



MICHIGAN STATE PLAN ON AGING FISCAL YEARS 2021-2023



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STATE OF MICHIGAN
Department of Health & Human Services
Aging & Adult Services Agency
333 South Grand Avenue, 4th Floor
Lansing, MI 48933
(517) 241-4100
Michigan.gov/AASA

Gretchen Whitmer, Governor

Robert Gordon, Director Michigan Department of Health and Human Services
Dr. Joneigh Khaldun, Chief Medical Executive and Chief Deputy Director for Health
Dr. Alexis Travis, Sr. Deputy Director Aging & Adult Services Agency

Vision

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

Mission

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

SIGNED VERIFICATION OF INTENT FROM STATE GOVERNOR OR DESIGNEE

This State Plan on Aging is submitted on behalf of Dr. Alexis Travis, Michigan Department of Health & Human Services Aging & Adult Services Agency Senior Deputy Director, for the three-year period beginning October 1, 2020 through September 30, 2023. The plan includes information required in State Unit on Aging Directors Letter #02-2019, namely:

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

As the designated State Unit on Aging, the Aging and Adult Services Agency, under the Michigan Department of Health and Human Services, is granted authority to develop and administer the State Plan and is responsible for coordination of all state activities related to purposes of the Older Americans Act of 1965, as amended, and the Older Michiganians Act of 1981. The Michigan Commission on Services to the Aging, as reauthorized in 2020, a governor-appointed body, is granted authority for approval of expenditure of funds related to these laws.

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

The designated representatives below verify the intention of the state of Michigan to carry out all statutory and regulatory requirements related to this state plan on aging for FY 2021-2023.



08-21-2020

Alexis Travis, PhD, Senior Deputy Director

Date



08-21-2020

Dona Wishart, Chair, Commission on Services to the Aging

Date

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EXECUTIVE SUMMARY

The Aging and Adult Services Agency (AASA) is pleased to present Michigan's State Plan on Aging for FY 2021-2023. This plan reflects how Michigan will move forward with advocacy, policy, and program priorities that build on past successes, challenges, and experiences. The Plan was developed as the COVID-19 pandemic reached Michigan. While the data used to develop this plan were collected prior to the pandemic, ongoing assessment activities are underway and will inform potential Plan revisions.

For more than 40 years, AASA, within the Michigan Department of Health and Human Services, has provided statewide leadership, direction, and resources to help older adults live their lives with dignity and purpose in their community. Over this time, AASA's vision for Michigan residents to live well and thrive as they age has been unwavering and remains as relevant today as in the 1960s.

Michigan offers a robust system of services to help adults choose where they live as they age and receive care from trusted people within their community. This system – a partnership known as the aging network – offers an array of federal and state-funded programs statewide. AASA is a necessary and integral part of this partnership between the Administration for Community Living (ACL) at the federal level, 16 regional Area Agencies on Aging, and 1,300 local community-based agencies.

This State Plan builds on the strengths of Michigan's aging network and aligns with its mission to deliver services in a person-centered, cost effective way that best meets people's needs. It was developed under the leadership of AASA and the Commission on Services to the Aging. Additionally, it was informed through engagement and input from a diverse group of older adults and partners across the aging network. Michigan's State Plan on Aging for FY 2021-2023 focuses on four goals:



GOAL #1

Expand the reach of information and awareness of aging network services, ensuring all older adults and caregivers can access culturally and linguistically appropriate information and have awareness of quality services where and when they need them.



GOAL #2

Prioritize resources to promote social interaction and connectedness, including expanding access to technology and transportation.



GOAL #3

Increase the number of well-trained, qualified, and supportive multicultural direct care workers through collaboration by elevating the workforce, improving retention, promoting its collective value, and supporting opportunities to increase wages.



GOAL #4

Leverage programs, services, and resources to ensure older adults have the opportunity to make their own decisions and enable them to age in place.

CONTEXT

MICHIGAN'S OLDER ADULT POPULATION

Older adults play an essential role in creating a thriving Michigan. Their contribution to Michigan's economy is essential. They earn money, pay taxes, and purchase goods and services. They also contribute to their families and communities through unpaid work, such as caring for grandchildren and volunteer activities. Older adults are also civically engaged, they preserve and transmit cultural beliefs and practices, and they are socially connected across many dimensions of community life. Older adults are also a population that faces specific, unique vulnerabilities that can prevent them from living well as they age. This vulnerability has become particularly clear in the context of the COVID-19 pandemic, which has had a devastating impact on Michigan's older adults. As of August 28, 2020, 29,046 adults age 60 and older tested positive for COVID-19 in Michigan, and 5,622 lost their lives to the illness, which accounts for 87.2% of deaths. Additionally, as of August 26, 2020 there were 8,152 confirmed cases and 2,103 deaths among residents in long term care facilities. This plan and the work of the aging network is intended to protect and promote the health and wellbeing of older adults through prevention and promotion efforts, while also providing targeted assistance to those most in need, during and beyond this pandemic.

The state's growing older adult population is, in part, driving the need for policies, programs, funding, and advocacy that improve quality of life for those in their later life years of adulthood. In 2010, for example, Michigan's population age 60 and older stood at 1.8 million. Today, that number has grown to more than 2.4 million people, or 24.4% of the state's population (United States Census Bureau, 2018). Further, the U.S Census projects that Michigan will have 2.7 million residents who are age 60 and older by 2030. Those age 85 and older continue to be the fastest growing population segment in our state. The growth of this population has implications for Michigan's community-based long-term supports and services, some of which continually have waiting lists of people whose critical needs simply cannot be met with existing resources.

Older adults are not only a large segment of Michigan's population, they are also diverse. Based on the 2018 U.S. Census, American Community Survey, the majority of adults over 60 are female (56%). Additionally, 86% of adults over 60 identify as White, 11% identify as African American, 2% identify as Asian, 0.04% identify as American Indian or Alaska Native, and 1% identify as being two or more races. Approximately 2% of adults age 60 or older identify as Hispanic. Michigan has more than 300,000 persons who identify as being from Arab American descent (Arab America, 2020). Among older adults, 90% graduated from high school, 31% have had some college, and 25% have a Bachelor's degree or higher. Roughly 16% of Michigan residents – including one in four (23%) of its children and 17% of its older adults– live in poverty (Michigan Community Action, 2016). While data are not available at the population level, it is important to note that older adults are diverse in terms of their sexual orientation and gender identity as well.

A long-standing priority in Michigan is supporting older adults in aging in place (*AARP Definition: Aging in place has a broader connotation than simply living in one's home as he/she ages. Many older residents distinguished between their physical homes and their neighborhoods. In other words, aging in place is also about "aging in a familiar area." Familiarity becomes important as one grows older.*) A person age 60 or older resides in 38% of all Michigan households based on 2018 U.S. Census data. Additionally, 45% live with a spouse, 41% live alone, 10% live with relatives, and 3% live with non-relatives. Additional data related to aging in place will be presented in this Plan.

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

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

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

Among its primary duties, AASA manages a statewide infrastructure that helps older adults aged 60 and over remain in the community setting they call home. This is done through programs, partnerships, and advocacy. In recent years responsibility for state policies governing adult protective services has also come under AASA's purview. The statewide infrastructure managed by AASA, known as the aging network, includes AASA, the Commission on Services to the Aging, and State Advisory Council on Aging at the state level; 16 regional planning and service areas with each supported by an area agency on aging; and over 1,300 local service providers that offer essential community-based supports and services. The collective vision of the aging network is to help older and vulnerable Michigan residents thrive in the home setting of their choice, so they may live dignified, independent, and purposeful lives.

COMMISSION ON SERVICES TO THE AGING – The Commission on Services to the Aging (CSA) is a 15-member, bipartisan body, appointed by the governor. The CSA advises the governor, the Michigan legislature, and AASA on aging policies and programs. Commission members are appointed for three-year terms, and membership reflects the distribution and composition of the state's older population. Working in close collaboration with AASA, the CSA:

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

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

AREA AGENCIES ON AGING – Michigan’s 16 Area Agencies on Aging (AAA) – managed and funded by AASA and the CSA respectively – are regional, non-profit agencies created by federal and state legislation to respond to the needs of older adults in every local community. Each area agency on aging serves a designated planning and service area (PSA), which operates a service delivery system that offers a range of community-based supports and services. Area agencies on aging conduct their work under the governance of a policy board and with the guidance of an advisory council. In their important role within Michigan’s aging network, area agencies on aging:

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

ADMINISTRATION OF COMMUNITY LIVING PILLARS – The ACL Pillars (described below) drove the creation of the goal statements and corresponding action plans, referenced later in this Plan.



Support families & caregivers



Work towards the integration of health, health care, & social services systems, including efforts through contractual arrangements



Connect people to resources



Expand employment opportunities



Protect rights and prevent abuse



Increase the business acumen of aging network partners

CORE PROGRAMS

The Aging and Adult Services Agency (AASA) provides for a variety of federal and state-funded community-based and in-home programs to older adults and their caregivers. These programs are designed to promote the independence and dignity of Michigan's 2.4 million older adults; help older adults thrive in a home or community-based setting; and, avoid premature nursing home placement. More than 125,000 older adults and caregivers are served through nutrition, in-home, and caregiver programs available throughout the state. Additionally, more than 110,000 individuals were served by a variety of community services determined locally through public hearings and needs assessments.

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ACCESS SERVICES are those that permit older persons and their families to access an array of services available at the local level. Access services include information and assistance, care management, case coordination and support, outreach, and transportation.
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CARE MANAGEMENT PROGRAM – Through assessment of individual needs and the brokering of services, the Care Management Program assists frail older adults at risk of nursing facility placement. The program locates, mobilizes and manages a variety of home care and other services necessary to support individuals in their desire to maintain independence in their home.
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CAREGIVER SERVICES – Michigan has a robust National Family Caregiver Support Program (NFCSP - Title III-E) programming. In FY 2019, Michigan Title III-E programming supported 1,648 caregivers a total of 9,770 hours of caregiver counseling, support group and training services. The was in addition to the 4,884 caregivers that received 849,938 hours of adult day, respite and supplemental caregiver services supported by Title III-E and state funds.
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ELDERLY NUTRITION PROGRAM – This program provides meals and other nutrition services in a variety of group settings such as senior centers, faith-based settings and schools, as well as in the homes of frail older adults. In addition to nutritious meals, the program offers opportunities for social interaction, which helps decrease feelings of isolation. The program provides a vital link to other supportive services available in local communities.
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EMPLOYMENT ASSISTANCE – The Michigan Older American Community Service Employment Program, formerly known as the Senior Community Service Employment Program (SCSEP), is authorized under Title V of the federal Older Americans Act. The program provides work experience and skill enhancement through subsidized, part-time assignments at community service agencies. Participants must be aged 55 or older and unemployed with a family income no greater than 125% of the established poverty guidelines. Priority is given to veterans and those individuals 65 years of age or older with great economic need.

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-  **IN-HOME SERVICES** – Older adults who have functional, physical or mental characteristics that limit their ability to care for themselves, and who have insufficient or unavailable informal support networks such as family, friends, neighbors to help meet their service needs benefit from these programs. Growth of the elderly population, inflation, and reductions in Medicare reimbursement for home health services have all contributed to waiting lists for in-home services.
 -  **LEGAL SERVICES** – Legal assistance providers ensure that older adults have access to legal services including information and referral, advice and counsel, education, and direct representation. Services are targeted for older individuals in economic and/or social need, including those with limited English proficiency, low incomes, racial and ethnic minorities, residents in rural communities and frail individuals.
 -  **LONG TERM CARE OMBUDSMAN** – The Long-Term Care Ombudsman Program addresses quality of care and quality of life issues experienced by residents who reside in Michigan’s nursing homes, homes for aged, and adult foster care facilities. At the state level, the program represents the interests of long-term care residents in development and implementation of federal, state, and local laws, regulations, and policies. The program also assists residents in hearings related to guardianship, level of care determinations for Medicaid services, and involuntary discharges.
 -  **PREVENTIVE SERVICES** – Eating better and getting more physical activity is the message being presented to older adults to help them have a higher quality of life. Self-management programs, nutrition education, and other health promotion services/information are provided at multi-purpose senior centers, congregate meal sites, and through home-delivered meal programs. The importance of these services is best demonstrated in the area of chronic diseases, the most prevalent, costly and preventable of all health problems. Some 80% of people over age 65 have at least one chronic illness and 50% have at least two. Although the risk of disease and disability increases with age, chronic illness is not an inevitable consequence of aging. Preventive services aid in helping older adults extend their healthy years and improve their quality of life.
 -  **RESPITE CARE PROGRAMS** allow family caregivers a break in their caregiving responsibilities, often extending the family’s ability to provide care. They provide supervision, socialization, and assistance to persons with cognitive or physical impairments during the absence of the caregiver. Respite can be provided in-home (the provider comes to the consumer’s house) or in the community (the consumer attends an adult day care program). Funds may also provide respite to grandparents raising their grandchildren.
 -  **SENIOR CENTERS** provide a variety of services to help maintain senior independence and foster social interaction. Such services include information and assistance, congregate meals, health promotion, exercise programs, legal services and numerous educational/enrichment programs. Local funds available through senior millages and local governments are an integral part of the funding mix. A number of Area Agencies on Aging also provide federal OAA funds to support senior center activities in local communities. There are approximately 500 centers located throughout Michigan.

