



MICHIGAN

STATE PLAN ON AGING

2027-2029



Draft State Plan on Aging 2027-2029

Table of Contents

EXECUTIVE SUMMARY 3

VERIFICATION OF INTENT..... 5

CONTEXT..... 6

 Michigan Demographics 6

 Aging Network Overview 8

 Needs Assessment Overview 13

 Definition of Greatest Economic Need (GEN)..... 18

 Definition of Greatest Social Need (GSN) 18

STEWARDSHIP and OVERSIGHT 19

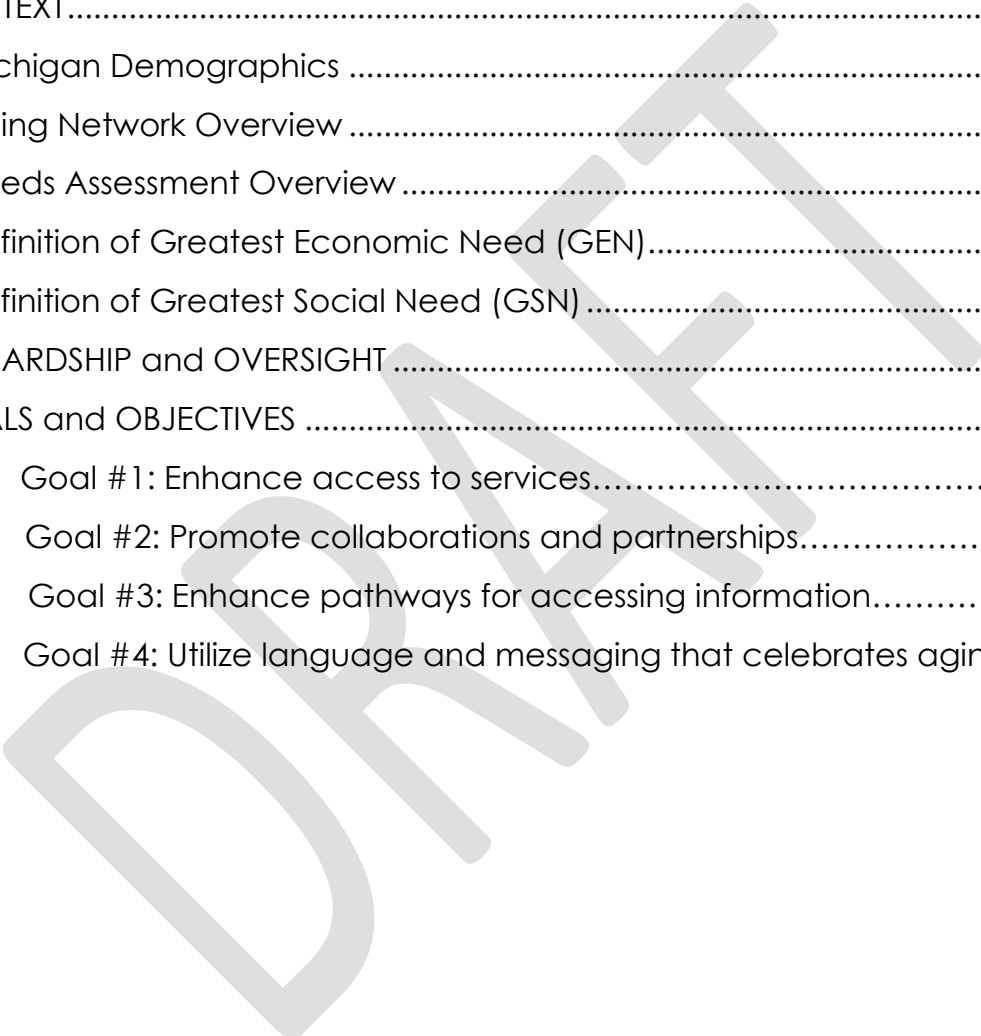
GOALS and OBJECTIVES 24

 Goal #1: Enhance access to services..... 24

 Goal #2: Promote collaborations and partnerships..... 26

 Goal #3: Enhance pathways for accessing information..... 29

 Goal #4: Utilize language and messaging that celebrates aging..... 31



EXECUTIVE SUMMARY

Every three years, as required under the Older Americans Act (OAA), the state of Michigan develops a new State Plan on Aging (SPOA). The state plan serves to: 1) set priorities for the state's aging services network and partners, and 2) coordinate efforts to expand access to long-term services and support (LTSS) that older adults, caregivers, and the aging network consider most critical. A needs assessment informs the state plan, ensuring it reflects the current challenges and opportunities facing older adults and those who support them.

Michigan is home to approximately 2.7 million people aged 60 and over, with an estimated 1.6 million people serving as unpaid family caregivers for a parent, spouse, or other family member. Michigan's 2027-2029 SPOA lays out a clear roadmap to improve the quality of life for older adults, families, and caregivers. By setting targeted goals, objectives, and strategies, Michigan's State Unit on Aging (SUA) and its partners aim to improve older adults' access to services and promote well-being, independence, and a sense of fulfillment.

What If...

"Aging was framed and supported as the journey of life, beginning from time of birth?"

Dona Wishart

The SUA is housed in the Bureau of Aging, Community Living, and Supports (ACLS). The role of the ACLS Bureau, located within Health Services at the Michigan Department of Health and Human Services (MDHHS), is to fund, monitor, and provide technical assistance and support for the aging network's 16 Area Agencies on Aging (AAA) and oversee implementation of the OAA and Older Michiganders Act.

As Michigan's population continues to age, the ACLS Bureau recognizes the critical importance of investing in services and support for older adults and caregivers to meet the growing demand. This calls for stronger partnerships and increased collaboration across multiple sectors. The ACLS Bureau functions within and adjacent to multiple systems and acknowledges that successful organizations operate with a systems-based approach. This plan aligns with important assessment, planning, and evaluation work such as the State Plan for Independent Living, State Health Assessment, Michigan Developmental

Disabilities Council Five Year Plan, the state's Social Determinants of Health Strategy, and Michigan's Age Friendly Plan, reflecting a strong commitment to support all Michiganders as they age.

