliance on paid staff because of difficulties in finding volunteers to assist with meal delivery. Both congregate and home-delivered meals have experienced food cost increases in some areas of the state. Average costs for the community services category can differ greatly due to the wide variety of services that are funded each year under this service category.

Table 59. Average Cost per Unit of Service by Service Category 2013 and 2017

Average Cost per Unit of Service	2013	2017	Change	% Change
In-Home Services (Hours)	\$23.81	\$26.30	\$2.49	11%
Nutrition Services (Meals)	\$4.79	\$4.98	\$0.19	4%
Community Services (Hours/Contacts)	\$18.06	\$16.63	-\$1.43	-8%
Caregiver Service (Hours)	\$18.52	\$15.95	-\$2.57	-14%
Totals	\$7.76	\$7.96	\$0.20	3%

Table 60. Average Cost per Client by Service Category 2013 and 2017

Average Cost per Client	2013	2017	Change	% Change
In-Home Services	\$906	\$1,041	\$134	15%
Nutrition Services	\$454	\$493	\$39	9%
Registered Caregiver Services	\$2,267	\$2,047	-\$220	-10%
Totals	\$730	\$792	\$62	8%

NAPIS Registered Client Trends

Total registered client levels have generally declined from 2013 to 2017. This decline was driven largely by reductions in nutrition services clients (-4 percent). Service participation in most other service categories have generally increased since 2013. Table 61 describes registered client and caregiver trends for 2013 through 2017.

The profile of registered NAPIS older adult and caregiver clients has changed over the last ten years. A comparison of client data from 2008 and 2017 indicated increases in the percentage of minority clients and low-income clients in the NAPIS service population. Decreases were noted for percentages of clients aged 75 or older, females, younger caregivers, caregiving by daughters/daughters-in-law and for clients living alone. Table 62 below describes client and caregiver characteristics for 2008 and 2017.

