MDHHS

Michigan Department of Health & Human Services

MICHIGAN
STATE PLAN ON AGING

2024-2026

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NAVIGATING THE PLAN

Michigan's 2024-2026 State Plan on Aging is guided by information gathered through a robust needs assessment process, as well as the local priorities established by Michigan's 16 Area Agencies on Aging (AAAs). This plan is influenced by the five federal key topic areas established by the Administration for Community Living (ACL). Key guiding principles of health equity, elder justice, person-centered practices, and evidence-informed practices are embedded within each goal area.

ACL KEY TOPIC AREAS

- Older Americans Act (OAA) Core Programs
- COVID-19
- Equity
- Expanding Access to Home and Community-Based Services (HCBS)
- Caregiving

STATE GOALS

- Reduce Barriers to Accessing Services
- Elevate Resources and Inform Public About Aging Services
- Strengthen Multi-Sector Connections, Collaboration, and Coordination to Support Older Adults
- Assist Aging Population in Reaching Optimal Health and Preserving Independence

Health Equity | Elder Justice | Person-Centered Practices | Evidence-Informed Practices

VERIFICATION OF INTENT

This State Plan on Aging is submitted on behalf of Governor Gretchen Whitmer for the three-year period beginning October 1, 2023, through September 30, 2026. The plan includes information required in State Unit on Aging Directors Letter #01-2021, namely:

- A narrative describing Michigan's planned efforts on behalf of older adults, including an Executive Summary, Context, Quality Management, Goals, Objectives and Outcomes;
- Required Attachments:
  - State Plan Assurances and Required Activities;
  - Information Requirements; and
  - A description of Michigan's intrastate funding formula.

As the designated State Unit on Aging, the Behavioral and Physical Health and Aging Services Administration, 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 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 State Plan on Aging for Fiscal Year 2024-2026.

_____   _____

Farah Hanley   Date
Senior Chief Deputy Director for Health
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services

_____   _____

Robert Schlueter   Date
Chair, Commission on Services to the Aging

EXECUTIVE SUMMARY

The Behavioral and Physical Health and Aging Services Administration (BPHASA), Michigan's designated State Unit on Aging (SUA), is pleased to present Michigan's State Plan on Aging for Fiscal Years (FY) 2024-2026. The plan provides goals and objectives for assisting older residents, their families, and caregivers in living healthy, independent lives.

BPHASA is located within the Michigan Department of Health and Human Services (MDHHS). The work of the Administration, and particularly the Bureau of Aging, Community Living, and Supports (ACLS Bureau), is key to maintaining Michigan's active, vibrant aging network of 16 AAAs, service providers, and other state and local partners.

The ACLS Bureau works closely with the Michigan Commission on Services to the Aging (CSA), a 15-member body appointed by the governor, which advises the governor and legislature on coordination and administration of state programs, changes in federal and state programs, and the nature and magnitude of aging priorities. The CSA also reviews and approves grants made by the ACLS Bureau to AAAs and other entities that are administered by the SUA.

Michigan joined the network of AARP Age-Friendly States in October 2019, reflecting a commitment to make Michigan more livable for people of every age. Staff are also engaged in multi-sector efforts to address social determinants of health and health equity for older Michiganders, especially for those who have faced barriers to accessing services in the past.

Michigan's State Plan on Aging is guided by information gathered through a robust needs assessment process, the priorities established by Michigan's AAAs through their regional multi-year plans, and the five key topic areas identified by the federal Administration for Community Living (ACL):

- Older Americans Act (OAA) Core Programs
- COVID-19
- Equity
- Expanding Access to Home and Community-Based Services (HCBS)
- Caregiving

PLAN ALIGNMENT

The ACLS Bureau recognizes the importance of a multi-sector approach to delivering long-term services and supports (LTSS) to help older adults live their lives with dignity and purpose in their communities. The ACLS Bureau functions within and adjacent to multiple systems and acknowledges that successful organizations operate with a systems-based approach.

The State Plan on Aging is not intended to be a stand-alone document; rather, it contributes to the larger organizational system of a highly effective and efficient agency. This plan aligns with important assessment, planning, and evaluation work such as the State Health Assessment, State Health Improvement Plan, Age-Friendly Michigan Plan, Diversity, Equity, and Inclusion (DEI) Plan, the state's Social Determinants of Health Strategy, and others.

The goals and objectives included in this State Plan on Aging also align closely with the regional multi-year plans across Michigan, developed by AAAs and approved by the CSA in 2022. This plan builds on and expands the reach of many of the regional priorities, including the following:

- Increasing access to services, including outreach and education efforts to expand knowledge and awareness of aging supports in communities.
- Expanding and strengthening partnerships to better serve older adults living in their service areas.
- Promoting participant-directed person-centered planning for older adults and their caregivers across the spectrum of LTSS.
- Promoting optimal health and preserving independence, including:
  - Caregiver supports;
  - Nutrition services;
  - Transportation;
  - Housing and home repair;
  - And many other priorities, including home care services, health care access and costs, health promotion, technology training, mental and behavioral health, and other community living supports.