Michigan's SPOA draws direction from a comprehensive needs assessment of older adults, caregivers, and the aging network as well as priorities identified in workgroups with AAAs, tribal partners, and ACLS Bureau staff. The federal Administration for Community Living (ACL) also directs states to incorporate these key topic areas into state plans:

- OAA Core Programs
- Greatest Economic Need and Greatest Social Need
- Expanding Access to Home and Community-based Service (HCBS)
- Caregiving

The ACLS Bureau will collaborate with the aging network, local organizations, and the public to meet the following goals that emerged from the needs assessment and goal setting process:

Goal 1: Enhance access to services for older adults and caregivers to support their health, independence, and social connectedness.

Goal 2: Promote collaborations and partnerships across MDHHS, AAAs, Title VI tribal grantees, and other agencies and organizations.

Goal 3: Enhance pathways for accessing information, so that older adults and their support network, including those of greatest economic need and greatest social need, are aware of resources.

Goal 4: Utilize language and messaging that celebrates aging and communicates the strength and value of older adults and those who provide care.

ACLS Bureau and the aging services network commit to these goals to ensure older adults can remain healthy, safe and independent as they age in their setting of choice.

Special Thanks

The ACLS Bureau would like to extend a special thank you and recognition to the State's 16 Area Agencies on Aging, Title VI Tribal Grantees, The Inter-Tribal Council of Michigan, and other aging network partners for supporting outreach efforts for state plan development, including co-hosting listening sessions for caregivers, older adults, and community leaders to ensure their feedback is woven into regional area plans and the State Plan.

VERIFICATION OF INTENT

This State Plan on Aging is submitted on behalf of Governor Gretchen Whitmer for the three-year period beginning October 1, 2026, through September 30, 2029. The plan includes information required in State Unit on Aging Directors Letter #01-2025, namely:

- A narrative describing Michigan's planned efforts on behalf of older adults, including an Executive Summary, Context, Stewardship and Oversight, and Goals, Objectives and Outcomes.
- State Plan Assurances and Required Activities.
- Information Requirements related to development and implementation of the State Plan.
- A description of Michigan's intrastate funding formula;

As the designated State Unit on Aging, the ACLS Bureau, under the Michigan Department of Health and Human Services, is granted authority to develop and administer the State Plan and is responsible for coordination of all state activities related to purposes of the Older Americans Act of 1965, as amended, and the Older Michiganians Act of 1981. The Michigan Commission on Services to the Aging, a governor-appointed body, is granted authority for 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 plan for FY 2027-2029.

Signature: _____

Date: _____

Meghan E. Groen
Chief Deputy Director
Health Services
Michigan Department of Health and Human Services

Signature: _____

Date: _____

Robert Schlueter
Chair, Michigan Commission on Services to the Aging

CONTEXT

Michigan Demographics

According to the 2024 US Census American Community Survey, Michigan's total population is 10,140,459, and Michigan's population is aging faster than many other states. In 2010, Michigan's population aged 60 and older stood at 1.9 million*. By 2024, that number grew to approximately 2.7 million people, or 26.4% of the state's population*. Michigan is also ranked 13th nationally in median age which has risen from 40.1 in 2020 to 40.4 in 2024.

Additional analysis from the Michigan Center for Data and Analytics (MCDA) based on MDHHS life expectancy data indicates that at least four dynamics have contributed to pronounced aging in Michigan:

1. Relative to the nation, Michigan had even higher total fertility rates (average number of children per woman) in the 1940s through the 1960s.
2. Michigan and the nation dipped below replacement-level fertility in the 1970s. Michigan total fertility rates have remained below the nation most years since then.
3. Michigan had net out-migration most years since the 1970s.
4. Michigan life expectancy increased from the 1900s to its current peak in 2019 (78.2 years). The U.S. Census projects that Americans will have longer life expectancies in the coming decades, despite a temporary reversal of that trend due to COVID-19 ([2023 National Population Projections Datasets](#)).

Although millennials are now the largest birth cohort nationwide, baby boomers (those born between 1946 and 1964) remain the largest birth cohort in Michigan as of 2023. These baby boomers will continue aging into their 70s and 80s through the 2040s.

- The oldest baby boomers will turn age 85 in 2031.
- In 2025, MCDA projects about 218,000 people aged 85 and older in Michigan. By 2040 that number could exceed 445,000 people.
- Michigan's largest birth cohort (1957) won't turn age 85 until 2042.

Additional Demographic and Social Characteristics

- 54% of Michigan's adults over age 60 are female*.
- 83% of Michigan adults over age 60 identify as white, 11% identify as African American, 2% identify as Asian, 0.3% identify as American Indian or Alaska Native, and 3.4% identify as being two or more races**.
- About 2.3% of Michigan adults aged 60 or older identify as Hispanic or Latino**.
- Michigan is home to 12 federally recognized Native American Tribes.
- Michigan has the second-largest U.S. population of Middle Eastern and North African residents. Approximately 310,000 Michigan residents self-reported their race as Middle Eastern and North African as a write-in response on the 2020 census form ([2020 Census Detailed Demographic and Housing Characteristics - File A](#)).
- Nearly 7% of Michigan adults aged 65 and older speak a language other than English at home, and 3.6% speak English less than "very well" **.
- Among adults aged 60 and over in Michigan, more than 91% graduated from high school, 32% have had some college, and 28% have a bachelor's degree or higher**.
- Roughly 13% of Michigan residents – including over 11% of older adults in the state – live in poverty**.

Household Characteristics of Older Adults

- Forty-three percent of Michigan householders aged 65 or older live in a married-couple family. Forty-four percent live alone***.
- Nearly 95% of Michigan's adults age 60 or older live in the same home they lived in a year ago**.
- Less than a quarter (22.5%) of adults over the age of 60 who own their homes pay 30% or more of their monthly income on housing costs, whereas more than half of adults 60 and over who rent (53.1%) pay 30% or more of their monthly income on rent**.

* 2024 American Community Survey one-year estimates, Table S0101, U.S. Census Bureau

** 2024 American Community Survey one-year estimates, Table S0102, U.S. Census Bureau

*** 2024 American Community Survey one-year estimates, Table B25011, U.S. Census Bureau

Aging Network Overview

For more than four decades, Michigan's SUA has had the responsibility, under the Older Americans Act (OAA) of managing a statewide infrastructure that helps older adults aged 60 and older remain in the community setting they call home. MDHHS Health Services combines Michigan's Medicaid Program, the SUA and community-based services for adults with physical and intellectual/developmental disabilities, serious mental illness, and substance use disorders under one umbrella. This structure integrates MDHHS teams that focus on aging and long-term care issues and allows Health Services to develop innovative policies that benefit Michigan and its residents. This includes home and community-based services (HCBS) that provide opportunities for individuals to receive services in their own home or community rather than institutions or other settings.