Table 61. Registered Clients by Service Category 2013-2017

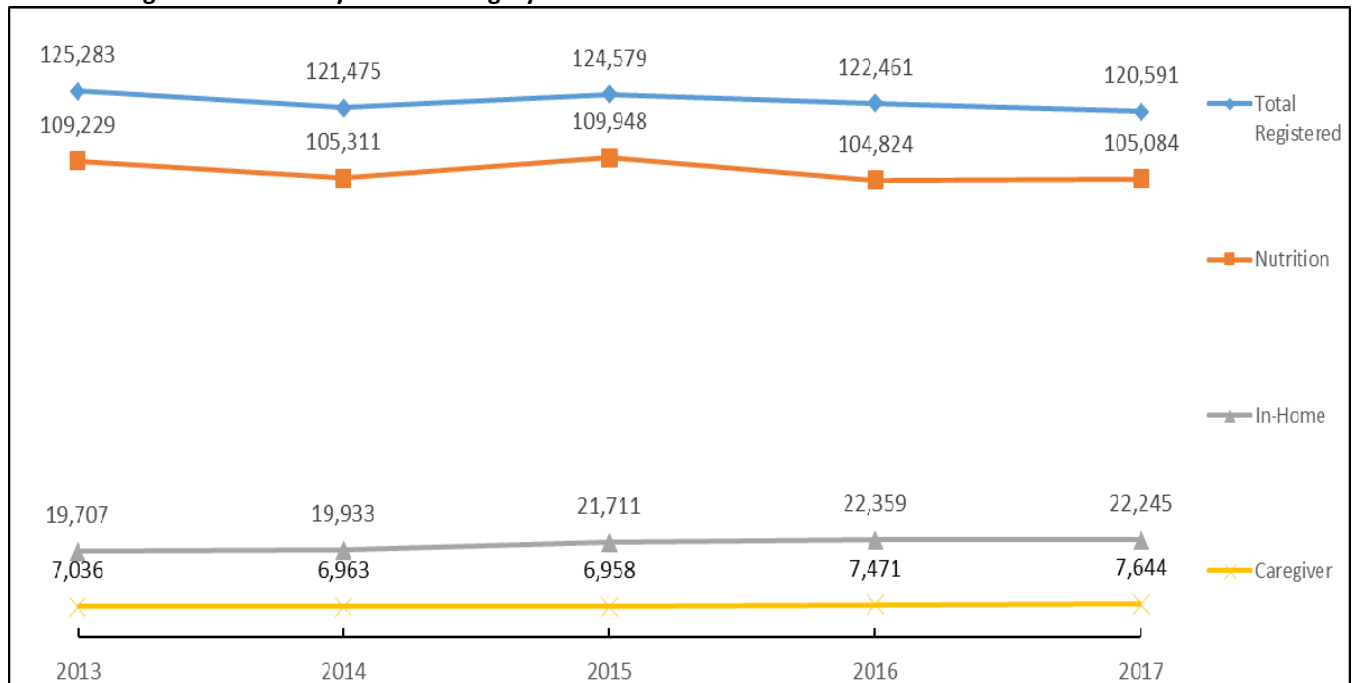


Table 62. Registered NAPIS Clients by Selected Characteristics for 2008 and 2017

Registered Older Adult Clients	2008	2017	% Change
Age 75 or older	62%	58%	-4%
Female	67%	65%	-2%
Lived alone	46%	44%	-2%
Resided in a rural area	47%	47%	0%
Low-income	30%	35%	+5%
Minority (race/ethnicity)	17%	17%	0%
Registered Caregiver Clients	2008	2017	% Change
Under age 65	51%	38%	-13%
Female	73%	70%	-3%
Resided in a rural area	39%	37%	-2%
Daughter/daughter-in-law	37%	21%	-16%
Low-income	26%	35%	+9%
Minority (race/ethnicity)	22%	35%	+13%

NAPIS Service Utilization Trends

Service unit totals have increased by approximately 4 percent from 2013 to 2017, with increases reported across most service categories. Service levels for registered caregiver services, home-delivered meals and in-home services have increased significantly over the last six years. The increase in service units for in-home services and home-delivered meals since 2015 is largely due to the addition of *no wait state* funding. Conversely, service levels for congregate meals have declined by 8 percent over the same period. Table 62 describes trends for 2013 through 2017.

A review of average annual service hours by client over the last five years indicates a mix of increases and decreases. Since 2013, the average number of service hours for in-home clients has fluctuated, averaging about 37 hours. Home-delivered meals clients received an average of 155 meals annually over the last five years. Service levels to caregivers have fluctuated from 2013 to 2017. Congregate meal clients received the same number of meals on average in 2017 compared to 2013. Tables 63 through 65 describe service trends by service category over five and ten-year periods.

Table 63. Service Units by Service Category 2013-2017

Service Category	2013	2014	2015	2016	2017	% Change 2012 vs. 2016
In-Home Service Hours	750,143	683,050	824,190	851,026	880,401	17%
Home-Delivered Meals	7,886,265	7,702,633	8,295,084	8,387,367	8,134,095	3%
Congregate Meals	2,459,499	2,267,773	2,156,131	2,154,980	2,263,010	-8%
Community Services	541,393	563,218	565,111	498,799	633,633	17%
Caregiver Services Hours	821,632	762,048	906,436	882,119	995,395	21%
Totals	12,458,932	11,978,722	12,746,951	12,774,291	12,906,534	4%

Table 64. Average Annual Client Service Units by Service Category 2013-2017

Service Category	2013	2014	2015	2016	2017	Change 2013 vs. 2017
In-Home Service Hours	38	34	38	38	40	+2
Home-Delivered Meals	154	162	157	160	155	+1
Congregate Meals	43	39	38	41	43	0
Caregiver Service Hours	117	109	130	118	130	+13

Table 65. Average Client Service Units per Service Day by Service Category 2008 and 2017

Service Category	2008	2017
In-Home Service Hours	2,785	3,386
Home-Delivered Meals	30,749	31,285
Congregate Meals	11,164	8,704
Community Service Units	2,254	2,437
Caregiver Service Hours	3,227	3,828
Totals	50,181	49,641