CONTEXT AND STATEWIDE OLDER ADULT NEEDS ASSESSMENT

OVERVIEW

BPHASA, organized in March of 2022, combined Michigan's Medicaid office, state unit on aging, and community-based services for adults with physical and intellectual/developmental disabilities, serious mental illness, and substance use disorders under one umbrella within MDHHS. The new structure integrates MDHHS teams that focus on aging and long-term care issues and allows BPHASA to develop innovative policies that benefit Michigan and its residents and reflect the MDHHS values of human dignity, opportunity, perseverance, and equity.

The ACLS Bureau within BPHASA performs the functions of the state unit on aging and oversees a variety of Medicaid, OAA, state and federally-funded HCBS programs, and some facility-based long-term care activities. HCBS programs provide opportunities for individuals to receive services in their own home or community rather than institutions or other isolated settings.

The Aging & Community Services (ACS) Division is responsible for the oversight, policy, and operations of MI Choice Medicaid Waiver Program, Community Transition Services, and Brain Injury Services programs designed to provide services to the state's older adults and those with disabilities. The MI Choice Program allows eligible adults to receive Medicaid-covered services like those provided by nursing homes while staying in their own home or another residential setting.

The division oversees the Health Promotion & 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, including dementia, direct care workforce-related matters, evidence-based disease prevention programs, nutrition programming, senior volunteer programs, and the State Health Insurance Assistance Program.

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. In addition, the division is responsible for oversight of the Technical Assistance & Quality Improvement Section and the Financial Quality & Grant Support Section. These sections provide program and finance oversight, monitoring, payment requests, reporting, and technical assistance to Michigan's AAAs, other agency grantees, and more than 1,200 service providers in Michigan.

Both the ACS and OANS Divisions administer and manage various aspects of Michigan's OAA programs and services, as found in Title III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, and Caregiver Programs) and Title VII (Elder Rights Programs). In partnership with the MDHHS Tribal Liaison, the ACLS Bureau and AAAs in relevant service areas are also working to improve collaboration and coordination of services for Tribal Elders and with Title VI Native American Program grantees.

The Integrated Care Division administers MI Health Link, a demonstration program that integrates services and supports for people who are eligible for both Medicare and Medicaid. MI Health Link program staff provide program oversight and quality assurance to Integrated Care Organizations, and work to ensure that the enrollment and systems implementations that drive the program run smoothly. Health plan audits and performance measure monitoring and reporting to the Centers for Medicare & Medicaid Services (CMS) are also core program area functions. The Integrated Care Division also administers the Program of All Inclusive Care for the Elderly (PACE). This program provides comprehensive services to frail, older adults who are at least 55 years old, meet the Nursing Facility Level of Care criteria for Long-Term Care, and can live safely in the community. PACE helps people meet their health care needs in the community instead of going to a nursing home or other care facility.

The Long-Term Care Services Division provides management oversight to the Home Help Section and the Long-Term Care Operations Support Section. This division is responsible for ensuring the effective implementation of various MDHHS long-term care programs, including Home Help, nursing facility COVID-19 response, Home Health, Private Duty Nursing, OBRA/PASRR, nursing facility closures management, Civil Monetary Penalty program, and hospice services. This division is responsive to choices of individuals who need long-term care and provides information about and access to high-quality, efficient, and effective supports and services administered by the division and the ACLS Bureau.

MICHIGAN'S AGING LANDSCAPE

POPULATION GROWTH

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 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 2.5 million people, or 25.3% of the state's population ([2021 U.S. Census Estimates](#)). Those age 65 and older continue to be the fastest growing population segment in our state. Further, 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. The growth of the older adult population has implications for Michigan's community-based LTSS, some of which continually have waiting lists of people whose critical needs simply cannot be met with existing resources.

OLDER ADULT DEMOGRAPHICS

Older adults are not only a large segment of Michigan's population, but they are also diverse. Based on the 2021 U.S. Census estimates, American Community Survey, 54% of Michigan's adults over 60 are female. Additionally, 83% of Michigan adults over 60 identify as White, 11% identify as African American, 2% identify as Asian, 0.03% identify as American Indian or Alaska Native (AIAN), and 3.2% identify as being two or more races. Just over 2% of Michigan adults age 60 or older identify as Hispanic or Latino. Michigan is home to 12 federally recognized Tribal Governments, and MDHHS has a designated Tribal Liaison who facilitates tribal consultation for providing comprehensive and innovative services to Michigan's AIAN residents. Michigan has the second-largest US population of Arab Americans, with more than 400,000 living in the state (Arab America, 2023). Nearly 7% of Michigan adults age 65 and older speak a language other than English at home, and 3% speak English less than "very well" (2021 U.S. Census Estimates).