In addition to the federal OAA as amended in 2020, the Older Michiganians Act of 1981 provides a broad policy and program framework for serving older residents in the state. The statewide aging network infrastructure is managed by the ACLS Bureau and includes the Commission on Services to the Aging (CSA) and the State Advisory Council on Aging (SAC) at the state level; 16 regional planning and service areas with each supported by an AAA; and over 1,300 local service providers that offer essential community-based supports and services. The ACLS Bureau also provides grant management and oversight of the State Long Term Care Ombudsman Program (SLTCOP), which is housed at the Michigan Elder Justice Initiative. The collective aim of the aging network is to help older Michigan residents live dignified, independent, and purposeful lives.

Commission on Services to the Aging

The CSA is a 15-member, bipartisan body appointed by the governor that advises the governor, the Michigan legislature, and the ACLS Bureau on matters relating to 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. A majority are aged 60 and older, and no more than eight members are from the same political party.

Working in close collaboration with the ACLS Bureau, the CSA approves funds for services statewide; participates in preparation of the multi-year state plan; determines aging policy; serves as an advocate in government decisions related to older adults; holds public hearings across the state; and appoints the SAC to advise state-level decision-making.

CSA members:

Robert Schlueter, Chair – Leland
Mark G. Bomberg – Gladstone
Jimmy Bruce – Escanaba
William Bupp – DeWitt
Nancy Duncan – Lansing
Walid A. Gammouh – Macomb
Arjan Kallou – Troy
Jennifer Lepard – Royal Oak

Guillermo Lopez – Lansing
Tene-Sandra Milton-Ramsey – Detroit
Joy Murphy – Kentwood
Michael L. Pohnl – East Lansing
Dennis Smith – Marquette
Shirley Tuggle – Battle Creek
Kristie E. Zamora – Flint

State Advisory Council on Aging

The volunteer SAC members represent the interests of older residents in the state by studying key issues, writing reports and advising the CSA and the SUA director on matters impacting older adults. To reflect the demographic and geographic diversity of Michigan's older population, appointments are made with consideration based on where the applicants live and current SAC openings in one of the 16 AAA regions.

SAC members:

Shirley Tuggle – SAC Chairperson – Battle Creek
Marjorie Hobe – SAC Co-Vice Chairperson – Horton
Elizabeth Adie Thompson – SAC Co-Vice Chairperson – Ypsilanti
Angel – Beverly Hills
Adam Burck – Buchanan
Susan Cleghorn – Pentwater
Colleen Daniels – Clarkston
Richard Douglass – Tawas City
Elizabeth Eurich – Bay City
Othman Fathel – Dearborn
Angela Gabridge – Grosse Pointe Park
Bernadette Hudgins – Eastpointe
Elizabeth Laster-Miles – Southfield
Diana Maddox – Lansing
Kenneth Mahoney – Montague
James McGuire – Pleasant Ridge
Margaret O'Malley – Adrian
Toni Phillips – Sault Ste. Marie
MaryAnne Shannon – Sault Ste. Marie
Joseph Sucher – Clarkston
Jo Ver Beek – Hamilton
Lori Wells – Traverse City
Rita Morad – Shelby Township
William Jackson-Van Buren Township
Ex-Officio: Robyn Ford, Social Security Administration – Lansing

ACLS Bureau

The ACLS Bureau, which manages the day-to-day functions of the SUA, consists of four divisions, all focused on home and community-based services and long-term care needs of older adults and adults with disabilities.

The **Operations & Aging Network Support (OANS)** Division performs and oversees functions including management of the Aging Information System; internal agency and external grantee budget and financial grant management operations; federal and state program reporting, research, and planning; training; and continual quality improvement efforts. The division consists of the Aging Network Support Section and the Financial Quality and Grant Support (FQGS) Section. These sections provide program and finance oversight, monitoring, payment requests, reporting, and technical assistance to Michigan's 16 AAAs, other agency grantees, and more than 1,300 service providers in Michigan. The division also works with the Commission on Services to the Aging, seeking their approval for Area Plans, statewide operating standards for the AAAs and their providers who serve the aging population under the Older American's Act.

The **Aging and Community Services Division** oversees the Community Options Support and Services Section, the Health Promotion and Active Aging Section, and the Home and Community-Based Services Section which conduct policy, program development, research, grant management, and program management for a variety of programs and services. The division is responsible for the oversight, policy, and operations of the MI Choice Waiver program, Community Transition Services, and Brain Injury Services designed to provide services to the state's older adults and those with disabilities. This division is also responsible for health promotion-related programs for older adults, including Alzheimer's Disease and Related Disorders (ADRD), direct care workforce-related matters, evidence-based disease prevention programs, nutrition programming, senior volunteer programs, and legal assistance development. It is also

What If...

"Aging was supported through education across the lifespan and influenced by family and the education system to include focus areas that might include: nutrition, exercise, health monitoring, financial planning for long life, the study of longevity and planning for a long, healthy, lifespan?"

Dona Wishart

responsible for the MI Options system, Michigan's No Wrong Door network, which includes Medicare counseling through the State Health Insurance Assistance Program and person-centered options counseling for long-term services and supports, as well as the Senior Medicare Patrol program. The system includes a centralized call center and a referral system linking to a network of grantee and partner organizations, including Area Agencies on Aging and Centers for Independent Living.

The **Integrated Care Division** administers MI Coordinated Health (MICH), which is health plan coverage for those who qualify for both Medicare and Medicaid. It covers all Medicare and most Medicaid benefits, excluding certain behavioral health services and some community transition services, but including long-term services and supports. Members in this plan will not have co-pays or deductibles for in-network services, except in some instances for Medicare Part D drugs. MICH program staff provide program oversight and quality assurance while working to ensure that enrollment and systems implementations that drive the program run smoothly. Health plan audits and performance measure monitoring are also core program area functions, as is program reporting to the Centers for Medicare & Medicaid Services (CMS). The Integrated Care Division also administers the Program of All Inclusive Care for the Elderly (PACE). This program provides comprehensive services to older adults who are at least 55 years old, meet the Nursing Facility Level of Care criteria for Long-Term Care (LTC), and can live safely in the community.