AASA Funding Appropriation Trends

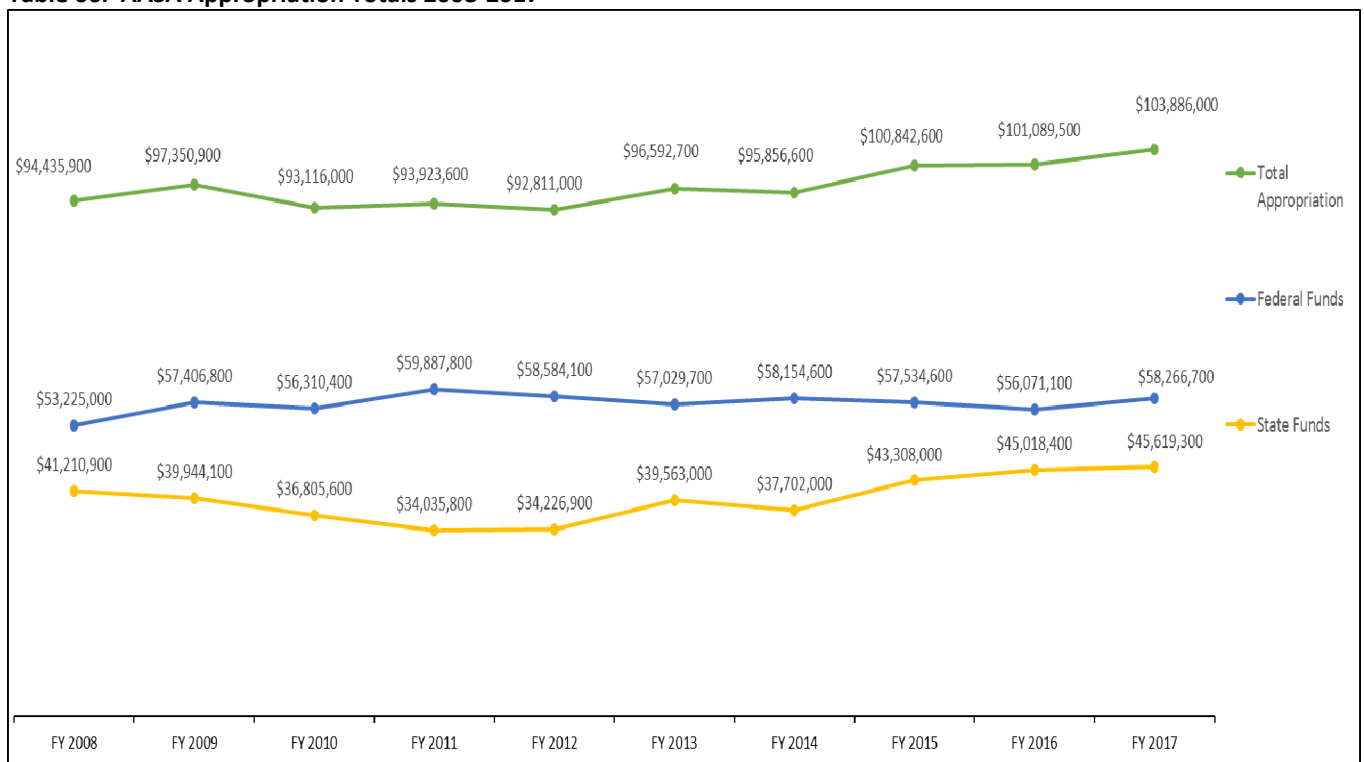
As a governmental entity, AASA relies upon annual federal and state budget appropriations to identify the specific amounts, direction, purpose and/or “earmarks” for the funding that is provided by the federal and state governments. The annual appropriations of federal and state funds typically result from appropriation bills that are approved by Congress and the state legislature as public acts. Once approved, the appropriations provide the funding that is used to support the services and administrative functions described in this report.²³

Overall appropriation levels for AASA for 2017 increased by nearly 3 percent compared to 2016. This increase totaled \$2.6 million for the community services line item in the AASA budget while all other service funding line items remained flat funded from 2016 to 2017.

The ten-year trend in appropriations through 2017 saw federal funds increasing by nearly 10 percent and state funding by more than 10 percent. The increase in state funding was largely due to growth in funding for home-delivered meals and in-home services starting in 2015. The increase in state funding from 2015 to 2017 reversed a trend from 2008 to 2014 that saw a decrease of \$3.5 million (-9 percent) in state appropriations.