Among older adults in Michigan, more than 90% graduated from high school, 31% have had some college, and 26% have a bachelor's degree or higher. Roughly 14% of Michigan residents – including over 17% of older adults in the state – live in poverty (2021 U.S. Census Estimates). 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 who wish to age in place. AARP defines aging in place as a broader connotation than simply living in someone's home as they age. Many older residents distinguish 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. Nearly 43% of Michigan households include a person age 60 or older (2021 U.S. Census Estimates). Additionally, 44% of Michigan's adults age 60 or older live with a spouse, while just over 12% of Michigan's adults age 65 or older live alone. Nearly 95% of Michigan's adults age 60 or older live in the same home they lived in a year ago. Housing costs have a disparate impact on older adults who rent versus those who own their homes. Less than a quarter (22.2%) 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 (52%) pay 30% or more of their monthly income on rent.

GEOGRAPHY

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. The cities of Detroit, Saginaw, and Flint, for example, are very different from Escanaba in the Upper Peninsula and Baldwin in rural northern Michigan in terms of population density, access to comprehensive health care, and cost of living, among other considerations.

Wayne, Oakland, Macomb, Kent, and Genesee Counties have the largest overall populations in the state. These urban counties are all located in the southern portion of Michigan's lower peninsula, and four of the five are in southeast Michigan. By contrast, Ontonagon, Keweenaw, Alcona, Montmorency, and Roscommon Counties, all located in the Upper Peninsula or the northern portion of the Lower Peninsula, have the largest proportion of their population of adults age 65 and over. This population of older adults makes up one third or more of the population in each of these predominantly rural counties, and those living there may have less access to transportation supports and other resources or organizations that provide needed services to older adults.

PRIORITY POPULATIONS

Throughout the assessment and planning process, special attention was paid to ensuring the plan equitably addresses the needs of all of Michigan's older adults, especially those with the greatest economic and social need. This includes older adults of various races and ethnicities; veterans; the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) community; adults with disabilities; older adults living with HIV/AIDS; Native Americans; refugees; and those with limited English proficiency.

ALLOCATING RESOURCES TO MEET THE NEEDS OF PRIORITY POPULATIONS

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 OAA programs are available to all older Michigan residents age 60 and over, this state plan speaks to increasing outreach and services to the many diverse populations that continue to add to Michigan's richness and vibrancy.

STATE PLAN DEVELOPMENT

ACLS Bureau staff were responsible for developing Michigan's 2024 – 2026 State Plan on Aging. The plan follows mandates of the OAA and guidance from the ACL, with input from stakeholders and key partners across the state, including department leadership and the Michigan Commission on Services for the Aging. Identified goals, objectives, and activities are rooted in data collected through assessment methods, including the following:

- Key informant interviews with partners who work within the aging network or serve Michigan's older adults
  - 90-minute semi-structured interviews or small group interviews
  - 20 total interviews
- Focus groups with members of relevant commissions and councils
  - Four total focus groups
- Community conversations with a diverse set of older adults and caregivers across Michigan
  - Two virtual and sixteen in-person 60-90 minute facilitated sessions
  - 458 conversation participants (43.7% Black, Indigenous and People of Color [BIPOC] participants)
  - Two sessions conducted in a language other than English
    - One session conducted in Mandarin
    - One session conducted in Spanish
- A statewide survey for older adults
  - 1,822 completed responses
- A meta-analysis of regional AAA Multi-Year Plans

KEY PARTNERS SUPPORTING THE NEEDS ASSESSMENT

Michigan is fortunate to have a strong multi-sector aging network with collaboration and support from numerous partner organizations and agencies. AAAs are asked to identify how they leverage resources and partnerships across multiple categories in their multi-year plans, and that information created a foundation for state planning efforts. Many state and community partners provided significant contributions to state plan development, in addition to the individuals who participated in community conversations and responded to surveys. That input provided insights about what helps older adults live healthy, independent lives in their communities. The following partners provided their knowledge and expertise to the needs assessment through key informant interviews:

- AAA and Area Agency on Aging Association of Michigan (4AM) Directors
- AARP of Michigan
- Foster Grandparent/Senior Companions Association
- Health Care Association of Michigan
- Michigan Association of Senior Centers
- Michigan Commission on Services to the Aging
- Michigan Department of Health and Human Services
  - Behavioral and Physical Health and Aging Services Administration
  - Economic Stability Administration
    - Division of Adult Services (Adult Protective Services)
    - Bureau of Community Services
  - Community and Faith Engagement Office
  - Public Health Administration
    - Office of Race Equity, Diversity, and Inclusion
- Michigan Directors of Services to the Aging

- Michigan Dementia Coalition
- Michigan Elder Justice Initiative/State Long Term Care Ombudsman
- Michigan Health & Hospital Association
- Michigan Medicare/Medicaid Assistance Program
- Michigan Statewide Independent Living Council
- Michigan State Housing Development Authority (MSHDA)
- MiGen, Michigan's LBGTQ+ Elders Network (formerly SAGE Metro Detroit)
- PACE Association of Michigan
- Retired Senior Volunteer Program (RSVP) Association
- State Advisory Council on Aging