The **Long-Term Care Services Division** (LTCS) includes the Home Help Section, the Omnibus Reconciliation Act/Pre-Admission Screen and Annual Resident Review (OBRA/PASARR) Section, and the Long-Term Care Operations Support Section. This division is responsible for ensuring the effective operation of various MDHHS long-term care programs, including Home Help, Home Health, OBRA/PASRR, nursing facility closures management, Civil Monetary Penalty program, and hospice services, and represents the department on issues related to LTC services provided to Medicaid recipients within the state. This division is responsive to choices of individuals who need LTC services and provides information about and access to high-quality, efficient, and effective supports and services administered by MDHHS. The division also carries out the mission of promoting innovation in Michigan's LTC system by providing leadership and by collaborating with stakeholders to support planning, policy development, and funding for Michigan's LTSS.

Tribal Elder Programs

In support of the native elders across the state, Michigan has eleven OAA Title VI Tribal Grantees. The ACLS Bureau, with support from the MDHHS Tribal Government Services and Policy office, regularly engages with tribal leadership, Title VI Directors, and other native elder service providers. This has included formal consultations and informal information sharing via email and native elder network virtual meetings. Tribal nutrition providers are also invited to participate in the annual Nutrition and Wellness Summit hosted by the Bureau.

DRAFT

Needs Assessment Overview

The findings of the statewide needs assessment underpin the development of the state's aims and priorities in the aging space over the course of the next three years. These findings reflect the complex challenges in service delivery as well as the opportunities for improving the reach and impact of the aging network, as informed by those who receive and/or deliver aging services. To identify critical gaps between current service conditions and the state's strategic goals, the ACLS Bureau engaged key stakeholders and partners directly by hosting community conversations, key informant interviews, and distributing a statewide survey of older adults and caregivers. To ensure perspectives across the aging services spectrum were heard, the needs assessment engaged stakeholders across sectors, including housing, mental health, AAAs, divisions within MDHHS, local organization leadership, disability services, and more.

Additionally, demographics from the survey reflected responses from both urban and rural areas across the state and shared similarities with the overall population in Michigan. A nearly even mix of older adults and caregivers from rural (47%) and urban (53%) communities provided feedback on the statewide survey. The survey sample also closely reflected the racial demographics of the state of Michigan: White (76%), Black or African American (12%), Hispanic, Latino, or Spanish (3%), American Indian or Alaska Native (4%), Asian (2%), Middle Eastern or North African (1%), and Native Hawaiian or Other Pacific Islander (1%).

Together, these perspectives form the foundation for the state's goals, objectives, and strategies. Many of the needs assessment activities took place in the fall of 2025 in the midst of the federal government shutdown. As a result, program funding was top of mind for many. Additionally, food insecurity was a prominent theme with proposed changes to the Supplemental Nutrition Assistance Program (SNAP) and the additional pressure on home-delivered meal programs and congregate meal sites.

The plan's identified goals are rooted in the following data collection methodologies:

- 25 individual 45–60-minute semi-structured key informant interviews (KIIs) with partners who work within the aging network or serve Michigan's older adults.
- Four small group interviews with members of the CSA, SAC, Age Friendly Steering Committee, and Title VI Directors.
- 25 in-person 60–90-minute community conversations with a diverse set of older adults and caregivers across Michigan, including those representing Chinese American, Native American, and Chaldean American communities.
- One virtual community conversation.
- A statewide survey for older adults, available in English, Spanish, Arabic and Mandarin, which resulted in 4,245 completed responses.

Key Findings

The needs assessment findings highlighted a deeply committed workforce and trusted local service providers as primary strengths. Participants across interviews and community conversations recognized the compassion and drive of direct care workers. However, the respondents also identified ongoing systemic barriers. A recurring theme across all data sources was that many older adults only discover vital services during a crisis, often finding the existing network of programs fragmented and difficult to navigate. The following key themes emerged as the most critical priorities for the 2027-2029 planning period:

- **Housing and home maintenance:** Safe and affordable housing was viewed as the most critical factor for independence. There is a significant, unmet demand for home modifications, repairs, and chore services (such as yard work and snow removal) that allow older adults to age in place. Among survey respondents, nearly half reported that housekeeping or chore services would most help them stay in their current home, and another 25% reported that home modifications for accessibility were a top service they would need to stay in their home.
- **Healthcare access and coordination:** While 68% of older adults were satisfied with the overall services and supports for older adults in their community, significant gaps exist in accessing healthcare, specifically dental care and specialized medical services. Participants emphasized a need for better-coordinated care and "no wrong door" policies to help navigate complex health systems.

- **Reliable transportation:** Frequently cited as a needed resource for maintaining independence, transportation remains a challenge due to reliability issues and restrictive service boundaries in both urban and rural areas. Approximately one-third of survey respondents said they needed transportation services, mainly rides to medical appointments and grocery stores or shopping.
- **Nutrition and food security:** Access to affordable, healthy food and nutrition services was a recurring theme across data sources. Barriers to accessing nutrition services included program eligibility, rural geography, and stigma. Among survey respondents, nearly 20% reported they could not afford healthy food, and 27% reported there were some days they worried about having enough food to eat over the last 12 months.
- **Information, technology, and awareness:** Many essential programs were described as "best-kept secrets." Further, there is a vital need for improved outreach, personalized technology support, and clearer communication to bridge the gap between available resources and the people who need them. Among survey respondents, older adults reported having difficulty finding information about home modifications and food and nutrition services (18% and 17%, respectively).
- **Caregiver support and workforce concerns:** A third of unpaid caregivers reported emotional stress and time demands as key problems they face, highlighting a need for expanded respite care and education. Simultaneously, the aging network continues to face a critical shortage of direct care workers which impacts the availability of home and community-based services.

A comprehensive breakdown of the data, methodology, and specific regional feedback is provided in Attachment F.

Key Partners

The ACLS Bureau interviewed many partners across the multi-sector aging network, collaborating with numerous organizations and agencies to understand the factors and structure needed to ensure older adults are able to age safely, independently, and healthily in their community of choice.

What If...

“Aging was supported by every community becoming trained, certified, and skilled at being ‘Dementia Friendly’?”