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-  **SENIOR MEDICARE PATROL PROGRAM** – AASA supports the important work done under the Senior Medicare Patrol (SMP) grant that is administered by Medicare/Medicaid Assistance Program (MMAP), Inc. SMP provides community outreach and education events. In FY 2020 participation in SMP activities has been impacted COVID-19. In order maintain the safety of program participants, SMP team members have turned to alternative ways of providing services, including getting COVID 19 fraud alerts to beneficiaries. Team members shared information during reassurance calls with home-bound, socially isolated beneficiaries receiving services through the AAAs. SMP flyers were included with home delivered meals. Senior housing service coordinators called apartment residents and spoke one-on-one with them. Local MMAP teams have also started to use web-based tools to conduct Medicare 101 sessions that include messaging about recognizing and reporting suspected fraud and scams.
 -  **SENIOR RESPITE CARE PROGRAM** was created through Public Act 171 of 1990, which allows the state to receive escheat funds from Blue Cross & Blue Shield of Michigan. Funds are distributed to Area Agencies on Aging annually, each receiving a minimum of \$25,000, and the remaining funds are distributed by the intrastate funding formula. Merit Award Trust funds are distributed to Area Agencies on Aging by formula. All Medicaid Home and Community Based Services Waiver agents are eligible to receive Merit Award Trust funds for respite services. An important note is that AASA does not operate the waiver program but works very closely with the Medical Services Administration within MDHHS, that does.
 -  **SENIOR VOLUNTEER SERVICES** provide for a variety of volunteer services for older adults, children and local communities. Experience has shown that doing regular volunteer work, more than any other activity, dramatically increases life expectancy. At the same time, there are many areas of growing need in our communities where the time and talents of our growing older population fill gaps in service, enhance community life, and protect vulnerable populations. AASA administers three older volunteer programs with state funds and federal funds.
 -  **STATE HEALTH INSURANCE ASSISTANCE PROGRAM & MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT** – These programs help older adults and people with disabilities thrive in place by providing bias-free confidential information on Medicare and Medicaid programs.
 -  **TITLE VII PREVENTION OF ELDER ABUSE FUNDING** – Title VII funding provides an important compliment to state elder abuse prevention funding. In FY 2019, \$151,881 in Title VII expenditures for elder abuse prevention (EAP) supported programming to 15,508 older adults with 9,631 hours/units of EAP services. The Title VII funding compliments additional state funding available annually for EAP grants to provide EAP education and outreach, local partnerships with law enforcement. Training for banks and financial institutions on EAP and detection, an anti-hoarding pilot project and a county elder death review team. Additionally, AASA has supported elder abuse detection and prevention training for Adult Protective Service workers.

OVERVIEW & STATE PLAN DEVELOPMENT

STATE PLAN DEVELOPMENT

AASA's FY 2021-2023 State Plan on Aging has been carefully assembled and is based on these important factors:

- Mandates of the federal Administration for Community Living;
- Recommendations provided by the Federal Administration for Community Living;
- Consultation with the Michigan Commission on Services to the Aging;
- Information gleaned from Michigan's State Advisory Council, comprised primarily of older adults who remain an ongoing source of information on local level issues;
- Convenings to identify strengths and weaknesses of Michigan's aging agency; and
- Input received through the Advisory Committee for the State Plan on Aging.

KEY PARTNERS

Michigan is fortunate to have a multi-sectoral Aging Network with collaboration and support from numerous partner organizations and agencies. This was a great strength of the State Plan on Aging development process. AASA staff were critical to the success of the process and are listed in the Appendices. The AAA's contributed significantly to the development of the State Plan on Aging, as well as many community partners. Key partners who were included in the development of the Plan include but are not limited to:

Advocacy Organizations

- Michigan Health & Hospital Association
- Leading Age
- Elder Law of Michigan
- Disability Network of Michigan
- Alzheimer's Association
- Michigan Assistive Living Association
- Michigan Association of Senior Centers
- Michigan Association of RSVP Directors
- Area Agencies on Aging Association of Michigan
- AARP
- Michigan Elder Justice Initiative
- Services & Advocacy for GLBT Elders (SAGE) Detroit

Academic Partners

- Wayne State University
- University of Michigan
- Michigan State University IMPART Alliance

State-Level Organizations

- Michigan Public Health Institute (MPHI)
- Michigan Department of Health and Human Services (MDHHS)
- Michigan Medicare & Medicaid Assistance Program

STATE PLAN ON AGING STEERING COMMITTEE

Responsible for day-to-day decisions and strategic direction for the State Plan on Aging.

Name	Organization
Alexis Travis	MDHHS AASA
Scott Wamsley	MDHHS AASA
Jennifer Hunt	MDHHS AASA
Dona Wishart	Commission on Services to the Aging, Chair
Julia Heany	Michigan Public Health Institute
Lauren LaPine	Michigan Public Health Institute

STATE PLAN ON AGING ADVISORY COMMITTEE

Responsible for general oversight and recommendation into the development of the State Plan on Aging.

Name	Organization
Dona Wishart	Commission on Services to the Aging
Dave Herbel	Leading Age
Kathy Kimmel	Wexford County Council on Aging
Paula Cunningham	AARP
David LaLumia	Area Agencies on Aging Association of Michigan
Jennifer Lepard	Alzheimer's Association – Michigan Chapter
Kate Massey	MDHHS Medical Services Administration
Jean Ingersoll	MDHHS Public Health Administration
Clare Tanner	Michigan Public Health Institute
Bruce Berger	Michigan Association of Senior Centers
Ewa Panetta	Michigan Health & Hospital Association
Don Ryan	State Advisory Council on Aging
Scott Wamsley	MDHHS AASA
Alexis Travis	MDHHS AASA
Lauren LaPine	Michigan Public Health Institute
Julia Heany	Michigan Public Health Institute

ENVIRONMENTAL SCAN PROCESS

Data were collected through multiple methods in order to develop a well-rounded environmental scan of the needs of Michigan's older adults, the strengths and weaknesses of the aging network, and the opportunities and threats posed by the broader environment, especially as they relate to the AARP's 8 Domains of Livability. There were five data collection methods used to gather information to inform the state plan on aging. Those were: community conversations, key informant interviews, focus groups, an older adult survey, and document review. As noted, these data were collected prior to the COVID-19 pandemic; however, ongoing assessment activities are underway to explore how the pandemic is impacting Michigan's older adults.



KEY INFORMANT INTERVIEWS

- 60-minute semi-structured interviews with key leaders in the aging sector.
 - **17** total
-



COMMUNITY CONVERSATIONS

- 90-minute, facilitated sessions with older adults residing in the 16 AAA regions.
 - **16** total
-



FOCUS GROUPS

- 60-minute, facilitated sessions with specific groups (i.e. AAA Directors, SAC, Commission on Services to the Aging, etc.)
 - **6** total
-



DOCUMENT REVIEW

- Comprehensive review of existing reports and plans to identify common strengths, weaknesses, opportunities and threats to older adults across the aging network.
 - Included all AAA local-level plans
 - **43** total
-



OLDER ADULT SURVEY

- State-wide survey for older adults 60+
- Questions focused on strengths and barriers to health and wellness
- **1199** total

ENVIRONMENTAL SCAN FINDINGS

This section highlights key findings of each component the environmental scan by method, illustrating the richness of the data used to inform the planning process.



KEY INFORMANT INTERVIEWS

STRENGTHS

What are the strengths of the Aging Network?

- Area Agencies on Aging provide essential supports needed by older adults.
- Home delivered meals and other nutrition services fill a critical need for older adults.
- Programs that address social isolation are being developed and implemented across the system.

WEAKNESSES

What might strengthen the aging network?

- Area Agencies on Aging need to expand services.
- The system needs greater capacity to support vulnerable older adults.
- Communication about services is inconsistent and siloed.

OPPORTUNITIES

What opportunities exist in the broader environment to improve the wellbeing of older adults?

- Care coordination services are beneficial to older adults but have long wait lists & restrictive eligibility.
- Technology and assistive technology create opportunities to support health and well-being.

THREATS

What factors in the broader environment could threaten the wellbeing of older adults?

- Older adults do not always have access to safe and affordable housing or transportation.
- Healthcare and prescriptions are too costly, and payment for healthcare is challenging to navigate.
- Workforce shortages and low wages are a significant concern.



“*Home-based care is huge and trying to keep people supported in their homes before it gets to the point where they need to be looking at nursing home care, or even waiver care, by choice.* – Key Informant Interview Participant”



COMMUNITY CONVERSATIONS & FOCUS GROUPS

STRENGTHS

What are the strengths of the Aging Network?

- There are numerous services, programs, and resources available throughout the state designed to support older adult health and wellbeing.
- Older adults have trusted family members and friends they feel comfortable going to for information about aging.
- The Adult Protective Services Program helps address and mitigate elder abuse cases.

WEAKNESSES

What might strengthen the aging network?

- Coordination among healthcare agencies who are involved in the care of older adults would benefit the aging network.
- Minimizing competition for resources across aging network organizations would benefit & strengthen the network.
- Developing strategies that support the communication and awareness around available services and supports could strengthen the aging system.

OPPORTUNITIES

What opportunities exist in the broader environment to improve the wellbeing of older adults?

- Advances in at-home technology provide opportunities to support older adults in aging in place.
- There are a great deal of partners and organizations interested in joining and bolstering the aging network in Michigan.

THREATS

What factors in the broader environment could threaten the wellbeing of older adults?

- The costs associated with receiving adequate healthcare and supports is too high, causing older adults to make difficult decisions between paying for prescriptions or other basic needs.
- The expense of making home modifications to enable older adults to age in place is a significant limitation.
- Direct worker shortages threaten older adult access to assistive in-home care.



“ *There is a need to get aging out of a silo. Aging needs to be recognized as the journey of life. It’s lifelong and this planning comes early on in life. People say you can’t do it, but we have to do it. – Community Conversation Participant* ”





DOCUMENT REVIEW

STRENGTHS

What are the strengths of the Aging Network?

- The AASA total budget has seen an increase in recent years.
- There are many senior centers that provide services and supports to older Michigan adults, and seniors view them as a trusted resource.
- AAAs are trusted entities in communities to provide services to older adults.

WEAKNESSES

What might strengthen the aging network?

- The number of older adults accessing services in Michigan is resulting in long waitlists.
- There is a critical shortage of direct care workers and pay for direct care workers is too low.
- More older adults are living in poverty and lack the economic stability to meet their basic needs.
- Access to reliable and affordable transportation continues to be a challenge for older adults.

OPPORTUNITIES

What opportunities exist in the broader environment to improve the wellbeing of older adults?

- Michigan's Attorney General has convened an Elder Abuse Taskforce, which makes preventing elder abuse a priority among Michigan leaders.
- Michigan's AAAs are piloting various innovative initiatives to support older adults in meeting their basic needs.

THREATS

What factors in the broader environment could threaten the wellbeing of older adults?