Federal funding since 2008 did not vary year to year as much as state funding and instead saw an overall increase of approximately \$5 million. AASA appropriations saw more pronounced fluctuations in state funding. The percentage of total appropriations attributable to state sources have ranged between 36 percent and 44 percent. The lower percentages of state funding correspond to the 2009-2014 period where state funds were declining. Conversely, 2015-2017 saw the state percentage of total appropriations increased to between 43 percent and 45 percent. Tables 66 through 68 describe appropriation levels and trends by source and purpose since 2008.

Table 66. AASA Appropriation Totals 2008-2017



Report End Notes

1. See Attachment IV for a map of AAA Planning and Service Areas (PSAs) in Michigan.
2. See Attachment III for a complete list of NAPIS-reportable services and service unit definitions.
3. "Registered" clients are enrolled in a service for which a registration was completed. Registered counts are unduplicated.
4. "Low-income" is defined as client income below the annual federal poverty level.
5. See Attachment I for activity of daily living (ADL) and instrumental activity of daily living (IADL) limitation definitions.
6. Data on caregiver, in-home and nutrition services based on unduplicated client counts. Community services data based on aggregate counts.
7. Census data for 2010 is available from the U.S. Census Bureau (www.census.gov).
8. Totals include reported expenditures of federal, state and local resources for 2017. This analysis does not include local resources that support NAPIS-reportable services where those local resources are not reported as local match or local program income. Discrepancies may exist between reported expenditures at the time of this analysis and final expenditures after corrections and/or adjustments. This analysis does not include funding for non-NAPIS services, including the senior volunteer programs, OAA Title V, and other service programs. OAA Section 305 requires states to utilize a federally-approved formula to allocate Area Plan-related funding to AAAs within the state. Michigan's Intrastate Funding Formula (IFF) was used to allocate the federal and state administrative and service funds that are reported as expenditures for the NAPIS-reportable services in this report. See Attachment V for IFF information.
9. Expenditures include outlays for service activities supported by federal, state and/or local sources. Local reporting includes required matching funds and program income generated as a result of federal or state program support. Totals include federal, state and local expenditures reported for 2017 for NAPIS-related services. This analysis does not include funding for services that are not reportable in NAPIS, including senior volunteer programs, OAA Title V, and other special programs and grants. Discrepancies may exist between reported expenditures at the time of this analysis and final expenditures after corrections and/or adjustments.
10. Administrative expenditures include outlays for activities supported by Area Plan-related federal, state and/or local sources. Local reporting includes required matching funds and program income generated as a result of federal or state program support.
11. "Registered" clients are enrolled in a service for which a NAPIS registration form was completed. Most AASA-funded caregiver, in-home and nutrition services are registered services. Client counts for registered services are unduplicated. Most community services (e.g., disease prevention, vision services, elder abuse prevention, etc.) are non-registered. Non-registered client counts are reported in the aggregate and may not be unduplicated.
12. Community Living Support is a "bundled" regional service that provides personal care, homemaker or in-home respite care through local service contracts based upon client need.
13. Data on NAPIS daily activity limitations are based on U.S. Census ACS definitions: "ambulatory difficulty" includes difficulty walking or climbing stairs; "self-care difficulty" includes difficulty dressing or bathing; and "independent living difficulty" includes difficulty using transportation or keeping appointments.
14. Totals for Table 29 are not unduplicated. A meal site may be both a senior center and designated as a PSA community focal point and would be calculated into the percentages for both senior centers and community focal points.
15. "At-Risk" includes in-home clients that require assistance with daily toileting, transferring, and mobility. These ADLs are based on Scoring Door 1 for the Michigan Medicaid Nursing Facility Level of Care Determination in MSA 04-15.
16. Michigan population data source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 (www.census.gov).
17. Totals are for NAPIS clients in registered services. Counts and percentages are based on clients with reported race/ethnicity, poverty status, and rural status. Totals do not include clients with un-reported race/ethnicity, poverty status, and rural status and non-registered clients due to duplication in the aggregate reporting of non-registered services. Census data on poverty status is for individuals aged 18 and older.
18. Totals are not unduplicated. A provider agency may provide more than one service and included in both totals.
19. Totals are not unduplicated. An agency may serve in more than one PSA region.
20. Source: Administration on Aging (<http://www.agid.acl.gov/StateProfiles/Profile/Pre/?id=109&topic=1&years=2014>).
21. States included in this analysis have similar 60+ populations in the 2010 US Census.
22. Service units based on AoA-defined NAPIS registered services as reported in FY 2016 NAPIS SPR state tables.
23. AASA appropriations include the services described in the FY 2017 NAPIS report and other services administered by AASA.