Dona Wishart

In addition to MDHHS leadership from Health Services, Bureau of Community Services, and the Community and Faith Engagement Office, the following partners provided their time, expertise, and valuable insights into the needs assessment via key informant interviews:

- Community Mental Health Association of Michigan
- Disability Network of Michigan
- Leading Age of Michigan
- Michigan Age Friendly Steering Committee
- Michigan Assisted Living Association
- Michigan Association of Health Plans
- Michigan Association of Senior Centers
- Michigan Center for Rural Health
- Michigan Commission on Services to the Aging
- Michigan Dementia Coalition
- Michigan Developmental Disabilities Council
- Michigan Directors of Services to the Aging
- Michigan Disability Rights Coalition
- Michigan Elder Justice Initiative/State Long Term Care Ombudsman
- Michigan Health Care Association
- Michigan Home and Community Services Network
- Michigan State Housing Development Authority (MSHDA)
- Michigan Statewide Independent Living Council
- Michigan Veterans Affairs Agency
- MiGen, Michigan's LGBTQ+ Elders Network
- PACE Association of Michigan
- State Advisory Council on Aging
- Tribal Elder Services/Title VI Directors

Area Plan Foundations

The SUA took multiple steps to ensure that the state plan is informed by and based on area plans. Michigan's AAAs are in the final year of their multi-year area planning cycles. Existing Annual Implementation Plans are in place and were reviewed as part of state plan development. That included analyzing regional definitions of greatest economic need and greatest social need as well as regional priorities and goals. Additionally, the statewide needs assessment activities were conducted in collaboration with the AAAs and their local partners, with many of the survey and community conversations questions modeled after those being utilized regionally. In order to center regional priorities and amplify their input into the state planning process, the SUA also convened a goal setting workgroup with representation from ACLS Bureau, AAA staff and leadership, and Title VI Tribal Elder Services Directors. The group met over several weeks to review needs assessment data, conduct a Strengthen, Weaknesses, Threats, and Opportunities (SWOT) analysis, and used a consensus model for developing the state plan's goals as well as preliminary objectives and strategies. The individual strategies were finalized based on feasibility and capacity of the SUA to implement over the three-year planning period.

Public Input

The SUA invites ongoing engagement in the state plan, formally and informally, from aging network partners and the general public. The CSA has a monthly meeting schedule, and the agenda for every meeting includes a segment requesting comments related to the SPOA or ACLS Bureau programs, services, policies, or issues impacting older and vulnerable adults. Additionally, at approximately 4-6 meetings per year, a separate public hearing is held following the CSA meeting. Members of the public are invited to share comments related to the state plan or other topics during those hearings as well.

As described in the needs assessment summary, the SUA utilized multiple modes of outreach and engagement of older adults and caregivers in the data collection stages of new plan development. This commitment continued through the goal setting process and final plan development.

In addition to the intentional engagement of Title VI Tribal grantees in the goal setting work group, MDHHS shared the draft plan with Tribal leadership and Elder Services Directors and invited them to participate in a formal consultation

opportunity after reviewing the draft. A 30-day public comment period was initiated on April 22, 2026, following the tribal input period. This process included posting the draft plan on the MDHHS website with a departmental press release and distributing the draft through the aging network and other partners such as AAAs, tribes, senior centers, commissions on aging, provider agencies, centers for independent living, and various associations and coalitions. Comments and feedback are collected by mail or email then reviewed for potential incorporation into the final document before submission of the document to the CSA for approval and then to the ACL.

Definition of Greatest Economic Need (GEN)

The Older Americans Act (45 CFR § 1321.3) states that GEN is “the need resulting from an income level at or below the federal poverty level (FPL) and as further defined by state and area plans based on local and individual factors, including geography and expenses.”

In Michigan, additional factors as identified by AAAs that are considered for prioritization and targeting include: financial hardships, housing instability, lack of resources or supports to meet other basic needs such as food, technology, transportation, and healthcare, those deemed eligible for other assistance programs, and those with less than \$20,000 in assets.

Definition of Greatest Social Need (GSN)

In Michigan, GSN means the need caused by noneconomic factors as defined in 45 CFR § 1321.3, as well as veterans, individuals who are age 85+, individuals who have no informal supports, and lack or have limited access to community and/or digital resources.

STEWARDSHIP and OVERSIGHT

For Fiscal Year 2025, a total of 103,937 consumers received OAA registered services in Michigan. The most utilized older adult services included information and assistance (154,622 contacts), followed by home-delivered meals (50,927 consumers and 8,433,148 meals), and then congregate nutrition (41,879 consumers and 1,534,161 meals). The most utilized caregiver services included public information services (605,198 connections through outreach and education), followed by information and assistance (34,717 contacts), and then respite care (2,751 consumers and 490,906 hours).

The demographics of a typical OAA registered service consumer (includes all ages; older adults, caregivers of older adults, and older relative caregivers) are as follows:

- 97 percent or 101,287 are aged 60 years and over.
 - 41 percent or 42,220 are aged 60-74 years.
 - 34 percent or 35,818 are aged 75-84 years.
 - 22 percent or 23,249 are aged 85 years and over.
- 59 percent or 28,423 are female.
- 39 percent or 40,897 live alone.

The chart below provides Michigan's overall demographics for the population age 60 years and older in comparison with those in GEN and GSN receiving an OAA registered service.

Prioritized OAA Populations	Michigan 60+ Population*	2025 OAA Service Consumers** (n=101,283)	2024 OAA Service Consumers (n=101,967)	2023 OAA Service Consumers (n=106,229)	2022 OAA Service Consumers (n=95,453)
Rural	38.46%	49.19%	49.17%	49.37%	45.97%
At or Below Poverty	9.95%	20.51%	21.22%	21.53%	21.93%
Racial Minority Populations:					
Asian	1.86%	0.58%	0.51%	0.58%	0.64%
Black/African American	10.43%	10.90%	11.12%	10.66%	9.04%
Native Hawaiian/Other Pacific Islander	0.01%	0.06%	0.06%	0.06%	0.08%
2 or more races (not including American Indian and Alaska Native combinations)	2.89%	0.74%	0.54%	0.86%	0.71%
American Indian and Alaska Native alone and in combination with another race	1.13%	0.73%	0.65%	0.67%	0.62%
Hispanic/Latino	2.23%	1.43%	1.46%	1.40%	1.33%
Speaking Language other than English	6.72%	0.43%	0.39%	0.35%	0.45%
Veteran	12.15%	7.91%	7.72%	7.07%	5.77%

* Data compiled by the Administration for Community Living using U.S. Census Bureau. *American Community Survey 5-Year Estimates, 2018–2022*.