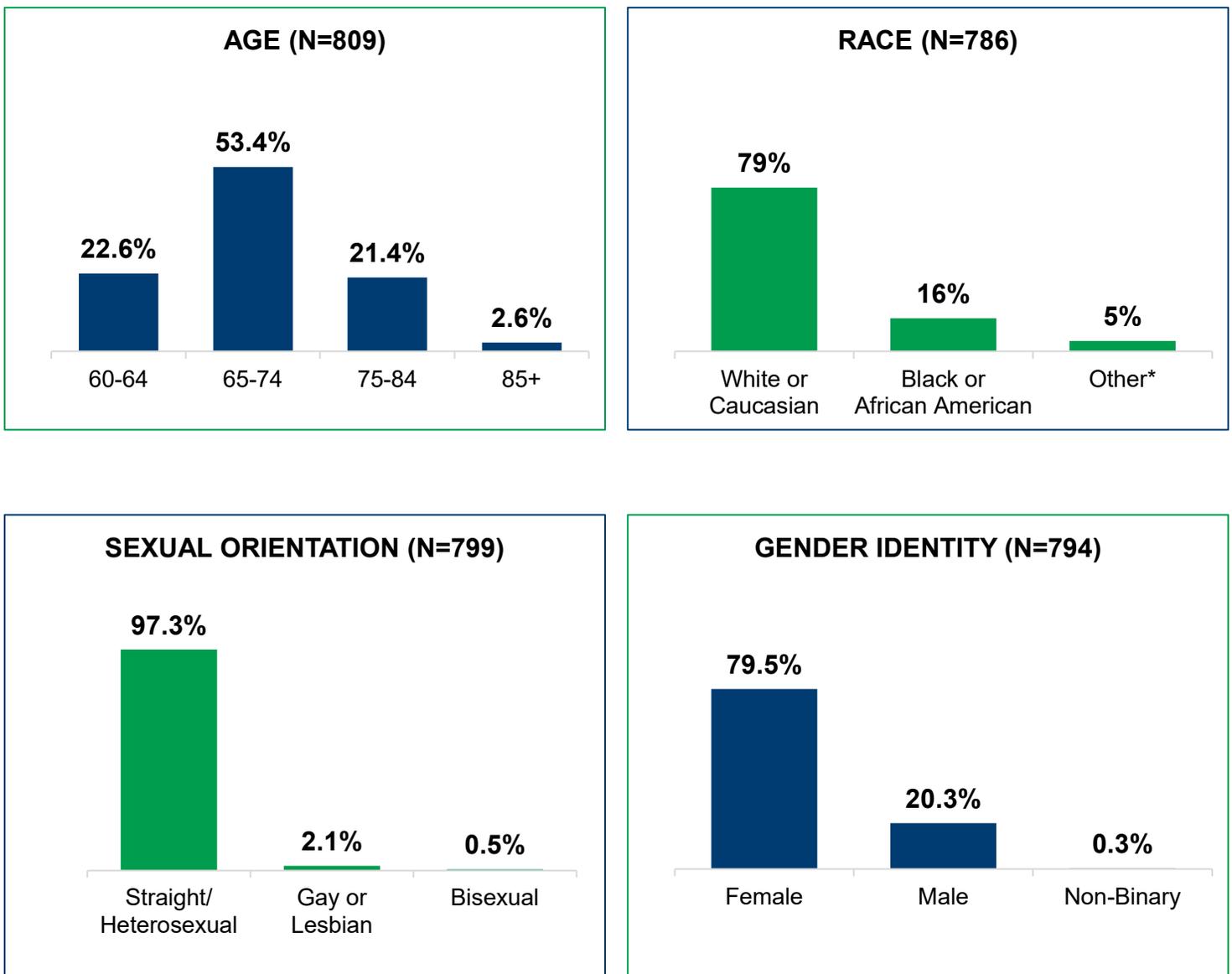
- The future state of federal funding for older adults is unknown which makes it difficult for Michigan's Aging Network to plan accordingly.
- Internet scams and exploitation that target older adults is on the rise.



STATEWIDE SURVEY

The Statewide Survey of Older Adults was distributed online through the listservs, social media pages, and websites of members of the aging network and strategic partners. Additionally, paper copies were distributed through the AAAs for individuals who preferred hard copies. The sample was convenience based, so results do not represent all older adults in the state of Michigan. However, the response was robust, and participants were diverse. A total of 1199 participants started the survey, 92.1% of whom were 60 years of age or older. Key demographic characteristics of respondents are highlighted in Figure 1.

Figure 1: Survey Participant Demographics: Age, Race, Sexual Orientation & Gender Identity.



*Other included: human race, bi-racial, Caucasian and American Indian, Euro-American, Mexican American, USA-born, American, Middle Eastern, Irish American, Homo Sapiens.

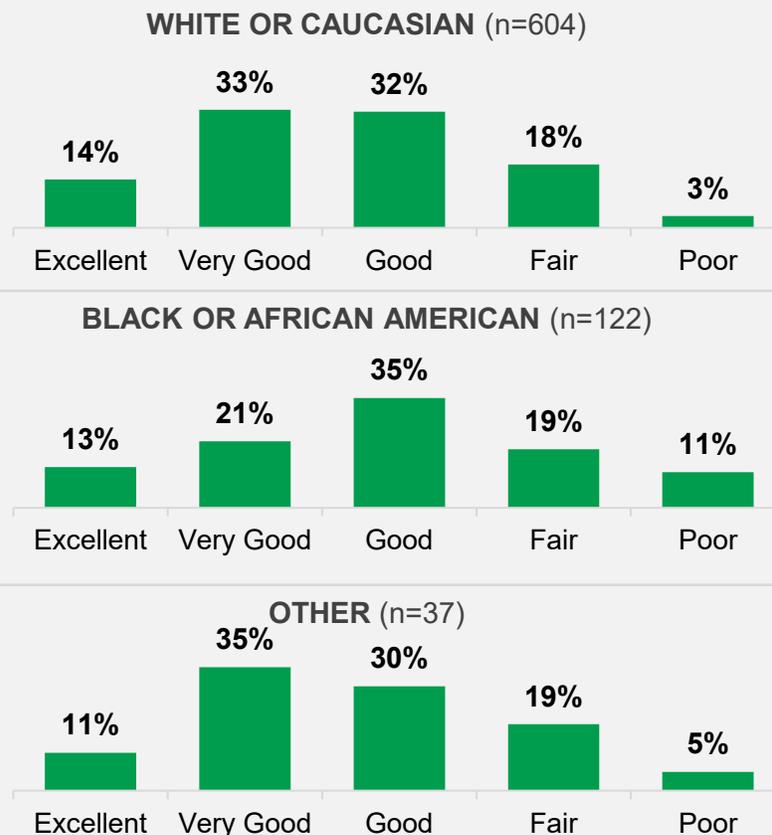


STATEWIDE SURVEY

Survey participants varied in terms of how they rated their community as a place for people to live as they age, with most rating their community as 'good' or 'very good.' However, when we compare older adults who identified as Black or African American with older adults who identified as white, we see a different pattern of results, with Black or African American respondents being more likely to rate their community as a poor place for people to live as they age and being less likely to rate their community as a very good place for people to live as they age. Responses are highlighted in Figure 2.

Figure 2: Rating of Current Community as a Place to Live while Aging, by race.

HOW WOULD YOU RATE YOUR CURRENT COMMUNITY AS A PLACE FOR PEOPLE TO LIVE AS THEY AGE?

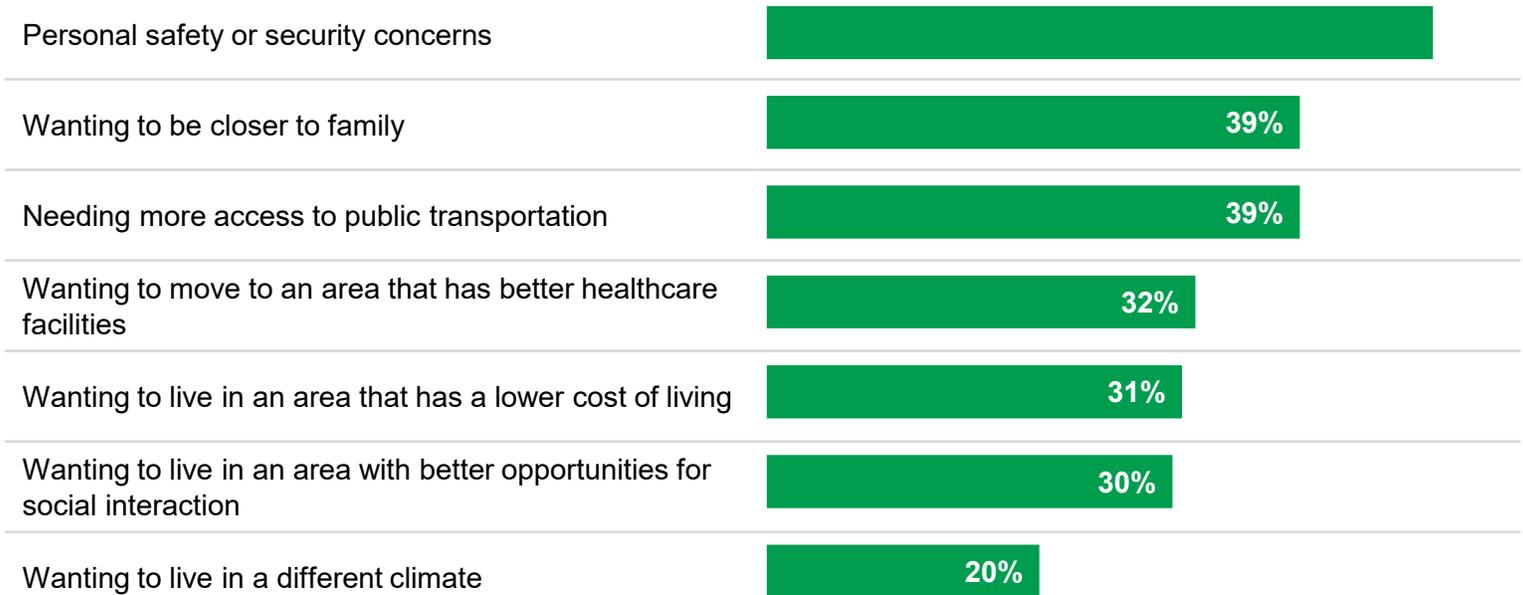


When asked what factors would make them need or want to move out of their community as they get older, participants most indicated that their personal safety or security concerns, needing more access to public transportation, and wanting to be closer to family were 'major factors.' The factor most likely to be considered 'not a factor at all' was wanting to live in a different climate.

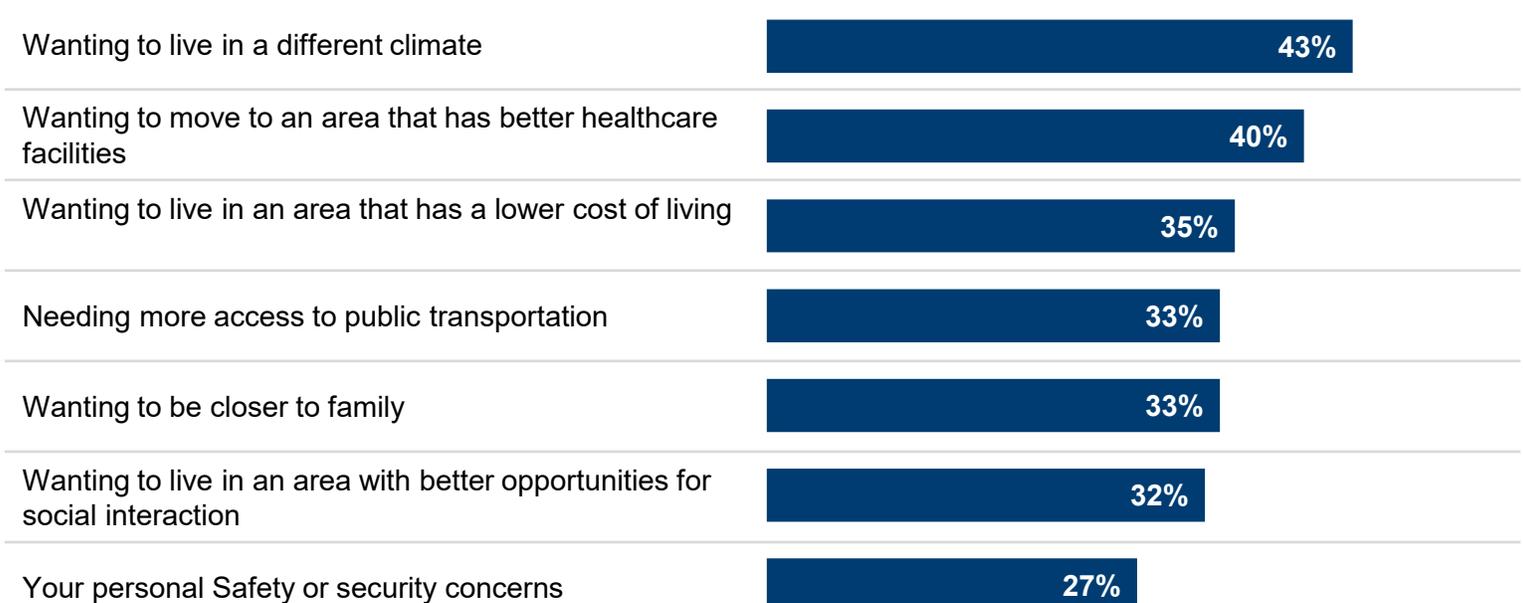
Figure 3: Ranking of Importance for Factors to Consider Moving Out of Current Community.

SOME PEOPLE FIND THAT THEY NEED OR WANT TO MOVE OUT OF THEIR COMMUNITY AS THEY GET OLDER. RANK THE IMPORTANCE OF THIS CATEGORY IF YOU WERE CONSIDERING MOVING OUT OF YOUR CURRENT COMMUNITY.