ATTACHMENT I

Data Sources and Considerations

Data Sources:

National Aging Program Information System

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

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

Data Considerations:

Scope of Report

This analysis summarizes the reporting of client and service-related information from source data for Michigan’s NAPIS SPR for FY 2017. Data presented in this report is aggregated differently and service information is broken out more precisely than the more general requirements of the NAPIS SPR. Modifications/updates have been made to the source data since the FY 2017 NAPIS SPR was generated and submitted to AoA in January 2018.

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

Reporting Period

The reporting period for this analysis was October 1, 2016 through September 30, 2017 (Fiscal Year 2017).

Impairments in Activities of Daily Living (ADLs)

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

Impairments in Instrumental Activities of Daily Living (IADLs)

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

Service Unit & Reporting Definitions

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

ATTACHMENT II

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

NAPIS Service Cluster	NAPIS Service Name	Client Type for Service Enrollment	Client Registration Required (1)	Units Reporting Requirement (2) & (3)
IV	Home Modification	Caregiver	Yes	Client-Level (Caregiver)
IV	Homemaker – Respite Care	Caregiver	Yes	Client-Level (Caregiver)
IV	In-Home Respite Care	Caregiver	Yes	Client-Level (Caregiver)
IV	Kinship Respite Care	Caregiver	Yes	Client-Level (Caregiver)
IV	Other Respite Care	Caregiver	Yes	Client-Level (Caregiver)
IV	Out of Home Respite Care	Caregiver	Yes	Client-Level (Caregiver)
IV	Overnight Respite Care	Caregiver	Yes	Client-Level (Caregiver)
IV	Personal Care - Respite Care	Caregiver	Yes	Client-Level (Caregiver)
IV	Respite Care - Direct Payment	Caregiver	Yes	Client-Level (Caregiver)
IV	Volunteer Respite Care	Caregiver	Yes	Client-Level (Caregiver)
V	Caregiver Case Management	Caregiver	No	Aggregate (3)
V	Caregiver Health Education	Caregiver	No	Aggregate
V	Caregiver Information & Assistance	Caregiver	No	Aggregate
V	Caregiver Outreach	Caregiver	No	Aggregate
V	Caregiver Transportation	Caregiver	No	Aggregate
V	Other Caregiver Services (Non-Registered)	Caregiver	No	Aggregate
NAPIS Service Cluster	Regional NAPIS Service Name	Client Type for Service Enrollment	Client Registration Required	Units Reporting Requirement
I	Private Duty Nursing	Care Recipient	Yes	Client-Level
I	Community Living Support	Care Recipient	Yes	Client-Level
I	Deaf & Hard of Hearing Case Coordination	Care Recipient	Yes	Client-Level
III	Wellness Center Support	Care Recipient	No	Aggregate
III	Crisis Services I & A	Care Recipient	No	Aggregate
III	Gap Filling/Special	Care Recipient	No	Aggregate
NOTES				
1) Some services that appear on the chart above are not included on the current NAPIS client registration form. This is most often because they have been combined into more comprehensive service standard; they are seldom or no longer used; and/or they originate from a AAA regional service definition.				
2) Client registration is defined as the requirement that an attempt is made to collect information contained on the NAPIS client registration form. This information then entered into the NAPIS 2.0 software application for each individual client.				
3) Service units are either reported at the <i>client-level</i> (defined as entering service units for individual client records in the NAPIS 2.0 software application) or in the <i>aggregate</i> (defined as entering aggregate unit counts at the service and vendor-level).				
4) Aggregate Cluster V caregiver units are entered for caregivers caring for <i>care recipients</i> (i.e., non-grandchildren and/or individuals age 18 and older) or for caregivers caring for <i>grandchildren</i> or those under age 19.				