PLAN LEADERSHIP

BPHASA and ACLS Bureau Leadership as well as staff from the Aging & Community Services and Operations & Aging Network Support Divisions were critical to plan development efforts. These efforts included communicating with aging network partners, supporting Community Conversations, developing and distributing the survey, prioritizing goals and objectives, and reviewing and refining the final document. This group included the following:

EXECUTIVE OFFICE

- **Farah Hanley, Senior Chief Deputy Director for Health, BPHASA**
- **Scott Wamsley, Director, ACLS Bureau**
- **Tammy Lemmer, State Assistant Administrator, ACLS Bureau**
- **Kelly Cooper, Executive Secretary, ACLS Bureau**

AGING & COMMUNITY SERVICES DIVISION

- **Kristina Leonardi, Director**
- **Liz Aastad**
- **Amy Hall**

OPERATIONS & AGING NETWORK SUPPORT DIVISION

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- **Emma Buycks**
- **Lacey Charboneau**
- **Julie Cortright**
- **Ashley Ellsworth**
- **Annette Gamez**
- **Dawn Jacobs**
- **Laura McMurtry**
- **Brenda Ross**

Staff from the Michigan Public Health Institute (MPHI) were key participants in the assessment and planning process by collecting and analyzing data, facilitating planning sessions, and creating the plan layout.

ACLS Bureau staff also wish to thank the members of the Michigan Commission on Services to the Aging and State Advisory Council on Aging for their input and support.

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- Joseph Sowmick
- Joseph Sucher
- Elizabeth Thompson
- Jo Ver Beek
- Lori Wells
- Robyn Ford, Ex-Officio

NEEDS ASSESSMENT FINDINGS

Throughout the needs assessment process, the following key themes emerged:

KEY THEMES

Lack of knowledge and awareness surrounding community resources and how to access them is preventing older Michiganders from receiving needed services.

Caregiver supports and workforce capacity are key issues facing Michigan's aging population.

Michigan needs to view key issues with a "senior lens" and a "Nothing About Us, Without Us" approach to ensure equitable health outcomes for older adults.

The ability to age in place and preserve independence are key concerns for older adults in Michigan.

Neighborhood and built environment challenges persist, and strengthening community conditions such as housing, transportation, and walkability in Michigan supports aging in place.

Disparities faced by older adults in Michigan, including, but not limited to, socioeconomic status, geographic location, race, sexual orientation, and disability status are preventing them from reaching optimal health.

Access to resources that support health, such as nutritious food, physical and mental health supports, and socialization opportunities, are vital to the aging process.

Collaboration with agencies that bolster healthy aging and the social determinants of health is crucial to meet the needs of older adults in Michigan.

A multi-disciplinary approach is needed to prevent and address elder abuse, neglect, and exploitation.

STATE PLAN GOALS

OVERVIEW

The State Plan goals are informed by the priorities of the ACL, local AAAs, and information gathered during the needs assessment process. The related objectives, strategies, and outcome measures support the health and well-being of older adults in Michigan.

As Michigan moves forward with the following goals and objectives, it is critical that older adults, their families, and their caregivers be valued and engaged as partners in the design, implementation, and evaluation of programs and services, and that their voices are heard and incorporated. There is also an intentional focus on diversity, equity, and inclusion in all goal areas.

1. ACCESS TO SERVICES
Reduce Barriers to Accessing Services

2. KNOWLEDGE & AWARENESS
Elevate Resources and Inform Public About Aging Services

3. STRENGTHENING PARTNERSHIPS
Strengthen Multi-Sector Connections, Collaboration, and Coordination to Support Older Adults

4. OPTIMAL HEALTH & PRESERVING INDEPENDENCE
Assist Aging Population in Reaching Optimal Health and Preserving Independence

ACCESS TO SERVICES

ACL State Plan Focus Areas: Participant-Directed/Person-Centered Planning, OAA Core Programs

Many people face barriers that prevent or limit access to needed health care services or home and community-based services, which may increase the risk of poor health outcomes and health disparities. This goal aims to reduce the barriers older Michiganders face in accessing services, increase the number of individuals being served, and collaborate with regional AAA offices to increase capacity and address the needs of underserved populations.

GOAL 1: Reduce Barriers to Accessing Services

OBJECTIVES	STRATEGIES
Objective 1.1: Review 100% of Operating Standards for Service Programs to provide clarity and reduce barriers.	• Collaborate with AAAs and providers to determine if there are any causing barriers for specific populations. • Remove barriers to services embedded in both policies and guidance.
Objective 1.2: Increase AAA understanding of current and updated standards.	• Educate AAAs on flexibilities and waivers within the Operating Standards. • Provide training to the AAAs on updated Operating Standards.