MAJOR FACTORS



NOT A FACTOR AT ALL



When interpreting the next few findings, it is important to recognize that 75.1% (n=812) of respondents were living in a single-family home and 10.0% were living in a condominium or co-op when they took the survey. Additionally, 86.0% (n=809) reported that they own their residence.

Most participants reported that it was important to them to be able to live independently in their own home as they aged, and that it was important to them to remain in their current community for as long as possible. Most participants felt that was important for them to remain in their current community for as long as possible.

Figure 4: Ratings of the Importance to Remain in Your Current Community for as Long as Possible.

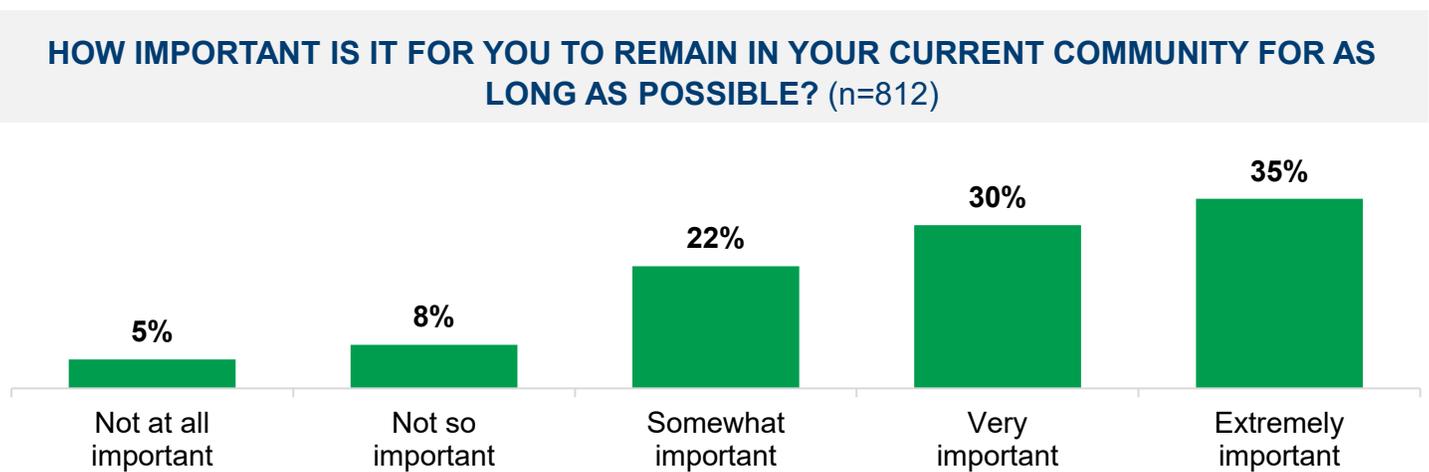
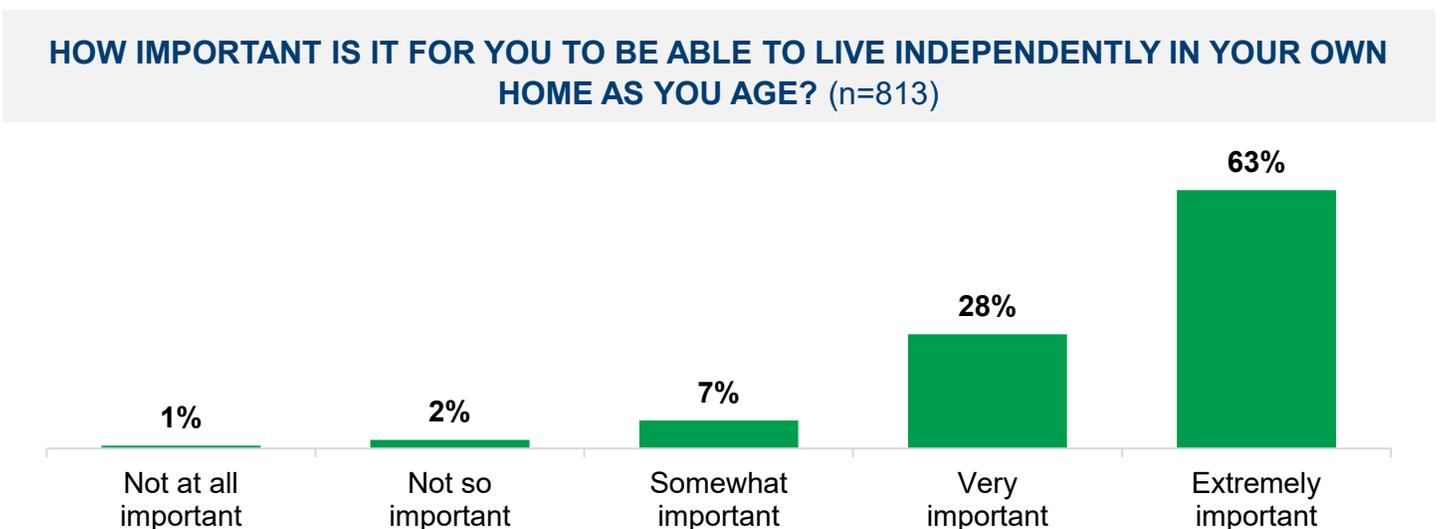


Figure 5: Ratings of the Importance to Live Independently in Your Own Home as You Age.





STATEWIDE SURVEY

Participants were also asked about the factors that would influence their decision about wanting to move out of their residence when they get older. The factor most often rated as ‘a major factor’ was wanting a home that will help maintain independence. The factor most often rated as ‘not a factor at all’ was wanting a larger size home. Importantly, 40.7% (n=412) of respondents indicated that their current residence would need major repairs, modifications, or changes to enable staying there for as long as possible. Responses are summarized in Figure 5.

Figure 6: Ranking of Importance for Factors to Consider Moving out of Current Residence.

SOME PEOPLE FIND THAT THEY NEED OR WANT TO MOVE OUT OF THEIR HOME AS THEY GET OLDER. PLEASE RANK THE FOLLOWING IN ORDER OF IMPORTANCE IF YOU WERE TO CONSIDER MOVING OUT OF YOUR CURRENT RESIDENCE. (n=795)

MAJOR FACTORS

Wanting a home that will help you maintain independence as you age	58%
The cost of maintaining your current residence	36%
Wanting a smaller size home	29%
Wanting a larger size home	3%

NOT A FACTOR AT ALL

Wanting a larger size home	90%
Wanting a smaller size home	39%
The cost of maintaining your current residence	28%
Wanting a home that will help you independently as you age	19%

ENVIRONMENTAL SCAN THEMES

Thematic analysis was completed for all data collected throughout the State Plan on Aging development process. Seven key themes emerged in the thematic analysis. The eight key themes informed the development of the 4 goals selected for Michigan's State Plan on Aging. A brief summary of the components of the key themes are as follows:

-  **ACCESS TO QUALITY CARE & SERVICES:** Access to quality care and services emerged as a key theme for Michigan's older adults. The length of waitlist times to accessing health and social services was highlighted as a barrier. Additionally, a lack of coordination and alignment in the provision of care and supports was a challenge. Finally, high costs of prescription drugs and medications, lack of access to supportive medical equipment, and eligibility requirements were all reported as barriers to older adults receiving the quality care and services they need. In the Older Adult Survey, more than half (51.57%, n=361) of survey respondents reported poor/fair access to health care professionals who speak different languages.
-  **ADDRESSING SOCIAL ISOLATION:** Experiences of social isolation were reported throughout the data collection process for the State Plan on Aging. Older adults reported concerns around feelings of loneliness contributing to mental health challenges such as depression and anxiety. Examples of positive socialization opportunities were presented across the state, but expansion of such opportunities, especially to more rural areas, was highlighted as a need. Per the Older Adult Survey, a little less than half (43%, n=344) of survey respondents reported having contact with family, friends, or neighbors who do not live with them several times a week and 39% (n=314) reported doing so every day.
-  **ADDRESSING WORKFORCE CHALLENGES:** Critical shortages of home care workers was a key theme of the environmental scan. The environmental scan revealed the need to expand the direct care workforce. Low wages were reported as an expected barrier to having the number of direct care workers needed to meet the needs of Michigan's older adults. Respondents who were supported by a direct care worker highlighted the workforce was passionate and committed to taking care of older adults, but that they are overwhelmed and lack a living wage for the critical care they provide. Per the Older Adult Survey, more than half (57.8%, n=437) of survey respondents reported affordable home care services including personal care and housekeeping as poor/fair. Likely due to workforce limitations, almost half (46.1%, n=290) of survey respondents reported it was likely/very likely that they will provide unpaid care to an adult loved one in the future.
-  **AGING IN PLACE:** The idea of aging in place was a prominent theme throughout data collection efforts. Many older adults reported they lacked the resources, services, and supports that would enable them to age in place. Respondents reported a lack of support modifying their homes to be safe and accessible as they age, a general lack of accessible in-home and assistive services, and financial limitations that hindered their ability to stay in their homes as they age. Per the Older Adult Survey, more than half (53.3%, n=427) of survey respondents reported they planned to stay in their current residence and never move as they aged, while half (50.74%, n=412) of survey respondents reported they were unable to make modifications to their residence to enable them to stay in their residence as long as possible.

-  **AWARENESS OF SERVICES & RESOURCES:** Awareness of available services and resources for older adults to help them age was a key theme for Michigan's older adults. Siloed communication about existing resources was reported as a barrier and inconsistent messaging was reported as a challenge. Competition and a lack of shared resources was reported as a barrier within Michigan's aging network. The ways in which older adults prefer to receive information about available services and resources was reported as a complexity. Some older adults reported being more comfortable with receiving information via technological outlets, while others preferred more traditional modes, such as newsletters, mailers, and via word of mouth. Per the Older Adult Survey, the majority (69.56%, n=498) of survey respondents reported their community had poor/fair community information that is delivered in person to people who cannot or may have difficulty leaving their home. Additionally, 78.81% (n=621) of survey respondents reported they would turn to their local AAA for resources and information about services for older adults.
-  **ELDER ABUSE & EXPLOITATION:** Elder abuse in Michigan, like national trends, was a key theme of the environmental scan. The Elder Abuse Taskforce and Adult Protective Services (APS), was reported as a key strength of Michigan, yet the need to protect older adults from abuse and exploitation remains a concern. Respondents reported the rise in internet scams targeted at older adults and highlighted the need for education and awareness campaigns to equip older adults with the knowledge and tools to protect themselves. Michigan's Attorney General recently convened an Elder Abuse Taskforce which was highlighted as one of the mechanisms that could be used to protect older adults from abuse and neglect. Per the Older Adult Survey, almost half (47.40%, n=383) of survey respondents reported their personal safety or security was a 'major factor' when considering moving out of their community.
-  **DIVERSITY, EQUITY, & INCLUSION:** Individuals who identify as LGBT+ do not always feel comfortable openly identifying in long term care facilities due to concerns about safety. There is a need for programs to modify and tailor communication to be culturally and linguistically appropriate. Additionally, programs and services need to be designed in a way that resonates with individuals of all different races. A central component of the DEI initiative is to enhance service targeting, delivery and coordination efforts. AASA is working with the SUAs in Minnesota and Wisconsin on best practices and integration activities between Title III and Title VI programming. An initial meeting was held in late July 2020 and Michigan is in the process of scheduling additional meetings for August and September 2020. These meetings will help inform AASA's efforts to enhance Title III/Title VI coordination efforts in Michigan for FY 2021.
-  **RELIABLE TRANSPORTATION:** Transportation challenges factored into various key themes that emerged in thematic analysis. Transportation was reported as limiting older adults' access to healthcare, access to healthy food, ability to engage in communities, and ability to pick up prescriptions and medications. The cost of transportation was reported as a significant barrier, as well as the reliability of transportation funded by state agencies. Per the Older Adult Survey, about half (49.62%, n=385) of survey respondents reported their communities had poor/fair special transportation services for peoples with disabilities and older adults and about half (55.76%, n=445) of survey respondents reported poor/fair access to accessible and convenient public transportation in their communities.

GOAL #1 – Improve Information & Awareness

The final section of the plan presents the four goals that resulted from the key themes presented on the previous page. AASA staff were grouped into areas of expertise that overlapped with the goals and utilized a structured template and facilitation plan to develop objectives, strategies, and outcomes. The following action plans will drive AASA work in the next three years.

FOCUS

Participant-Directed/Person-Centered Planning



GOAL

Expand the reach of information and awareness of aging network services, ensuring all older adults and caregivers can access culturally and linguistically appropriate quality services where and when they need them.



OBJECTIVE 1.1

By September 2021, AASA will establish a Michigan aging resources number accessible to Michiganders who speak English, Spanish, and Arabic.