For U.S. Census comparison purposes, OAA Consumers only include registered participants (older adults and caregivers) aged 60 years and older.

OAA Consumers, data percentages include consumers with missing/unknown data.

Documentation of Program Quality

The SUA requires AAAs to evaluate service provider mechanisms for obtaining opinions of program participants, and how the AAA monitors responses to quality surveys completed by service providers for all programs. Additionally, the SUA requires AAAs to describe how service providers have demonstrated efforts to improve services with respect to responses to quality survey findings from participants as part of our annual assessment process. The SUA also reviews AAA process improvement methods to address client satisfaction and ensure AAAs embed continual improvement within all services provided.

Regarding health and wellness programs, AAAs may select from a comprehensive menu of evidence-based programs (EBPs) that have been reviewed and approved by the ACLS Bureau for use with Title III D funds. To add a new program to this approved menu, AAAs must submit a complete application for review. The ACLS Bureau evaluates each application using ACL's five required criteria for evidence-based programs, and applications undergo review and approval by the Health Promotion and Wellness Coordinator and leadership. Approved programs are added to the statewide list and become available for inclusion in AAA Area Plans.

Details of Stewardship and Oversight Activities

The SUA provides fiscal stewardship, technical assistance, and oversight of funds awarded to AAAs and other grantees under the OAA to ensure compliance with federal requirements, state policies, and approved Area Plans, and that resources are managed effectively to support services for older adults. Data is used to better understand the OAA-funded services provided, to help inform program management and assessment efforts, and to prepare and submit State Performance Reports (SPRs) annually to ACL. Technical assistance is tailored to grantees' needs that are identified during the financial assessment and monitoring process.

Staff for the SUA includes financial analysts and Regional Aging Representatives who work with AAAs to coordinate and provide oversight and subject matter expertise for OAA-funded activities, and to meet responsibilities as set forth in the

OAA. Additional staff include a Nutrition Specialist, Caregiver Specialist, Care Management Specialist, Health Promotion and Wellness Coordinator, Behavioral Health & Dementia Specialist, and Legal Assistance Developer.

The SUA's financial stewardship and oversight activities include, but are not limited to, the following activities:

- Provide comprehensive financial assessments for all AAAs and other ACLS Bureau grantees following the Office of Management and Budget's uniform grant guidance and new state and federal guidance and requirements.
- Monitor compliance with applicable federal statutes, regulations, and terms and conditions of grant awards, including cost allowability, administrative cost maximums, reporting of program income, non-federal share (match), and other applicable financial provisions by conducting timely and comprehensive financial monitoring, including reviews of quarterly submitted financial reports.
 - AAAs are monitored to ensure compliance with minimum funding requirements for priority services under Title III-B of the OAA for in-home, access, and legal services. Priority is given to services that support older adults with the greatest economic need and greatest social need, including services that promote independence and access to community-based supports.
 - AAA Area implementation Plans (AIPs) and AIP budgets are reviewed to ensure that the maintenance of effort is met for Title III-B Long Term Care Ombudsman program and the minimum required proportion of Title III-B funds is allocated to priority service categories as required by state policy and federal guidance. Budgets are checked for appropriate match amounts, as well as overall projected amounts in relation to the cost allocation plan.
- Address deficiencies and monitor implementation of corrective actions to ensure compliance when fiscal issues or findings of noncompliance are identified.
- Conduct an annual risk assessment of AAAs using the financial risk assessment tool and prepare individual monitoring and corrective action plans based on documented financial risk assessments of each grantee.
- Implement additional compliance monitoring procedures, as needed.
- Oversee AAA grantee assessments/monitoring of subcontractors.
- Review AAA audit reports, related documentation, and federal findings to ensure appropriate resolution.
- Conduct financial reconciliation and closeout activities to verify the proper expenditure, reimbursement reconciliation, and reporting of funds.

- Maintain accountability for public funds by supporting effective financial management of programs authorized under the Older Americans Act.

Compliance, Program, and Performance Monitoring and Oversight

SUA program stewardship and oversight activities for OAA-funded activities include, but are not limited to:

- Monitor compliance with approved operating standards for both AAAs and service programs, as well as other government mandates, requirements, and/or policies.
- Conduct comprehensive assessments of all AAAs following state and federal guidance and requirements.
- Provide technical assistance, support, and oversight.
- Update program assessment tools, methods, and processes to reflect new federal guidance and requirements for AAA and grantee monitoring.
- Ensure that Multi-year Area Plans (MYPs) are approved by the CSA every three years; area implementation plans (AIPs) are approved annually.
- Conduct on-site monitoring of AAA programmatic and financial compliance annually.
- Approve AAA and programmatic assessment tools for providers and conduct on-site annual observation assessments at each PSA.
- Provide ongoing technical support and hold regular meetings with AAA leadership, planners, contract managers, and specialized staff.

SUA Aging Information System Technology – Data and System Monitoring

SUA Information Technology stewardship and oversight activities for OAA-funded activities include, but are not limited to:

- Enhance SUA's internet-based Aging Information System (AIS) to ensure secure information systems and support informed decision-making for effective service delivery.
- Ensure comprehensive reporting to support Area Plan development and program planners' ability to ensure services are participant driven.
- Integrate analysis and reporting of financial and program data.
- Provide an annual SUA and AAA data quality review analysis to enhance data quality, including more precise reporting on activities of daily living and instrumental activities of daily living to address missing data.
- Provide technical assistance to AAAs and other ACLS Bureau grantees and/or subcontractors on the use of ACLS Bureau technology, data reporting, and data review/use.

- Update AIS technology to maintain data security and continue to automate and streamline AIS functions.

Development, Issuance, and Implementation of Policies

All policies and procedures for AAAs and providers are in the SUA's Operating Standards. Additional guidance is issued via Transmittal Letter, such as reporting due dates and minimum expenditure requirements. Regional Aging Representatives and programmatic specialists provide technical assistance to assigned PSAs and annually assess PSAs for compliance with the Operating Standards.