OBJECTIVES	STRATEGIES
Objective 1.3: Increase the number of people receiving OAA services who are of greatest economic and social need (including low-income minority individuals and people with limited English proficiency).	• Establish baseline data as of October 1, 2023. • Analyze U.S. Census and annual service data by region to identify OAA priority populations that may be underrepresented and/or that face service gaps. • Annually identify which AAA regions have a substantial number of older adults who are limited English-speaking. • Analyze data and collaborate with AAAs to identify barriers they are experiencing in serving individuals and to identify best practices and opportunities to provide equitable services. • Solicit stakeholder feedback from underserved populations/communities, including culturally and linguistically relevant organizations and groups, to determine the best ways to connect, provide outreach, and assist in meeting needs through aging services programs. • Increase outreach for OAA programs to enhance awareness of services.

KNOWLEDGE & AWARENESS

ACL State Plan Focus Areas: OAA Core Programs, ACL Discretionary Grants and Other Funding Sources, Participant-Directed/Person-Centered Planning

Lack of knowledge, awareness, and communication can hinder positive health outcomes. Needs assessment data, particularly from community conversations, indicate that older adults and their families are generally not aware of the full spectrum of services and supports available to them. This goal aims to improve information channels and access to information in order to improve health literacy throughout Michigan.

GOAL 2: Elevate Resources and Inform Public about Aging Services

OBJECTIVES	STRATEGIES
Objective 2.1: By April 1, 2025, develop and implement media campaigns related to long-term services and supports (LTSS) and the direct care workforce, ensuring materials developed are culturally and linguistically appropriate.	• Leverage American Rescue Plan Act (ARPA) funding to launch media campaigns highlighting LTSS as well as the Direct Care Workforce (DCW). • Identify other programs at MDHHS for partnership on healthy aging messaging. • Develop positive healthy aging campaigns. • Work with culturally/linguistically relevant partners to identify target audiences and messaging for both LTSS and DCW campaigns. • Collaborate with external and internal stakeholders including Integrated Model for Personal Assistant Research and Training (IMPART) Alliance, 4AM, DCW Advisory Committee, and Department of Technology, Management and Budget to coordinate various DCW campaigns focusing on DCW culture change, training and credentialing, and MI Care Career DCW/Employer job matching portal.

OBJECTIVES	STRATEGIES
Objective 2.2: Increase Information and Assistance units reported by AAAs in National Aging Program Information Systems (NAPIS).	• Utilize mixed-media messaging to share information with the community. • Use plain language, culturally and linguistically appropriate messaging (not just translations), and Americans with Disabilities Act (ADA) compliant resources. • Reduce the amount of abbreviations and acronyms used in public messaging. • Update the ACLS Bureau's website pages with current and relevant information on AAAs and available aging services. • Utilize GetSetUp to communicate information for older adults and caregivers in an effective way.

STRENGTHENING PARTNERSHIPS

ACL State Plan Focus Areas: OAA Core Programs, ACL Discretionary Grants and other funding sources, Participant-Directed/Person-Centered Planning, Elder Justice

Michigan's aging network is adept at collaboration. In addition to the entities that participated in and supported the needs assessment process, other current partnerships include, but are not limited to, the Attorney General's Elder Abuse Task Force, Caregivers Task Force, Dementia Friends Michigan, IMPART Alliance, and the Olmstead Coalition. Additional strides are being made in related sectors with partners such as the Michigan Coalition Against Homelessness, regional Housing Assessment and Resource Agencies, HIV/AIDS Programs, Michigan Opioids Task Force, and others. This goal aims to improve communication and establish and foster new and continuing partnerships with agencies that influence social determinants of health, elevating key issues faced by older adults in order to fill gaps and best serve their needs.

GOAL 3: Strengthen Multi-Sector Connections, Collaboration, and Coordination to Support Older Adults

OBJECTIVES	STRATEGIES
Objective 3.1: Build partnerships and networks with at least 3 new or existing organizations and stakeholders in key sectors working with older adults, including public and private entities, to leverage resources, expertise, and funding.	• Assess current partnerships and identify existing and potential partnerships for growth opportunities. • Work with statewide and regional organizations that work with specific populations. • Promote opportunities for cross-sector networking to develop potential partnerships and joint initiatives to meet needs and fill gaps.

OBJECTIVES	STRATEGIES
Objective 3.1 continued: **Build partnerships and networks with at least 3 new or existing organizations and stakeholders in key sectors working with older adults, including public and private entities, to leverage resources, expertise, and funding.**	• Formalize processes for communicating and sharing information and contacts. • Encourage AAAs to work with local partners (housing, transportation, legal services, Assistive Technology Assistance Program, etc.). • Work with Tribal Liaison to build trust and identify at least one new tribal connection opportunity. • Identify opportunities to support Native Americans not affiliated with tribes.
Objective 3.2: Improve cross-sector awareness and understanding of the needs and challenges faced by older adults in the areas of housing, transportation, elder rights, assistive technology, social isolation, and mental health by presenting at least 4 conferences and/or meetings per year outside the aging network.	• Use data gathered from needs assessment and develop list of identified concerns that are outside the scope of the ACLS Bureau and AAAs. • Increase awareness and understanding of the needs and challenges faced by older adults across the multiple domains of age-friendly living, including healthcare, transportation, housing, social participation, and community support. • Leverage communication within and across the ACLS Bureau, MDHHS, and other state departments through regular meetings and by sharing data and information.
Objective 3.3: Promote and increase utilization of national Technical Assistance and Resource Center tools and guidance by ACLS staff and AAAs from nominal to regularly.	• Add discussion and introduction of tools to the ACLS Bureau and partner meetings and professional development opportunities. • Promote and track utilization of tools and guidance across all programs. • Survey AAAs annually to assess increase in utilization. • Review and prioritize which tools and resources are most useful in Michigan.