STRATEGIES

- Secure funding to establish and sustain a toll-free Michigan aging resources number with built-in continuity and quality control measures, as well as multiple language options.
- Support AAAs in building strong relationships across their referral networks to ensure accuracy of referrals.
- Develop a follow up system for referrals to ensure individual needs were met.



OUTCOME MEASURES

- % of individuals who use the toll-free number who report that their needs were met.

AASA has initiated a process to enhance coordination between Michigan Title VI grantees and the Title III programming. This process will include both specific strategies for OAA programming (e.g., nutrition services) and also as a component of AASA's diversity, equity, and inclusion effort that will look at not only specific programming but also the requirements AASA sets governing aging network operations, including requests for proposals (RFPs), service contracting, technical assistance, service outreach, etc. – the goal being to broaden the service delivery system to a more inclusive and diverse population of service providers, grantees and clients. This will also build upon AASA efforts to expand caregiver programming to the American Indian communities. One recent example is the printing of the "Savvy Caregiver Program in Indian Country" for distribution to tribal nations.

GOAL #1 – Improve Information & Awareness



OBJECTIVE 1.2

By September 2023, AASA and the aging network will increase the number of older adults and caregivers enrolled in registered services by 5%, with older adults and caregivers who identify as BIPOC making up 50% of the increase.



STRATEGIES

- Implement an aging network marketing campaign.
- Support the aging network in including Black, Indigenous, & People of Color (BIPOC), Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+), and other underrepresented populations as board members, employees, and service providers.
- Develop strategic partnerships with non-traditional partners to expand the scope and reach of the aging network.
- Review and evaluate AASA programs, policies and practices to eliminate systemic impediments to DEI.
- Provide training, outreach, and education to AAA staff on health disparities.



OUTCOME MEASURES

- % of older adults and caregivers in Michigan who identify as BIPOC who access aging network services.
- % of older adults and caregivers enrolled in registered services who report that services are inclusive and equitable.

Starting in FY 2020 AASA has initiated a “care transitions” strategic goal to support AAAs as they develop projects to better support older adults through the hospital discharge process. The care transitions project involves AASA staff working with AAAs to identify best practices, continuous quality improvement (CQI) efforts and technology support to advance integration of aging network social services and health care services for older adults - the goal being a better post-discharge support system to improve outcomes and support services to older adults and a reduction of readmissions back to the health system. More generally, Michigan AAAs have undertaken significant efforts to expand relationships and partnerships with Medicaid, Medicare, health system, private insurers, and other private pay models offer opportunities to develop new revenue streams outside of federal and state grants. AAAs are long-standing contractors with the state Medicaid “MI Choice” home and community-based 1115 waiver program. This experience, along with developing hospital discharge support programs (i.e., care transitions), partnerships with Programs for All-inclusive Care (PACE), and professional accreditation, have helped the Michigan aging network build relationships with health care providers and payers. These innovative business models that enable them to market services, seek external funding for services, and support service quality, offer choice in service delivery and deliver cost savings.

GOAL #2 – Improve Social Connectedness

FOCUS

ACL Discretionary Grants & Other Funding Sources



GOAL

Prioritize resources to promote social interaction and connectedness, including expanding access to technology and transportation.



OBJECTIVE 2.1

By September 2022, AASA and aging network partners will increase participation in programs to promote social interaction and connectedness by 5%, with older adults and caregivers who identify as BIPOC making up 50% of the increase.



STRATEGIES

- Determine baseline statistics, implement systems for ongoing data collection, and develop strategies for continuous quality improvement to promote community/family connectiveness.
- Collaborate with internal/external aging network partners, stakeholders, and volunteers to design strategies to increase participation in programs that promote social interaction.
- Engage diverse staff and volunteers who represent the community to design and deliver programs that promote social interaction.
- Increase availability of culturally and linguistically appropriate resources, service options and promotional materials that meet the needs of older adults who are BIPOC, LGBTQ+, and representative of other underrepresented populations.
- Disseminate information about programs to promote social interaction via Older Michiganian's Day, 4AM meetings, AAA Director meetings, and the AIP process.



OUTCOME MEASURES

- % of Friendly Reassurance participants who report feeling less isolated due to program participation by race and ethnicity.

Michigan's Tele-Health/Care Transitions projects rely on the use of technology (e.g., assessments, medication management review via video conferencing, etc.), so that the aging network can support the client in their home post-discharge. The use of technology by tele-health/care transitions project has been key to providing these services in Michigan's rural area and to isolated clients with little or no informal support. These are often areas where in-person access to primary care physicians and health systems is most difficult or unavailable. At the same time many of these clients may feel socially isolated. One important factor in connecting with these individuals is their access to and comfort with using technology. Access and comfort with technology is also an important factor in addressing feelings of isolation and a lack of social connectedness. The tele-health and care transitions projects provide an opportunity utilize technology to support both the post-discharge and health care support for clients while also recognizing the importance on social connectedness to combat the negative health consequences of isolation on older adults.

GOAL #2 – Improve Social Connectedness



OBJECTIVE 2.2

By September 2023, increase the number of aging network services that can be offered virtually, like Personal Action Toward Health (PATH) and support groups.



STRATEGIES

- Expand and enhance electronic/virtual connectivity with peers, family, friends, and community programs.
- Provide technology trainings utilizing volunteers.
- Expand the opportunity for telehealth and care transitions across the state utilizing the Coleman method of improvement.
- Work with faith-based organizations to promote virtual social connectedness.
- Implement AAA care transition projects.



OUTCOME MEASURES

- % of older adults who have participated in technology trainings who report that they are comfortable using technology to make social connections.
- % of older adults who are satisfied with aging network services to promote social connections that are offered virtually.



OBJECTIVE 2.3

By September 2022, AASA and aging network partners will complete a transportation domain action plan and evaluation plan under the Age Friendly Michigan initiative.



STRATEGIES

- Conduct a transportation survey and listening sessions using AARP's guidance as part of the Age-Friendly Michigan initiative.
- Develop an action plan and evaluation plan based on the transportation survey and listening sessions and submit to AARP for review.
- Collaborate with the aging network and other partners in public health and transportation to promote age-friendly transportation systems.
- Collaborate with Medicaid to promote access to non-emergency medical transportation services.
- Collaborate with commercial transportation companies and volunteer organizations to serve older adults with non-medical transportation needs.



OUTCOME MEASURES

- % of older adults and caregivers who report that they use their community's sidewalks, parks, natural features and green space to socialize.
- % of older adults and caregivers who report that the transportation options in their community meet their needs.

GOAL #3 – Increase the Number of Direct Care Workers

FOCUS

Older American Act (OAA) Core Programs



GOAL

Increase the number of well-trained, qualified, and supportive multicultural direct care workers through collaboration by elevating the workforce, improving retention, promoting its collective value and supporting opportunities to increase wages.



OBJECTIVE 3.1

By September 30, 2022, 30% of Michigan's home and community-based services and long-term care agencies and providers across the state who hire direct care workers (DCW) to provide supports and services to older adults and caregivers will have adopted the state's direct care workforce competency requirements/guidelines.



STRATEGIES

- Develop statewide competencies for all DCWs, inclusive of Certified Nursing Aides (CNAs), Direct Service Providers (DSPs), Home Health Aides (HHAs), Home Health Providers (HHPs), and Independent Caregivers.
- Design an implementation and measurement strategy to disseminate and evaluate the DCW competencies.
- Partner with the DCW Advisory Committee and IMPART Alliance to implement and evaluate the DCW competencies.
- Adopt the DCW competencies and share the competencies statewide.
- Collaborate with home care agencies that serve low-income older adults, persons with disabilities, and persons of color to ensure representation and inclusivity in the competencies.



OUTCOME MEASURES

- % of agencies that have adopted the DCW competencies who believe that the competencies will elevate the workforce.
- % of agencies that have adopted the DCW competencies who believe that the competencies support diversity and inclusion.

AASA has a long history in direct administration of the SCSEP program through several of our area agencies on aging. AASA's SCSEP manager is also one of the agency's experienced field representatives assigned to several of the state's largest area agencies on aging. These same AAAs are grantees of the SCSEP program. In her role as field representative this staff person is responsible for monitoring the OAA and state-funded programs included in annual implementation plans (area plans). This provides direct coordination between the field representative staff that provide technical support and monitor area plan area plans with the SCSEP program as the grantees of SCSEP in Michigan are also AAAs and the AAA and SCSEP oversight are administered in the same division and section at AASA. In addition increasing employment opportunities for older adults through the SCSEP project, AASA is also looking into opportunities for older workers to help address the direct care worker shortage. Likewise, AASA has recently joined a partnership to bring the GetSetUp project to Michigan. This project employs older worker to teach online courses. As the project starts up in Michigan, AASA will be looking to enhance opportunities for older adults to join the project as online teachers.

GOAL #3 – Increase the Number of Direct Care Workers



OBJECTIVE 3.2

By September 30, 2022, 30% of Michigan's home care agencies and long-term care providers will be using educational curricula mapped to statewide competencies for direct care workers.



STRATEGIES

- Work with the DCW Advisory Committee and Competencies/Education Workgroup to review DCW education/curricula guidelines that map to the competencies.
- Develop education/curricula guidelines that map to the competencies for all DCW training phases with state partners, including basic, intermediate, and advanced pathways.
- Adopt and share the training and education/curricula guidelines statewide.



OUTCOME MEASURES

- % of agencies that have adopted the educational curricula/guidelines who report the curricula is well aligned with the competencies.
- % of agencies that have adopted the educational curricula/guidelines who report that the curricula is useful, accessible, and inclusive.
- % of DCWs working in settings that have adopted the training and curriculum guidelines who report receiving additional training and professional development opportunities.



OBJECTIVE 3.3

By September 30, 2023, implement a media campaign promoting DCWs and DCW training in all 16 AAA regions.



STRATEGIES

- Collaborate with the DCW Advisory Committee and the Communications and Mental Health Workgroup to develop a media campaign plan to promote DCWs and DCW training.
- Seek funding partners to assist with implementing the plan.
- Implement the plan regionally and statewide.



OUTCOME MEASURES

- # of trained DCWs working in Michigan
- # of DCWs employed in Michigan.

The intent of AASA is to improve the quality and availability training for DCWs. Improving and increasing the quality of training and the availability of training develops a more highly skilled workforce of DCWs. The goal is to leverage a better skilled and trained DCW workforce into higher wages for those skilled DCWs.

GOAL #4 – Ensure Older Adults Choices for Aging in Place

FOCUS

Elder Justice



GOAL

Leverage programs, services, and resources to ensure older adults have access to the programs and services they need to make their own choices and decisions to enable them to age in place.



OBJECTIVE 4.1

By September 30, 2022, implement an evidence-based and comprehensive elder abuse, neglect, and exploitation education and awareness program that is adaptable to multiple audiences in Michigan.



STRATEGIES

- Conduct an environmental scan of five or more educational and awareness programs utilized in Michigan that have been provided to 250 or more individuals in the past year.
- Contact with the developers/users of identified programs to determine the numbers of individuals served by the programs, the populations served by the programs, the geographic regions served by the programs.
- Review program documents, trainings, and other materials to identify common themes/information, inaccurate information, formats and platforms utilized.
- Identify agencies/organizations/programs, including Adult Protective Services, the Long-Term Care Ombudsman Program, legal assistance programs, law enforcement, health care professionals, and financial institutions, willing to partner on development of comprehensive program willing to partner on development of comprehensive program.
- Review/utilize the FrameWorks Institute's toolkit on "[Talking Elder Abuse](#)" to ensure Michigan's message is provided in language that is evidence-based and will build public understanding and support.
- Ensure any program designed meets the Department's standards of diversity, equity, and inclusion.
- Pilot test the program with five groups from differing geographical regions that include older adults, family members, and professionals.



OUTCOME MEASURES

- % of pilot test participants who agreed that the program met its stated objectives.

AASA has approved a policy waiver for statewide Operating Standards for Service Programs to allow for care management client self-direction for in-home services, caregiver and nutrition services. AASA is currently reviewing this waiver for post-COVID-19 expansion. Additionally, AASA has approved regional service definitions that allow for the bundling of in-home services. Bundling of services allows the client self-direction in the service that he or she will receive on any service visit. For example, a bundled homemaker/personal care service allows the client to direct the worker to provide personal care services or homemaker services a particular service visit based on the client's preference and choice.

GOAL #4 – Ensure Older Adults Choices for Aging in Place



OBJECTIVE 4.2

By September 30, 2022, expand the number and reach of programs designed to support older adults who wish to remain in their homes as they age.