Protocols have been established to provide consistent administration in developing and updating operating standards. In addition to the ongoing review for potential updates conducted at least every three years, more frequent updates may be required in response to: OAA reauthorization, updated regulatory guidance, audit (SUA) or assessment (AAA) findings or changes, stakeholder/public feedback, and/or technology, terminology, or organizational changes.

Subject matter experts are identified and are responsible for updates to operating standards. If necessary, a workgroup may be convened. External partners are invited to participate in workgroups if impacts on service providers or clients are expected.

After new or revised language is developed, the draft is shared with MDHHS leadership for review. Tribal leadership and Title VI elder services directors are included in the review process if a change may impact tribes or tribal members. When necessary, draft standards are released for a 30-day public comment period. This includes posting a notice of proposed change on the MDHHS website and distribution through aging network partners such as AAAs, tribes, providers, and associations.

Feedback is collected by mail or email for SUA staff to review. The workgroup is reconvened if necessary to create the final draft. The final draft with a summary of comments and revisions is then submitted for MDHHS leadership review and approval and submitted to the CSA for their review and final approval.

GOALS and OBJECTIVES

The ACLS Bureau and representatives of Michigan's aging network collaboratively developed these goals, objectives, and strategies in response to findings of the needs assessment while considering factors such as feasibility and capacity of staff and the network. Many of the themes and findings in the needs assessment are longstanding, and some issues continue to grow or become more pressing as the population ages. Some of the strategies build on existing efforts, others are new, and all depend on both short- and long-term commitments from the aging network and other sectors working with and supporting older adults and caregivers. Inspiration is gained from previous successes in strengthening relationships and accomplishing tangible outcomes related to direct care workforce efforts, family caregiver support, launching the MI Options No Wrong Door System, and more.

Goal 1: Enhance access to services for older adults and caregivers to support their health, independence, and social connectedness.

Topic areas addressed: OAA Core Services, Access to HCBS, Caregiving, GEN and GSN

Objectives	Strategies
<p>1.1 Enhance social connections among older adults, especially in rural communities, by linking to programs that encourage community engagement.</p>	<ul style="list-style-type: none"> • Promote existing multi-generational initiatives across the state such as the Michigan State University Generations Connect program, Grand Connections at Grand Valley State University, and others. • Explore initiatives with MI Department of Education, Department of Labor and Economic Opportunity Office of Rural Prosperity, Michigan Veterans Affairs Agency and/or other partners to identify new or existing intergenerational and social engagement projects. • Provide training to Senior Volunteer Programs (SVP) on social prescribing (medical recommendations for socialization) and

	<p>encourage programs to explore establishing relationships with local healthcare providers who would share SVP information with older adults during wellness visits.</p>
<p>1.2 Strengthen direct care systems by expanding and stabilizing the workforce across all settings: HCBS, nursing homes, hospital systems, and other organizations that rely on Direct Care Workers (DCWs).</p>	<ul style="list-style-type: none"> • Continue collaborating with IMPART Alliance/Michigan State University and the DCW Advisory Committee to advance the Direct Care Career Center in support of managing the training and credentialing for DCWs. • Complete analysis of DCW credentialing standards and procedures process following the pilot of DCW credentialing exam, registration, and records management. • Market the positive value of DCWs in coordinated marketing campaigns with internal and external partners. • Support the continued efforts of the DCW Advisory Committee to address barriers of DCWs in sustaining and advancing their careers through increased access to DCW professional development and supporting research to develop new ways to pay for DCW benefits, compensation, and training. • Expand the ability of health and social service providers such as community paramedics and community health workers to support and link older adults with existing programs. • Investigate and promote additional options to secure financial compensation for family caregivers, including initiatives like tax credits and tax-free savings accounts.
<p>1.3 Improve access to food and nutrition services to ensure older adults can reliably access healthy, affordable food.</p>	<ul style="list-style-type: none"> • Explore and leverage combined data sources and geo-mapping tools to pinpoint service gaps, identify underserved and culturally specific populations, and guide targeted expansion and culturally responsive design of congregate meal services.

- Explore transfer flexibility between nutrition funds to ensure maximization of services and reduce waitlists.
- Host the annual Nutrition and Wellness Summit to educate and collaborate with AAAs, service providers and Title VI programs, highlighting innovative, culturally responsive, person-centered, and medically tailored approaches for chronic disease management, and engaging partners to implement these strategies within their local programs.

Goal 2: Promote collaborations and partnerships across MDHHS and other state departments, AAAs, OAA Title VI tribal grantees, and other agencies and organizations.

Topic areas addressed: OAA Core Services, Access to HCBS, Caregiving, GEN and GSN

Objectives	Strategies
<p>2.1 Create new or expand existing partnerships with public and private community partners, including healthcare providers, to leverage resources, expertise, and funding and to improve cross-sector communication, transitions of care, and access to medical and other services.</p>	<ul style="list-style-type: none"> • Provide at least four presentations, trainings, and/or information sharing forums annually to providers, pharmacies, and health systems regarding aging network services. • Identify existing collaboratives and explore new opportunities for sharing best practices and methods to form partnerships with health care systems and other providers and establish a process to provide community-based services information to healthcare professionals to share with older adults during wellness visits. • Identify and promote dissemination of information about mental health resources for older adults in places such as libraries, senior centers, faith-based organizations, and other community entities. • Engage with Community Mental Health Service Providers and other providers to explore and

	<p>strengthen screening, referral, training, and collaboration opportunities.</p> <ul style="list-style-type: none"> • Coordinate planning and assistance with the MDHHS Mental Health and Aging conference. • Explore collaboration opportunities with the Michigan Center for Rural Health, especially in connection with Rural Health Transformation Healthy Aging activities. • Conduct annual trainings to enhance understanding of Title VI native elder program structure and services for SUA and AAA staff and volunteers. • With support from MDHHS Tribal Government Policy and Services and the Inter-Tribal Council of Michigan where feasible, develop standardized referral documentation templates or guidance that can be adopted voluntarily by both AAAs and Title VI programs. • Hold discussions biannually with AAAs and Tribal communities to coordinate efforts among Title III programs and Title VI Native American programs. • Explore innovative opportunities to collaborate with Food Bank Council of Michigan, Food, Other Resources (F.O.R.) Helpline, Elder Law of Michigan MI CAFE program, and other nutrition support programs to promote increased access for older adults. • Increase caregiver program support and technical assistance to AAAs and their partner agencies to improve communication between agencies as well as support program development.
<p>2.2 Establish cross-sector partnerships between the aging network, MSHDA, and local housing partners to increase housing stability for</p>	<ul style="list-style-type: none"> • Identify regional groups focused on promoting affordable housing initiatives unique to their geographical populations to align efforts and facilitate collaboration between AAAs, spearheaded by those engaged in housing work. • Share training, resources, data, and reports with AAAs to help them better understand and

older adults.

address regional housing needs and distribute information to older adults, caregivers, and the aging network.