OPTIMAL HEALTH & PRESERVING INDEPENDENCE

ACL State Plan Focus Areas: OAA Core Programs, ACL Discretionary Grants and Other Funding Sources, Participant-Directed/Person-Centered Planning

Many factors can impact an individual's optimal health and longevity. This goal aims to decrease the excess burden of chronic conditions and improve opportunities for Michiganders to safely age in place through programs that address key issues such as nutrition, physical activity, social engagement, caregiver supports, and falls prevention. It builds on the other goals in recognizing that reducing barriers, elevating resources, and increasing partnerships and collaboration are critical for preserving the independence of older adults.

GOAL 4: Assist Aging Population in Reaching Optimal Health and Preserving Independence	
OBJECTIVES	**STRATEGIES**
Objective 4.1: Increase the number of older adults and caregivers participating in nutrition and health and wellness programs and services.	• Explore cross-referral opportunities within MDHHS food assistance programs to streamline referrals for at least one ACLS Bureau program. • Review nutrition risk data for assessment of malnutrition among home delivered meal participants. • Educate providers at annual Nutrition and Wellness Summit and other forums regarding innovative best practices. • Collaborate with the marketing and outreach teams to promote workshops hosted by AAAs and partner organizations. • Continue partnership with the Food Bank Council of Michigan to fill food insecurity gaps.

OBJECTIVES	STRATEGIES
Objective 4.2: Improve the ability of older adults in Michigan who have participated in Evidence-Based Disease Prevention programs to manage chronic conditions and reduce fall risk.	• Survey sample of Evidence-Based Disease Prevention participants annually. • Distribute StayWell resources to aging network partners upon receipt. • Increase number of AAA and network partners offering and tracking home modification services to support fall prevention. • Increase the number of organizations represented in the Statewide Falls Prevention Coalitions.
Objective 4.3: Increase overall respite opportunities for and outreach to Michigan's family caregivers.	• Fully expend Merit Award Trust Funds that can pay for respite and adult day services. • Compile a more comprehensive listing of available respite resources. • Ensure outreach and Information and Assistance efforts include information about respite services available. • Expand information sharing to large employers, younger caregivers, and those about to retire.
Objective 4.4: Reduce the number of unplanned 30-day medical care institution readmissions for the same diagnosis with individuals who have accepted services from the Care Transitions Coordination and Support Service Program by 5%.	• Collect data to determine if the participant was readmitted to a medical care institution within 30 days for the same diagnosis. • Collect data to identify that the participant accepted and received the listed components of the program.

COVID-19 IMPACTS & CONSIDERATIONS

The COVID-19 Pandemic had a detrimental impact on all Michigan residents, but older adults have been an especially vulnerable population. A study funded through the National Institutes of Health (NIH) stated that "older adults are most at risk of negative COVID-19 outcomes and consequences" (Guerrero and Wallace, 2021). The study authors also found that the impacts of COVID-19 were more acute for BIPOC populations, stating, "multiple social determinants of health" were "key factors putting older adults of color at most risk of negative COVID-19 outcomes and consequences."

Throughout the last three years, the ACLS Bureau has had to shift how key programs and services have been delivered to better meet the needs of the older adult populations. In preparation for addressing the federal Public Health Emergency (PHE), the ACLS Bureau reviewed CSA-approved definitions, standards, compliance indicators, and requirements for AAAs, grantee agencies, and service programs to identify potential administrative policy flexibilities that could support the aging network's COVID-19 response. In March 2020, the ACLS Bureau requested that some of the CSA's authority be temporarily transferred to the SUA Director until the end of the PHE to allow a more timely response. The CSA approved the request and extended the authority through the duration of the State of Emergency and/or until determined by the Senior Deputy Director, in consultation with the State of Michigan Chief Medical Executive, that it should end. With the federal PHE scheduled to end on May 11, 2023, the ACLS Bureau will recommend returning these authorities to the CSA at their meeting scheduled for May 19, 2023.

Some of the flexibilities utilized during the PHE include, but are not limited to:

- Transitioning client service delivery from community-based service settings to in-home or limited access service settings. For example, some adult day programs shifted to making friendly reassurance phone calls to their clients who could no longer gather.
- Allowing flexibility in program eligibility requirements to ensure service continuity and client safety.
    - The option to allow anyone age 60 or older to access home-delivered meals was widely utilized and resulted in significant growth in the number of individuals served in many regions, particularly in FY 2020.
    - Congregate meal sites closed and shifted to carry-out meals or deliveries.
- Allowing telephonic and/or remote client assessments and reassessments.