STRATEGIES

- Identify successful, innovative programs for home modifications and/or repairs that could be utilized and duplicated in other areas of the state.
- Identify programs that provide or connect older adults with durable medical equipment or assistive devices that help them remain in their homes.
- Identify areas where affordable services are available and help keep older adults in their homes such as home delivered meals, grocery shopping, and prescription delivery.
- Identify legal and other services that will assist older adults who are facing foreclosure, eviction, or are seeking affordable housing.
- Disseminate information to the AAAs regarding available services and monitor Information & Assistance (I/A) contacts related to these services.



OUTCOME MESAURES

- # individuals referred to the identified programs through the AAAs.
- % of individuals referred to the identified programs through the AAAs who are successfully served by the identified programs.
- % of older adults who report that they have access to services that allow them to remain in their home and avoid moving to more restrictive settings or to a setting they do not choose.

AASA is currently administering several ACL discretionary grants in the areas of dementia caregiving and the development of ADRC service delivery. To better coordinate these programs with other core OAA programs (e.g., nutrition services) AASA created a new division and section in the agency in late 2020. The new Health Promotion and Policy Management Division (HPPM) and the Health Promotion and Active Aging (HPAA) section at AASA Administer our ACL discretionary grants alongside our OAA nutrition and disease prevention/health promotion programming. Additionally, these discretionary grants are in the same HPAA section as the State's Health Insurance Assistance Program (SHIP), Medicare Improvement for Patients & Providers (MIPPA) grants and the person-centered planning and diversity, equity and inclusion projects. The goal of administering these grants in HPAA is to coordinate them closely with core OAA health and nutrition programs and with projects focused on ensuing access to benefits and access to services.

INITIAL IMPACTS OF COVID-19

The COVID-19 pandemic hit Michigan in March 2020, significantly impacting the health and wellbeing of Michigan's older adults. The COVID-19 pandemic demanded the rapid attention and response of Michigan's Aging and Adult Services Agency, older adult service providers and partners in the aging network. The development of the State Plan on Aging was able to move forward and adaptations were made to ensure that planned in-person community conversations in the last three AAA regions were still able to be held virtually. Many of the findings emerging at the time of the State Plan on Aging analysis were used to support AASA's COVID-19 emergency response.

AASA has received and issued grant funding under the federal Families First and CARES Act and special grant funding to help continue to meet the service needs of older adults and caregivers during the COVID-19 pandemic. These grants fund meals, services in the home, respite care, friendly reassurance programs, information and referral services and more. These funds have assisted community-based aging network agencies and programs as they have adapted services to provide safe delivery during the pandemic. Additionally, federal COVID-19 emergency response funding became available through the Administration of Community Living, via a No Wrong Door Rapid Assessment grant. Michigan was awarded \$1,705,454. Assessing the impacts of COVID-19 and identifying immediate needs for older adults and persons with disabilities began in May 2020. The State Plan on Aging and Rapid Assessment are intentionally woven together and will be strategically leveraged by AASA Leadership to advance positive change for Michigan's older adults. While the ADRC Rapid Assessment is still in process at the time of the submission of this plan, a snapshot of initial cross-cutting themes that are emerging from both the State Plan on Aging and ADRC Rapid Assessment are included below. The impact of COVID-19 will be felt by Michigan's older adults for many years to come, requiring data-driven, equity-focused, and rapid adaptation of plans and services.

- 
SOCIAL ISOLATION: Older adults and caregivers reported experiencing social isolation prior to the COVID-19 pandemic but this issue has been greatly exacerbated by social distancing guidelines and the closure of many business and organization. There are concerns around the impact of reduced engagement and interaction of older adults and caregivers and its impact on their mental health. The use of technology can be utilized to mitigate this issue.
- 
DIRECT CARE WORKFORCE LIMITATIONS: As referenced earlier, Michigan had a shortage of direct care workers (DCW) prior to the pandemic. As a result of the pandemic, employers are seeing a reduction in the number of available DCWs. Wages remain an issue and must be addressed to ensure the workforce is robust enough to support the aging population.
- 
TRANSPORTATION ACCESS: During the development of the State Plan thematic analysis highlighted that access to reliable, affordable transportation was a barrier for older adults to maintaining daily activities that contribute to overall health. There continues to be a demand to transportation access as many older adults' struggle to access healthy food, attend medical appointments, and pick of medications safely. Concerns of viral spread have led to some to avoid the use of public transit. Ride share options are not readily available or affordable for all.
- 
SERVICE AND RESOURCE AWARENESS: Michigan's aging network offers a variety services and resources but is limited by siloed communication and coordination. Caregivers and older adults report the need for increased integration, greater outreach, improved referrals. Michiganian older adults would benefit greater communication and collaboration of the existing resources withing the aging network.

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ATTACHMENTS

ATTACHMENT A

State Plan Assurances and Required Activities

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

ASSURANCES

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

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

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

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

- (4) (A)(i)(I) provide assurances that the area agency on aging will—
- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
 - (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);
- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —
- (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

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

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

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

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

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

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

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

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

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

((d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

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

(B) be based on such area plans.

(1) The plan shall provide that the State agency will—

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

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(1) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

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

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

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

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

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

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

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

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

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

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

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

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

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

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

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

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

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

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

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

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

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

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

(23) The plan shall provide assurances that demonstrable efforts will be made—

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

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

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

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

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

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

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

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

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

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

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

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

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

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

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...



08-21-2020

Dr. Alexis Travis, Senior Deputy Director

Date



08-21-2020

Dona Wishart, Commission on Services to the Aging Char

Date

ATTACHMENT B

Information Requirements

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

Section 305(a)(2)(E)

AASA minimum operating standards for area agencies on aging (AAA) and service programs require that a comprehensive and coordinated service delivery system be developed, with preference given to serving older adults in greatest social and economic need. For this State Plan period, targeted (traditionally underserved) populations will be served at the same or greater level as their percentage in the total population, at minimum, and AAAs shall strive to increase the percentage of targeted populations served based on specific objectives in area plans. “Greatest economic need” refers to the need resulting from an income level at or below the poverty threshold established by the federal government each year. The poverty level for 2020 is defined as \$12,760 for a single individual and \$17,240 for a family of two. “Greatest social need” refers to the need caused by non-economic factors such as physical and mental disabilities, language barriers, and cultural, social or geographical isolation that restricts an individual’s ability to perform normal daily tasks or threatens one’s capacity to live independently.

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

- Application of weighting factors for low-income, minority, and rural older adults in the distribution of funds to each of Michigan’s 16 Planning and Service Areas (PSAs).
- Assuring that AAAs target contracts for social services and nutrition services and congregate meal sites in areas with high concentrations of older adults having the greatest economic/social need.
- Assuring that AAAs award OAA service contracts or subcontracts to minority-owned and operated organizations, at least in proportion to the number of minority persons of all ages residing within the PSA.
- Assuring AAAs target services for persons with physical and mental disabilities through earmarking state funds for in-home services and home-delivered meals.
- Requiring all contractors under area plans to assure that services are provided to low-income and minority older adults in proportion to their relative needs as determined by regional surveys; ensure that services to these groups are not reduced. As part of the area plan development process, all AAAs are required to conduct comprehensive surveys of need within the PSA, and to utilize demographic data in targeting services.

Additionally, for FY 2021, AASA has initiated a diversity, equity, and inclusion (DEI) committee to enhance DEI efforts within the agency and in the external Michigan aging network. Specific to service delivery for FY 2021, AASA staff will review Operating Standards for Service Programs and Operating Standards for Area Agencies on Aging to identify opportunities to integrate DEI in AASA policy. Examples of initial areas of focus include reviewing RFP and contract requirements to increase contracting with a diverse pool of service providers; client data collection to better understand our service levels to traditionally under-served populations and target populations; and providing enhanced technical assistance to service providers for traditionally underserved communities.

Section 306(a)(6)(I)

For FYs 2020 and 2021, AASA has issued formal guidance to area agencies on aging (AAA) awarded funds under the Older Americans Act and from the Michigan Legislature to provide guidance regarding the provision of Assistive Devices and Technologies under approved area plans. Specifically, AASA provided a statewide waiver to allow AAAs area plans to incorporate the Assistive Devices and Technologies in approved FY 2020 and FY 2021 annual implementation plans (AIPs). The waiver allows for a service to help individuals to learn about and acquire devices, equipment and supporting technologies that assist in the conduct of activities of daily living. Such devices may include, but are not limited to personal emergency response systems (PERS), wheelchairs, walkers, lifts, medication dispensers, etc. AASA is working with Michigan Disability Resource Coalition, the state assistive technology entity, to build capacity around training for and access to assistive technology.

Section 306(a)(17)

AASA will continue to support and coordinate emergency preparedness activities with AAAs within area plans. AASA allows AAAs to use funding available through Title III-B funds, federal and state administrative funds, and program development funds for emergency preparedness activities. Additionally, AAAs under their approved area plans are required to cooperate in efforts to maintain and update a plan that adequately addresses the needs of older adults in the event of an emergency. AASA has two staff assigned to the State Emergency Operations Center (SEOC) to ensure coordination between SEOC activities and the aging network.

Specific to COVID-19, AASA participation at the SEOC has provide a direct connection to the state's COVID-19 response. This has been extremely helpful in securing personal protective equipment and other infection control supplies that have been made available to the AAAs and the aging network to help ensure continued and safe service delivery.

Section 307(a)(2)

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

**Final annual Title III-B allocation is defined as the amount of funds available prior to transfers between*

Parts B and C. Funds carried over from a previous year are not included).

AASA has submitted a waiver request to ACL to waive certain minimum allocation requirements for FY 2021 due to the continued COVID-19 pandemic. The intention of this request is to provide additional flexibility to AAAs to respond to the rapidly changing service needs during the pandemic.

Section 307(a)(3)

Regarding services funded under this State Plan, preference will be given to those older adults residing in rural areas, including assurance that AAAs spend at least 105 percent of the amount spent in fiscal year 2000 under the OAA for services to older adults in rural areas. Based on FY 2019 federal and state service expenditures, the cost of providing services, including access to those services for older adults, is reflected in the following chart. It is estimated that costs of providing these services will remain about the same for each fiscal year to which this plan applies.

Service Category	Total Expenses (All Sources)	Rural Expenditures
Home Delivered Meals	\$38,871,723	\$15,585,987
Congregate Meals	\$15,614,444	\$8,251,607
Care Management	\$6,975,406	\$2,958,016
Community Living Support (Regional AAA Service)	\$6,750,693	\$3,990,480
Homemaker	\$6,510,977	\$3,958,452
Adult Day Care	\$5,128,711	\$1,837,579
Personal Care	\$4,499,236	\$1,882,690
In Home Respite Care	\$3,358,976	\$2,384,157
Information & Assistance	\$2,289,056	\$26,448
Program Development*	\$2,110,003	\$0
Transportation	\$1,838,157	\$749,315
Case Coordination & Support	\$1,807,823	\$807,488
Disease Prevention/Health Promotion	\$1,540,535	\$76,512
Outreach	\$1,438,877	\$9,061
Ombudsman*	\$1,209,367	\$0
Caregiver Information and Assistance	\$1,196,399	\$568,074
Legal Assistance	\$1,112,605	\$30,808
Home Delivered Meals - Respite Care	\$1,059,914	\$18,077
Caregiver Outreach	\$791,376	\$98,922
Chore Services	\$709,251	\$255,215
Medication Management	\$683,669	\$17,600
Assistive Devices & Technologies	\$667,913	\$70,552
CLP Support & Coordination (Regional AAA Service)	\$628,149	\$0
Senior Center Staffing	\$606,487	\$40,543
Senior Center Operations	\$477,339	\$31,009
Community Support Navigator (Regional AAA Service)	\$439,122	\$2,115
Caregiver Training	\$397,738	\$172,170
Asst to Hearing Impaired & Deaf Community	\$312,269	\$0
Kinship Respite Care	\$300,120	\$67,726
Caregiver Education	\$262,730	\$22,578
Elder Abuse Prevention	\$213,675	\$179
Personal Care - Respite Care	\$210,523	\$192,217
Home Injury Control	\$210,221	\$0
Homemaker - Respite Care	\$199,067	\$177,501
Caregiver Transportation	\$185,220	\$0
Options Counseling	\$174,136	\$49,999
Home Repair	\$162,310	\$11,031
Care Transitions Program (Regional AAA Service)	\$140,244	\$58,435
Caregiver Supplemental Service	\$135,423	\$71,955
Caregiver Support Group	\$111,501	\$41,713
Evidence Based Disease Prevention (Regional AAA Service)	\$102,441	\$0
Chore Services - Respite Care	\$84,622	\$69,303
Caregiver Focal Point (Regional AAA Service)	\$80,600	\$0
Creating Confident Caregivers	\$62,314	\$57,121
Caregiver Case Management	\$53,047	\$0
Caregiver Legal Services (Regional AAA Service)	\$49,083	\$0
Crisis Services for the Elderly (Regional AAA Service)	\$46,381	\$0
Friendly Reassurance	\$41,779	\$24,444
Nutrition Education	\$39,917	\$39,917
Vision Services	\$33,060	\$0
Volunteer Respite Care	\$26,270	\$6,588
Counseling	\$22,311	\$10,270
Independence by Choice Program (Regional AAA Service)	\$18,781	\$3,269
Health Access Hub (Regional AAA Service)	\$18,157	\$7,717
Gap Filling Services/Special Needs (Regional AAA Service)	\$15,128	\$0
Caregiver Counseling	\$10,089	\$2,636
Health Screening	\$6,141	\$0
Private Duty Nursing (Regional AAA Service)	\$2,958	\$2,912
Out of Home Respite Care	\$2,940	\$0
Overnight Respite Care	\$2,870	\$0
Totals	\$112,050,274	\$44,740,389
Totals for Service w Rurality Data Collection	\$109,940,271	\$44,740,389
Percentage Rural Expenditures		40.7%
*Data is not collected on client rurality		

Source: National Aging Profile Information System (NAPIS). Services and expenditures included in this analysis are those for which client rural status is reported.