- Support coordinated education and advocacy to address housing issues affecting older adults such as accessibility and universal design and to implement recommendations from the Michigan State Advisory Council (SAC) 2025 HOUSING AND OLDER ADULTS report.
- Expand allowability of state in-home services dollars to include home injury control and home repair services.

2.3 Strengthen collaboration between MDHHS and other governmental agencies, AARP Michigan, and the AARP Network of Age-Friendly Communities to create a statewide partnership that facilitates sharing of best practices, resources, and innovative solutions for addressing common challenges in transportation, housing, and health care access for older adults.

- Participate in at least one initiative with AARP to advance plan goals during the plan period.
- Encourage the growth of the AARP Network of Age-Friendly Communities in Michigan, leading to a broader reach and stronger impact in sharing of best practices, resources, and solutions with a focus on rural and under-resourced communities.
- Promote attendance and engagement in at least two collaborative forums per year hosted in partnership with AARP centered on the AARP Age-Friendly body of work.
- Collaborate with the Developmental Disabilities Council, State Independent Living Council, and other organizations building on efforts from the Bridging Aging and Disability Network initiative to address cross-sector challenges.
- Promote AARP initiatives that align the Senior Community Service Employment Program (SCSEP) services with broader aging, workforce, and community support programs.
- Take an active role in empowering and supporting state-wide advocacy efforts by providing data, sharing resources, and facilitating connections.

Goal 3: Enhance pathways for accessing information, so that older adults and their support network, including those of greatest economic need and greatest social need, are aware of resources.

Topic areas addressed: OAA Core Services, Access to HCBS, Caregiving, GEN and GSN

Objectives	Strategies
<p>3.1 Expand or strengthen at least three initiatives to educate older adults and caregivers on resources and services available to them via the aging network.</p>	<ul style="list-style-type: none"> • Create statewide Aging in Michigan resource guide for older adults and caregivers. • Promote and explore ways to provide ongoing support for the AAA Association of Michigan Caregiver Resource Center. • Continue support for MI Options No Wrong Door system to ensure adults and caregivers have access to information and resources to support aging in place. • Share best practices for pairing service delivery with education to reach individuals before they need additional services. • Distribute LTSS campaign materials to senior centers, Commissions on Aging, and AAAs. • Conduct annual program scan to determine type and number of Alzheimer’s Disease and Related Disorders (ADRD) programs and services provided by AAAs.
<p>3.2 Identify and share strategies to reach targeted populations eligible for OAA services who are of greatest economic need and greatest social need across the state.</p>	<ul style="list-style-type: none"> • Host a summit to present best practices for targeting and outreach efforts. • Identify new pathways for reaching underserved older adults. • Identify and address barriers that AAAs encounter in reaching new/underserved older adults. • Create accessible, culturally responsive materials in multiple formats and languages, partnering with the Office of Global Michigan and other organizations that serve underrepresented older adults.

	<ul style="list-style-type: none"> • Examine processes related to reporting wait list data to ensure accuracy and consistency. • Develop, implement, and distribute best practices for AAAs to consider using in coordination with their Request for Proposal process that clearly defines SUA Operating Standards, program expectations, as well as how to connect with populations of GEN and GSN. • Develop a mechanism/policy to assess and monitor ongoing improvement that will include qualitative and quantitative measurement of targeting efforts to strive to increase the percentage of the targeted population actually served, serving target populations at the same level as their percentage in the total population. (Operating Standard for AAAs C-2 #2)
<p>3.3 Develop opportunities to educate state employees and external partners on existing resources and supports across sectors.</p>	<ul style="list-style-type: none"> • Create a webinar series featuring different LTSS topics to help internal staff stay informed about external support resources available for client referrals. • Conduct quarterly presentations by ACLS Bureau staff to educate MDHHS caseworkers, Community Health Workers, etc. on available services and referral pathways, so frontline staff and community partners can consistently connect people to services. • Develop a checklist or assessment tool to share with internal and external partners about safety hazards, repair needs, and barriers to accessibility when providing in-home support. • Collaborate with the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act project to implement joint efforts to expand education, workforce development, and increase public awareness of ADRD through the SUA and aging network services.

Goal 4: Utilize language and messaging that celebrates aging and communicates the strength and value of older adults and those who provide care.

Topic areas addressed: OAA Core Services, Access to HCBS, Caregiving, GEN and GSN

Objectives	Strategies
<p>4.1 Create a process with representatives from AAAs, MDHHS, Title VI, and the broader aging network for reviewing and updating public-facing materials.</p>	<ul style="list-style-type: none"> • Convene aging network partners to brainstorm strategies to shift thinking about aging to reduce stigma. • Engage older adults and the State Advisory Council (SAC) to identify and recommend language for use by the SUA and the aging network to reduce barriers and encourage older adults and caregivers to access services. • Provide training to SUA staff to recognize stigma considerations such as historical trauma, fear of institutionalization, caregiver identity, and norms on self-reliance. • Use evidence-based language guidelines to update content (website, brochures, social media, press releases, proclamations, guides, etc.) with each revision reviewed by older adults and/or caregivers for feedback.
<p>4.2 Conduct at least two workshops per year for aging network staff and volunteers to foster a community of learning, accountability, and inclusion.</p>	<ul style="list-style-type: none"> • Partner with language specialists, tribal leaders, multicultural centers, and other experts on how best to improve inclusive and empowering communication. • Identify or design a workshop curriculum focused on enhancing cultural communication skills. • Develop and implement a stigma-free, empowerment-focused 'language' guide for staff and partner organizations, which conveys respect, dignity and support for older adults and caregivers, increasing access to services and barrier reduction.

DRAFT



MDHHS NON-DISCRIMINATION CLAUSE EFFECTIVE DECEMBER 2022

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.