A number of other adaptations were necessary during the height of the pandemic and beyond. Many AAAs found themselves securing or purchasing personal protective equipment such as masks, hand sanitizer, and cleaning supplies. Home-delivered meal providers often had to adjust service delivery patterns, including increasing the weekly number of frozen or shelf stable meals provided to home-delivered meals clients in lieu of daily delivery.

The pandemic limited the ability of the State Long-Term Care Ombudsman (SLTCO) to safely meet with clients residing in nursing facilities. This involved transitioning to phone, virtual, and even window and outdoor meetings when the weather would allow. The ACLS Bureau partnered with AAAs, faith-based organizations, and Centers for Independent Living (CILs) to focus on reducing social isolation by providing technology devices such as tablets and animatronic pets, providing friendly reassurance calls, and engaging in a variety of virtual or low-tech activities. Michigan launched a partnership with GetSetUp to provide virtual classes to older adults, educating them on how to use technology devices to communicate with family and friends, take educational or fitness classes, and even to volunteer.
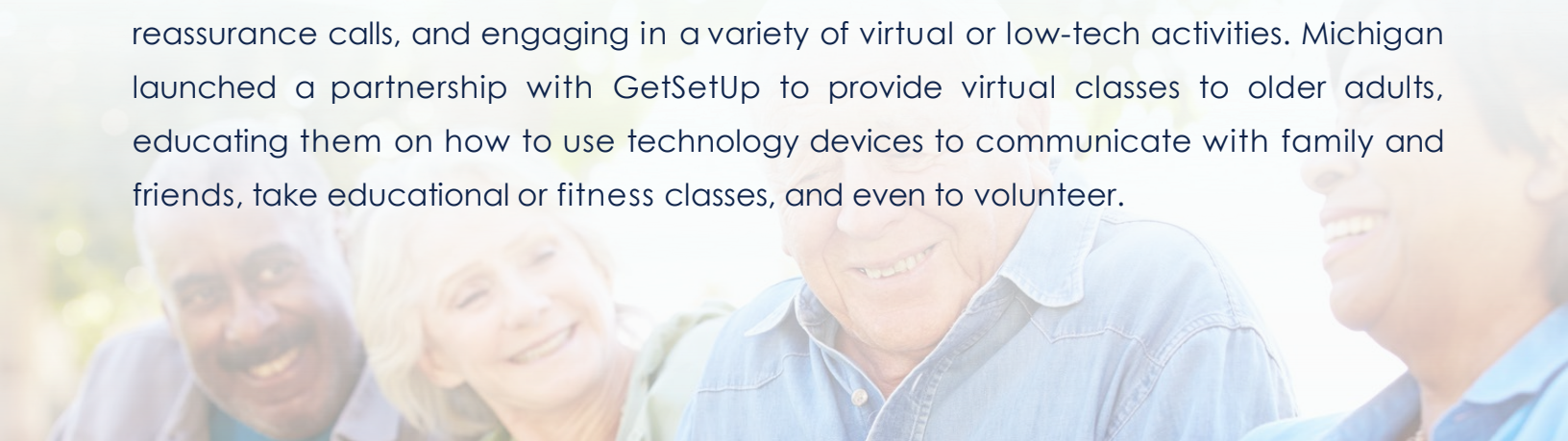
Evidence-Based Disease Prevention Programs also adapted to pool resources among regions to host classes virtually and maintain class levels. Some of Michigan's Senior Volunteer Programs adapted by participating in friendly reassurance activities and a range of other telephone and virtual activities, while some used GetSetUp as a means for enhancing volunteers' skills in computer literacy to enable them to continue their volunteer activities remotely. The State Health Insurance Assistance Program and the Medicare Improvement for Patients and Providers Act partners provided virtual benefits counseling and educated low-income Medicare beneficiaries about cost-saving programs. Additionally, the SUA and aging network worked closely with public health partners to encourage vaccinations, provide vaccination clinics, and get the word out about the COVID-19 pandemic and vaccination access.

Michigan AAAs were able to utilize designated funding, including Families First Coronavirus Response Act, CARES Act, American Rescue Plan Act (ARPA) and other grants to support older adults. Nutrition programs and other providers were able to make investments in infrastructure such as delivery vans and new technology using one-time funds not normally available. Many AAAs received funding from the MDHHS Public Health Administration's COVID-19 Immunization Grant. Activities included making phone calls, mailing information and surveys, providing public outreach through media campaigns, and working with local health departments to reach vulnerable older adults in their planning and service areas. Some AAAs assisted with making vaccination appointments through online portals or designated health department contacts, and others assisted with transportation support to established or pop-up vaccination clinics. AAAs continue to identify other options available to assist with vaccinating older adults against COVID-19, influenza, and other infectious diseases.