Expenditure amounts are considered preliminary until final year-end reporting is closed.

Section 307(a)(10)

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

Section 307(a)(14)

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

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

60+ Population in Michigan	60+ Population below 150% of poverty	Minority 60+ Population below 150% of poverty with language other than English spoken at home
2,166,155	370,580	17,078

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

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

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

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

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

For FY 2021, AASA has initiated a diversity, equity, and inclusion (DEI) committee to enhance DEI efforts within the agency and in the external Michigan aging network. Specific to service delivery for FY 2021, AASA staff will review Operating Standards for Service Programs and Operating Standards for Area Agencies on Aging to identify opportunities to integrate DEI in AASA policy. Examples of initial areas of focus include reviewing RFP and contract requirements to increase contracting with a diverse pool of service providers; client data collection to better understand our service levels to traditionally under-served populations and target populations; and providing enhanced technical assistance to service providers from traditionally underserved communities.

Section 307(a)(21)

A profile of Michigan’s American Indian elder population may be found in the MICHIGAN’S OLDER ADULT POPULATION section of this state plan (refer to page 7). The strategy for working with American Indian elders is included in Goal 1, Objective 1.2. and Goal 2, Objective 2.1.

AASA provides assurance that its minimum operating standards for AAAs require that there is special emphasis placed on reaching the American Indian elder population, and that access to outreach is also made available. AAAs are required to develop, implement, and evaluate outreach efforts which identify individuals eligible for assistance under this Act, and to inform them and their caregivers of older individuals of assistance available. The table below provides data on services to American Indian elders for FY 2019 (the most recent completed fiscal year).

Michigan Population Age 60+	% Michigan Age 60+ Population Reported as American Indian	FY 2019 All SPR Service Client Count (w/ reported race)	% of All FY 2019 SPR Clients Reported as American Indian
2,421,416	0.04%	117,382	0.07%

A central component of AASA's DEI initiative is to enhance service targeting, delivery, and coordination efforts. AASA is working with the state units on aging in Minnesota and Wisconsin on best practices and integration activities between Title III and Title VI programming. This process will include both specific strategies for OAA programming (e.g., nutrition services) and also as a component of AASA's DEI effort that will look at not only specific programming but also the requirements AASA sets governing aging network operations, including RFPs, service contracting, technical assistance, service outreach, etc. – the goal being to broaden the service delivery system to a more inclusive and diverse population of service providers, grantees and clients. This will also build upon AASA efforts to expand caregiver programming to the American Indian communities. One recent example is the printing of the “Savvy Caregiver Program in Indian Country” for distribution to tribal nations.

Section 307(a)(27)

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

(B) Such assessment may include—

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

Section 307(a)(28)

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

See Section 306(a)(17) above

Section 307(a)(29)

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

AASA's senior deputy director and management team approve the area plan requirements for emergency management by AAAs. Additionally, during COVID-19 response, the AASA senior deputy director created a weekly COVID-19 management meeting to coordinate emergency management activities at the state and AAA level. More broadly, the AASA senior deputy director designates representatives of the office to the State's Emergency Operation Center. Those staff report back to the director and management team on SEOC activities and help coordinate AASA's participation in those activities.

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

AASA is also a partner in an “age friendly public health initiative” funded by Hartford Foundation and led by the Michigan Public Health Institute (MPHI). Under this initiative MPHI is working with AASA and local Public Health to assess emergency preparedness as related to older adults and to develop a tool kit for supporting age friendly emergency preparedness response.

Section 705(a) ELIGIBILITY —

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

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

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

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

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

AASA assures that in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

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

The Michigan Commission on Services to the Aging hosts four to five public hearings each year to better understand issues facing older Michigan residents, their caregivers, and the service provider community. Another important vehicle for public input is the State Advisory Council on Aging (SAC) comprised of older adults and others interested in services provided under the state plan and in the aging network. Appointed by the Commission, the SAC offers recommendations on a wide variety of program and policy matters. AASA is also an active participant in planning the annual Older Michiganians Day – a day of legislative senior advocacy attended by more than 1,000 older adults throughout the state.

Additionally, in FY 2020 AASA sent out statewide survey as part of the state plan process to gather feedback on service needs, service availability and service access issues. AASA received 1,199 responses to the survey and has incorporated that data into the draft FY 2021-23 state plan. AASA held 17 key informant interviews, 16 community conversations in senior centers, community centers, nutrition sites across each of the planning and service area across the state to gather public input on services carried out under the plan. Statewide community conversations include significant participation by service recipients and caregivers.

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

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

As a recipient of a FY2020 ACL COVID-19 ADRC grant, AASA is conducting a gap analysis of the survey needs of older adults and individuals with a disability. Additionally, AASA is a recent recipient of external grant funding to support the development of a statewide toll-free information and assistance number for aging network to optimize service referrals, including referrals related to elder rights and benefits.

As Michigan moves to continue to integrate care for those dually eligible for Medicare and Medicaid along with a health exchange, the MMAP, AAAs, and ADRCs will be identify potential barriers to information and assistance. AASA will then implement strategies to ensure access to benefit information, and target information and assistance services to the most socially and economically vulnerable consumers.

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

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

AASA will continue to use the existing process to designate local ombudsman entities and in accordance with Michigan Operating Standards for Service Programs requirements under standard C-11: Long Term Care Ombudsman/Advocacy. Current requirements authorize the State Long-Term Care Ombudsman to employ the requirements in clauses (i) through (iv) of section 712(a)(5)(C).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order.

AASA assures compliance with all requirements contained in part six (6) of Section 705(a)(7). State laws – the Social Welfare Act (MCL 400.11 et seq) and Michigan’s Financial Exploitation statute (MCL 750.174a) – and AASA statewide operating service standards mandate coordination of elder abuse prevention and intervention activities with Adult Protective Services and law enforcement. To this end, AASA administers a coordinated elder abuse prevention effort in partnership with AAAs, Adult Protective Services, Michigan Department of Attorney General, Prosecuting Attorneys Association of Michigan, and the State Long-Term Care Ombudsman Program.

Over the course of this State Plan, this coordinated approach will lead to expanded public awareness of abuse and exploitation, as well as to victims’ access to services and resources. AASA and partner agencies strictly follow procedural and statutory client consent and confidentiality policies when referring victims and at-risk individuals to services and programs. The release of confidential information is only allowed if within the exceptions cited in the Older Americans Act.

AASA administers a coordinated elder abuse prevention effort in partnership with AAAs, Adult Protective Services, Michigan State Police, Michigan Department of Attorney General, Prosecuting Attorneys Association of Michigan, and the State Long-Term Care Ombudsman Program. Over the course of this State Plan, this coordinated approach will lead to expanded public awareness of abuse and exploitation, as well as to victims' access to services and resources. AASA is also an active member of the Michigan Office of Attorney General's Elder Abuse Task Force. The task force is focused on a variety of issues and has the following committees: Public Awareness, Training and Education, Courts and State Court Administrator's Office, Law Enforcement, Policy and Legislation Multi-Disciplinary Team Development, and Data Collection and Research.

ATTACHMENT C

Intrastate Funding Formula

On July 18, 2018 the Michigan Commission on Services to the Aging (CSA) approved maintaining the current factors and weights of the Michigan Intrastate Funding Formula (IFF), including the geographic base and to use more frequently updated Census data from the American Community Survey. Additionally, the CSA maintained the practice of reviewing the IFF and applying updated Census data at five-year intervals. The CSA directed AASA to phase in the impact of the IFF update on funding allotments over a two-year period (i.e., FYs 2019 and 2020). The next CSA review of the IFF is scheduled for FY 2024 funding allotments.

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

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

The 2016 Census was used to calculate funding available to each PSA. Each PSAs percentage of the state’s weighted population is calculated by adding:

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

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	2,166,155	=	2,166,155	80.66
Low-income	1.00	x	370,580	=	370,580	13.80
Nonwhite	.50	x	297,660	=	148,830	5.54
TOTAL				=	2,685,565	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.

In Michigan, the Nutrition Services Incentive Program (NSIP) are allocated to each planning and services area (PSA) according to each PSAs reported NAPIS meal counts. For example, if a PSA’s verified NAPIS state program meal (SPR) NSIP meal count total represents 10% of the state’s verified SPR NSIP total, that PSA receives 10% of the state’s fiscal year NSIP allotment

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.

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

2016 WEIGHTED AND GEOGRAPHIC FORMULAS

AAA by Region	Population 100% Age	Population 150% of Poverty	Population 50% of Nonwhite	Weighted Funding Formula	AAA Square Miles	Geographic Formula
1A	144,210	48,750	55,970	9.27%	154	0.27%
1B	629,450	85,420	38,153	28.04%	3,922	6.90%
1C	206,275	34,595	13,318	9.46%	460	0.81%
02	70,560	11,895	1,425	3.12%	2,058	3.62%
3A	49,910	7,730	2,380	2.23%	562	0.99%
3B	45,255	8,270	1,808	2.06%	1,266	2.23%
3C	24,135	4,485	398	1.08%	1,012	1.78%
04	69,940	12,875	3,388	3.21%	1,683	2.96%
05	126,895	21,015	8,693	5.83%	1,836	3.23%
06	91,575	12,485	4,365	4.04%	1,711	3.01%
07	165,275	30,415	5,353	7.49%	6,605	11.62%
08	202,720	34,590	6,930	9.09%	6,008	10.57%
09	74,495	14,490	733	3.44%	6,816	11.99%
10	85,210	12,650	948	3.68%	4,724	8.31%
11	84,540	17,020	1,885	3.85%	16,411	28.87%
14	95,720	13,890	3,088	4.20%	1,614	2.84%
Totals	2,166,165	370,580	148,830	100.00%	56,842	100.00%

AGING AND ADULT SERVICES AGENCY
 AREA AGENCY SERVICE ALLOTMENTS
 FOR THE PERIOD 10/1/2020-9/30/2021
 ESTIMATED COST ALLOTMENT WORKSHEET