ATTACHMENT III

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

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

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

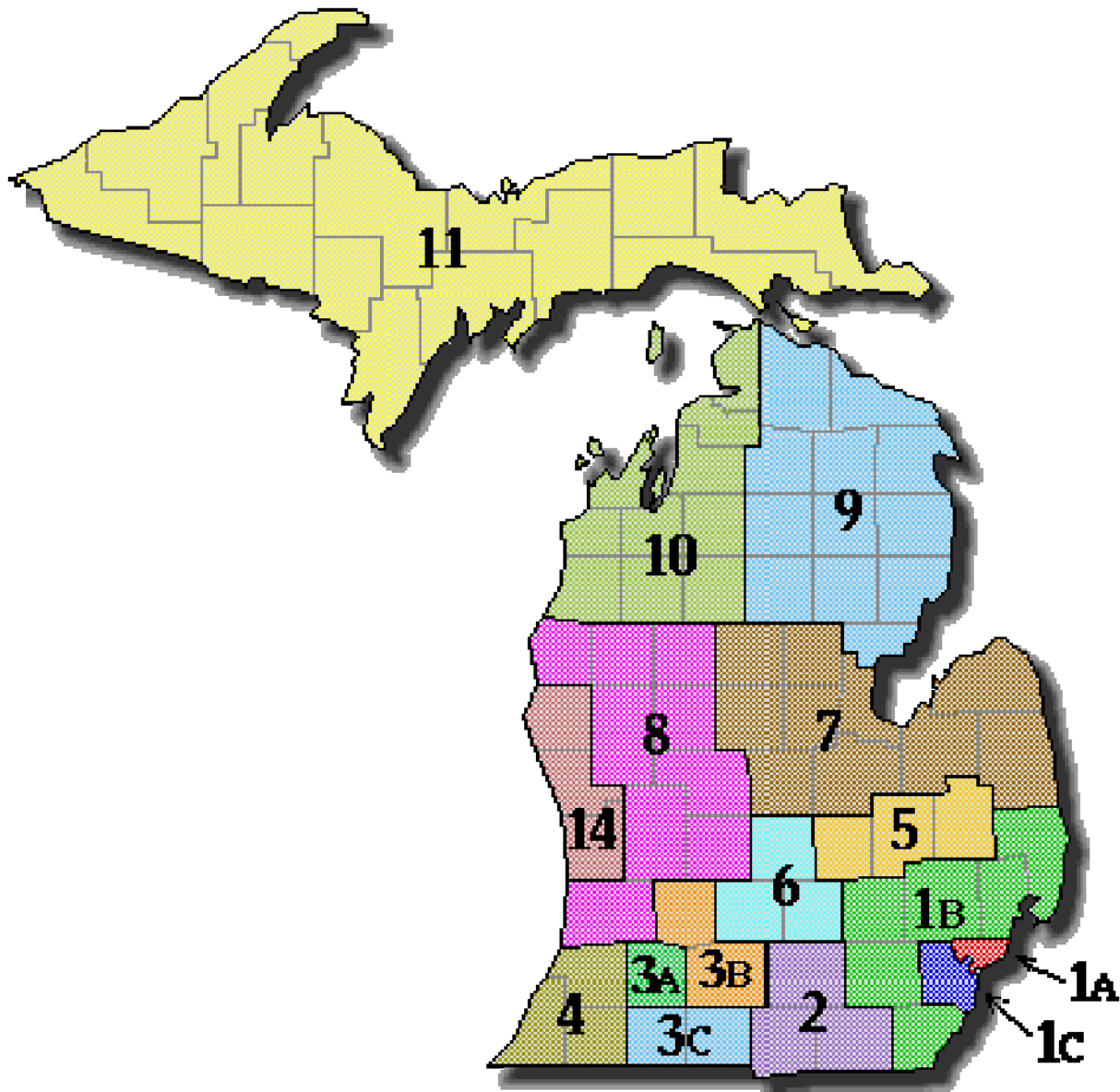
ⁱ“Allowable activities” and “component [service] functions” are described in AASA Operating Standards for Service Programs.

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

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

Michigan Planning and Service Areas

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



MICHIGAN INTRASTATE FUNDING FORMULA

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

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

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

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

The 2010 Census will be used to calculate funding available to each PSA. Each PSA’s 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
TOTAL				=	2,275,510	100.00

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

Administrative funds = federal + state administrative funds

Service categories = Titles III-B, III-C1, III-C2, III-D, III-E, 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%
Totals	1,838,400	318,945	118,165	100.00%	56,842	100.00%