For FY 2022, the Aging and Disability Resource Center/No Wrong Door Grant provided funding to states to rapidly address the COVID-19 emergency. The funding and activities were flexible and dependent on the needs of communities. Many AAAs, in partnership with their local CILs, focused on reducing social isolation by providing technology devices, providing friendly reassurance calls, and engaging in a

variety of virtual or low-tech activities. An important component of social connectedness is the ability to remain or return to one's community, even after a stay in a nursing facility. Some regions assisted with care transitions, or support for transitioning from hospitals to home or community settings. A Care Transition Coordination and Support Standard was also approved by the CSA in July of 2022 and five AAAs incorporated the standard into their annual implementation plans for FY 2023.

While some programs have returned to "normal" operations, COVID-19 continues to have a lasting impact on Michigan's older adults, with some individuals not feeling comfortable or safe interacting in large groups or public spaces. Adapting to address this ongoing challenge, the ACLS Bureau has developed a new operating standard, the Carry-Out Meal (COM) Standard, which will allow participating AAAs to continue providing COMs to older adults who do not qualify for traditional home-delivered meals and cannot or choose not to participate in congregate meals. Additionally, Michigan continues to support GetSetUp for all of Michigan's older adults, providing real-time access to a variety of online classes from technology how-to sessions to cooking to group fitness. GetSetUp classes provide learning experiences and a method for social interaction for older adults. They have even hosted in-person sessions, such as the Michigan Learner Meet Up, which is taught by older adults and is for those with similar interests for socialization.

A significant portion of ARPA funds await legislative approval for expenditure. One pillar of the proposed plan will benefit older adults and caregivers through the proposed Long-Term Care Information and Education Campaign and Independent Options/Choice Counseling System. The proposal assists individuals to better understand and navigate HCBS options through informational trainings, videos, print resources, and a website developed to promote HCBS and long-term care literacy and planning (including community mental health services). Additionally, this proposal will create a statewide Independent Choice Counseling system which will serve individuals of all ages, elevate the current array of services into a comprehensive, statewide no wrong door approach, and will build upon the current resources and expertise in the system.

EMERGENCY PREPAREDNESS

Strategic planning and emergency preparedness are important elements of the AAA Multi-Year Plans and Annual Implementation Plans, and the ACLS Bureau works in conjunction with the AAAs and their providers for planning for response to, and recovery from public health emergencies as well as natural and other disasters within Michigan.

The ACLS Bureau is a designated liaison to the Michigan State Police Emergency Management and Homeland Security Division (MSP/EMHSD), the Michigan Department of Health & Human Services – Office of Public Health Preparedness (MDHHS-OPHP), the Federal Emergency Management Agency, and other appropriate local, state, and federal emergency preparedness and homeland security agencies. This role includes participation in statewide disaster drills and communication. With the ACLS Bureau at the table, communication with other state agencies and the State Emergency Operations Center is shared regarding the number of vulnerable older adults in the affected area who may need assistance with getting transportation, food, or medical assistance during the disaster. In turn, AAAs reach out to these individuals and families or caregivers via phone or other means to make sure they are safe. The AAAs also use emergency personnel to check on them if needed.

The ACLS Bureau staff keep track of activities in the Michigan Critical Incident Management System, a virtual website that can be accessed from anywhere and can be seen by MSP/EMHSD staff as well as state and local emergency management partners, allowing for continued communication with all agencies about the status of activities.

STATE PLAN QUALITY MANAGEMENT

During this State Plan cycle, the ACLS Bureau will collect data, monitor, and report performance on program and service delivery for the OAA State Program Report with the state's NAPIS and the new national OAA Performance System. AAAs and contracted service providers collect and enter detailed information on OAA program participants, services, and expenditures via these mechanisms, and this information is reported annually. These data provide information about the level and frequency of services provided, the number and percentages of different demographic groups of people and organizations receiving services, and the percentage of people with the greatest economic and social need formed by each demographic group. The ACLS Bureau is evaluating NAPIS reporting processes and procedures to ensure accurate data collection.

Beginning in FY 2023, the ACLS Bureau began collecting additional fields of data, including sexual orientation and gender identity. Title III-D Evidence-Based Disease Prevention Programs also began collecting information on social isolation. The ACLS Bureau ensures that Title III-D programs are evidence-based, by meeting the requirements set by ACL on a national level (i.e., National Council on Aging) and/or by criteria set by the SUA. Health and Wellness Coordinators from the AAAs meet monthly and training is provided by the ACLS Bureau staff to ensure consistent delivery, reporting, and collection. Post-workshop satisfaction questionnaires are aggregated and reviewed by the Wellness Coordinator group to identify opportunities for improvement.

Updated Title III-C Nutrition Program Operating Standards will be in place for FY 2024 to ensure the alignment of federal and state policies and practices. Stakeholders, including AAA staff and nutrition providers, have been engaged in the Operating Standards revision process. The ACLS Bureau is identifying evaluation gaps and opportunities for improvement in nutrition meal programs, including routine evaluations and enhanced documentation. In addition to the activities described, the ACLS Bureau will continue its existing quality management initiatives which include an array of person-centered HCBS-related efforts and compliance monitoring of AAAs to strengthen assessments and oversight responsibilities.