rev 3/13/2020

Area Agency	Intra-State Formula	Geographic Base	IIIB Supportive Services	IIIC1 Congregate Meals	IIIC2 Home Delivered Meals	IIIE Natl. Family Caregiver	IIID Preventive Health	VIEAP Elder Abuse Prev.	VIVA LTC Ombudsman	St Access Services	St-In Home Services	St Cong Meals	St Home Del'd Meals	St Alternative Care	St-Aging Network Svc	St Caregiver Support	St Respite Care	St Merit Award Trust	Michigan St Omb (MSO)	St Nursing Hm Omb (St. NHO)	Fed Adm	State Adm	Care Mgt
1A	0.0927	0.0027	879,169	1,144,889	581,543	411,327	67,165	13,758	14,656	60,629	1,080,950	20,312	1,015,224	238,799	94,545	34,380	80,080	278,649	20,691	52,855	337,255	58,295	719,734
1B	0.2804	0.0680	2,705,990	3,523,848	1,789,927	1,266,020	206,727	42,346	18,728	186,610	3,327,050	62,518	3,124,751	734,998	291,000	105,818	194,530	857,652	27,308	73,035	1,038,034	179,425	863,653
1C	0.0947	0.0081	902,235	1,174,927	596,800	422,118	68,927	14,119	11,792	62,220	1,109,310	20,845	1,041,859	245,064	97,026	35,282	81,525	285,960	16,037	38,661	346,103	59,824	503,822
02	0.0312	0.0362	322,976	420,592	213,638	151,107	24,674	5,054	7,720	22,273	397,103	7,462	372,957	87,726	34,733	12,630	45,234	102,366	9,420	18,480	123,895	21,415	215,913
3A	0.0223	0.0099	218,590	284,657	144,591	102,269	16,699	8,551	10,088	15,074	268,760	5,050	252,418	59,373	23,507	8,548	38,695	69,281	13,268	30,216	83,853	14,494	137,109
3B	0.0206	0.0223	212,018	276,099	140,243	99,195	16,197	0	0	14,621	260,679	4,898	244,829	57,588	22,800	8,291	38,283	67,198	0	0	81,332	14,058	142,569
3C	0.0108	0.0178	115,842	150,854	76,626	54,197	8,850	0	0	7,989	142,429	2,676	133,769	31,465	12,458	4,530	32,257	36,716	0	0	44,438	7,681	80,228
04	0.0321	0.0296	326,428	425,088	215,922	152,722	24,938	5,108	7,624	22,511	401,348	7,542	376,944	88,664	35,104	12,765	45,451	103,460	9,264	18,004	125,220	21,644	215,913
05	0.0583	0.0323	576,395	750,605	381,267	269,671	44,034	9,020	8,512	39,749	708,686	13,317	665,595	156,560	61,985	22,540	61,111	182,686	10,707	22,405	221,109	38,219	359,908
06	0.0404	0.0301	405,344	527,855	268,122	189,643	30,967	6,343	7,760	27,953	498,375	9,365	468,072	110,089	43,590	15,851	50,395	128,472	9,485	18,678	155,492	26,877	215,913
07	0.0749	0.1182	797,824	1,038,959	527,736	373,269	60,951	12,485	12,168	55,019	980,936	18,433	921,290	216,704	85,797	31,199	74,984	252,867	16,648	40,524	306,050	52,901	431,825
08	0.0909	0.1057	941,156	1,225,611	622,545	440,328	71,900	14,728	12,488	64,904	1,157,164	21,744	1,086,803	255,636	101,211	36,804	83,963	298,295	17,168	42,110	361,033	62,405	431,825
09	0.0334	0.1199	408,003	531,318	269,881	190,888	31,170	6,385	9,008	28,137	501,645	9,426	471,143	110,821	43,876	15,955	50,561	129,315	11,513	24,863	156,512	27,053	431,825
10	0.0368	0.0831	411,941	536,446	272,486	192,730	31,471	6,446	8,448	28,408	506,487	9,517	475,690	111,891	44,300	16,109	50,808	130,563	10,603	22,088	158,023	27,314	431,825
11	0.0385	0.2887	585,755	762,793	387,458	274,050	44,749	9,166	12,576	40,395	720,193	13,533	676,402	159,102	62,992	22,906	61,698	185,653	17,311	42,546	224,699	38,839	431,825
14	0.0420	0.0284	419,178	545,870	277,273	196,116	32,023	6,560	8,432	28,907	515,385	9,685	484,047	113,857	45,078	16,392	51,262	132,857	10,577	22,009	160,799	27,794	215,913
TOT	1.0000	1.0000	10,228,844	13,320,409	6,766,057	4,785,649	781,442	160,071	150,000	705,400	12,576,500	236,323	11,811,793	2,778,346	1,100,000	400,000	1,040,837	3,241,950	200,000	466,475	3,923,846	678,238	5,829,800

In consultation with and advice of the U.S. Census Bureau, AASA utilizes the five-year American Community Survey (ACS) as the “best available data” for use by the IFF. The most current version of the five-year file available at the time of the most recent review of the IFF by the Michigan Commission on Services to the Aging in 2018 was the 2012-2016 ACS file. The next scheduled review of the IFF is in 2023. At that time, AASA will provide the most current version of the 5-year ACS to the CSA for consideration.

ATTACHMENT D

Aging and Adult Services Agency Directory

AASA staff played a key role in the development of the State Plan, to take time to acknowledge the hard work they have done below are the names of those individuals.

Executive Office

- Alexis Travis
- Brenda Ross
- Scott Wamsley
- Jen Hunt

Operations & Aging Network Support Division

- Amy Colletti
- Christy Livingston

Supportive Adult Services Section

- Cynthia Farrell
- Jane Alexander
- Dawn Jacobs
- Michelle McGuire
- Rachel Richards
- Rachel Telder

Technical Assistance & Quality Improvement Section

- Steve Betterly
- Cindy Albercht
- Emma Buycks
- Annette Gamez
- Laura McMurtry
- Becky Payne

Health Promotion & Active Aging Section

- Sophia Hines
- Sherri King
- Tari Muñiz
- Sally Steiner
- Lauren Swanson
- Julia Thomas

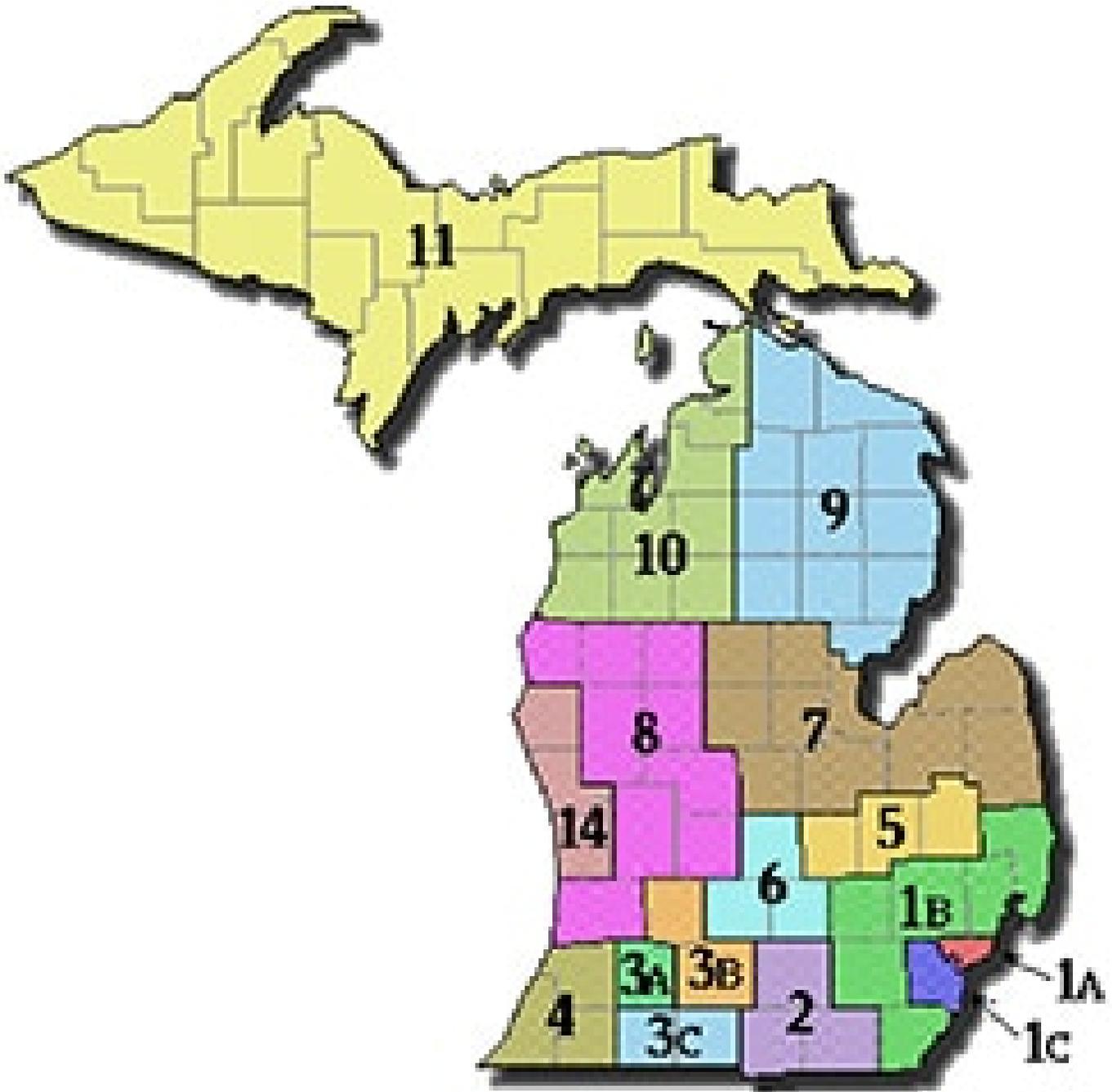
Financial Quality & Grant Support Section

- Amy Colletti
- Gloria Lanum
- Ashley O'Neil
- Terri Simon

ATTACHMENT E

Planning Services and Service Areas

PLANNING AND SERVICE AREAS – AREA AGENCIES ON AGING REGIONS



PLANNING AND SERVICE AREAS – AREA AGENCIES ON AGING

- Region 1-A DETROIT AREA AGENCY ON AGING, 313.446.4444, serving cities of Detroit, the Grosse Pointes, Hamtramck, Harper Woods, Highland Park
- Region 1-B AREA AGENCY ON AGING 1-B, 248.357.2255, serving Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw Counties
- Region 1-C THE SENIOR ALLIANCE, INC., 734.722.2830, serving all of Wayne County, excluding areas served by Region 1-A
- Region 2 REGION 2 AREA AGENCY ON AGING, 517.592-1974, serving Hillsdale, Jackson, Lenawee Counties
- Region 3-A REGION 3-A AREA AGENCY ON AGING, 269.373.5147, serving Kalamazoo County
- Region 3-B REGION 3-B AREA AGENCY ON AGING, 269.966.2450, serving Barry, Calhoun Counties
- Region 3-C BRANCH/ST. JOSEPH AREA AGENCY ON AGING III-C, 517.278.2538, serving Branch, St. Joseph Counties
- Region 4 REGION IV AREA AGENCY ON AGING, INC., 269.983.0177, serving Berrien, Cass, Van Buren Counties
- Region 5 VALLEY AREA AGENCY ON AGING, 810.239.7671, serving Genesee, Lapeer, Shiawassee Counties
- Region 6 TRI-COUNTY OFFICE ON AGING, 517.887.1440, serving Clinton, Eaton, Ingham Counties
- Region 7 REGION VII AREA AGENCY ON AGING, 989.893.4506, serving Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola Counties
- Region 8 AREA AGENCY ON AGING OF WESTERN MICHIGAN, INC., 616.456.5664, serving Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newago, Osceola Counties
- Region 9 REGION IX AREA AGENCY ON AGING, 989.356.3474, serving Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Presque Isle, Roscommon Counties
- Region 10 AREA AGENCY ON AGING OF NORTHWEST MI, INC., 231.947.8920, serving Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford Counties
- Region 11 UP AREA AGENCY ON AGING, 906.786.4701, serving Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties
- Region 14 SENIOR RESOURCES, 231.739.5858, serving Muskegon, Oceana, Ottawa Counties

ATTACHMENT F

List of Acronyms

LIST OF ACRONYMS

4AM: Area Agency on Aging Association of Michigan
AAA: Area Agency on Aging
AASA: Aging & Adult Services Agency
AARP: American Association of Retired Persons
ACL: Administration for Community Living
ADRC: Aging & Disability Resource Collaboration
AIP: Annual Implementation Plan
APS: Adult Protective Services
BIPOC: Black, Indigenous, & People of Color
CCTP: Community-Based Care Transitions Program
CMH: Community Mental Health
CNA: Certified Nursing Assistant
CSA: Commission on Services to the Aging
CQI: Continuous Quality Improvement
DCW: Direct Care Worker
DEI: Diversity, Equity & Inclusion
DSP: Direct Service Providers
DTMB: Department of Technology, Management and Budget
EAP: Elder Abuse Prevention State Fund
FAP: Food Assistance Program
FY: Fiscal Year
HHA: Home Health Aid
HHP: Home Healthcare Professional
I/A: Information & Assistance
IFF: Intrastate Funding Formula
LGBTQ+: Lesbian, Gay, Bi-Sexual, Transgender, Queer
LTC: Long Term Care
LTCSS: Long Term Care Supports & Services
MDHHS: Michigan Department of Health & Human Services
MIPPA: Medicare Improvements for Patients & Providers
MMAP: Medicare/Medicaid Assistance Program
MPHI: Michigan Public Health Institute
MSA: Medical Services Administration
MYP: Multi-Year Plans
NFCSP - Title III-E: National Family Caregiver Support Program
OAA: Older Americans Act
OAS: Older Adult Services
PACE: Program of All-inclusive Care for the Elderly
PATH: Personal Action Toward Health
PREVNT: Elder Abuse Prevention State Fund
PSA: Planning & Service Area
RFP: Request for Proposals
SAC: State Advisory Council on Aging
SAGE: Michigan Elder Justice Initiative Services & Advocacy for GLBT Elders
SCSEP: Senior Community Services Employment Program
SEP: Senior Medicare Patrol
SHIP: State Health Insurance Assistance Programs
SUA: State Unit on Aging

