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Michigan Department of Health & Human Services

MICHIGAN

STATE PLAN ON AGING

2024-2026

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MICHIGAN STATE PLAN ON AGING

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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

PRINCIPLES

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.

June 16, 2023

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

June 16, 2023

Robert Schlueter
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), presents 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 to live 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.

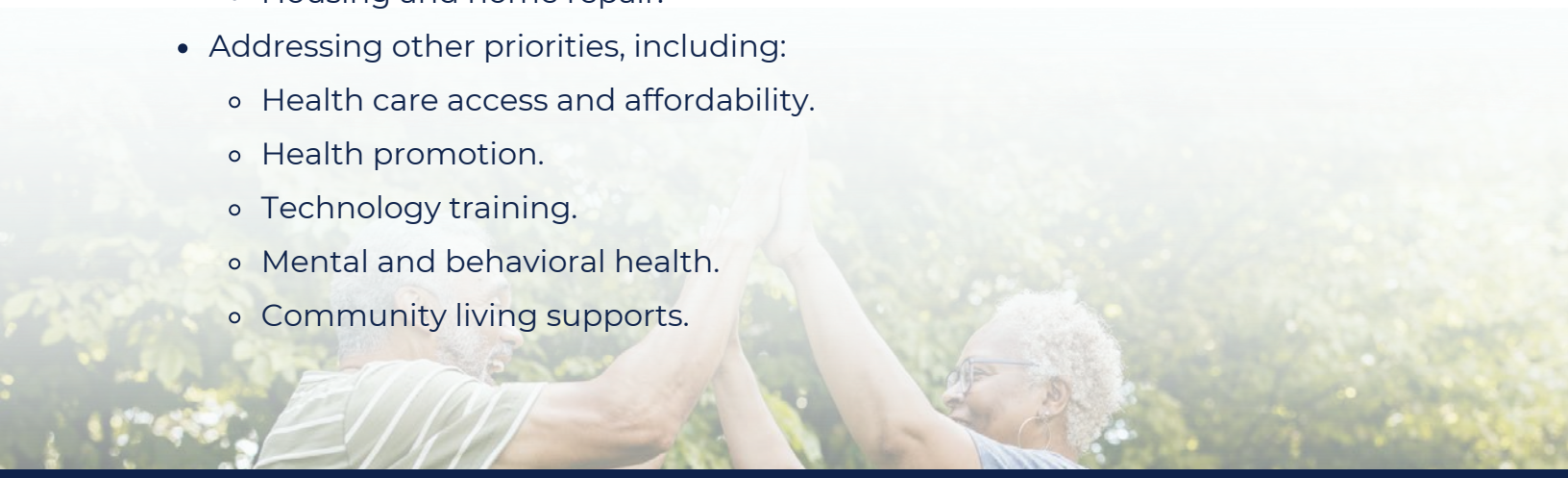
The ACLS Bureau recognizes the importance of a multi-sector approach to delivering long-term services and supports (LTSS) that help older adults live their lives with dignity and purpose in their communities, especially for those who have faced barriers to accessing services in the past. The ACLS Bureau 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 Health Assessment**, **State Health Improvement Plan**, **Diversity, Equity, and Inclusion (DEI) Plan**, the state's **Social Determinants of Health Strategy**, and **Michigan's Age Friendly Plan**, reflecting a commitment to make Michigan more livable for people of every age.

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.

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 following regional priorities:

- 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.
- Addressing other priorities, including:
  - Health care access and affordability.
  - Health promotion.
  - Technology training.
  - Mental and behavioral health.
  - Community living supports.



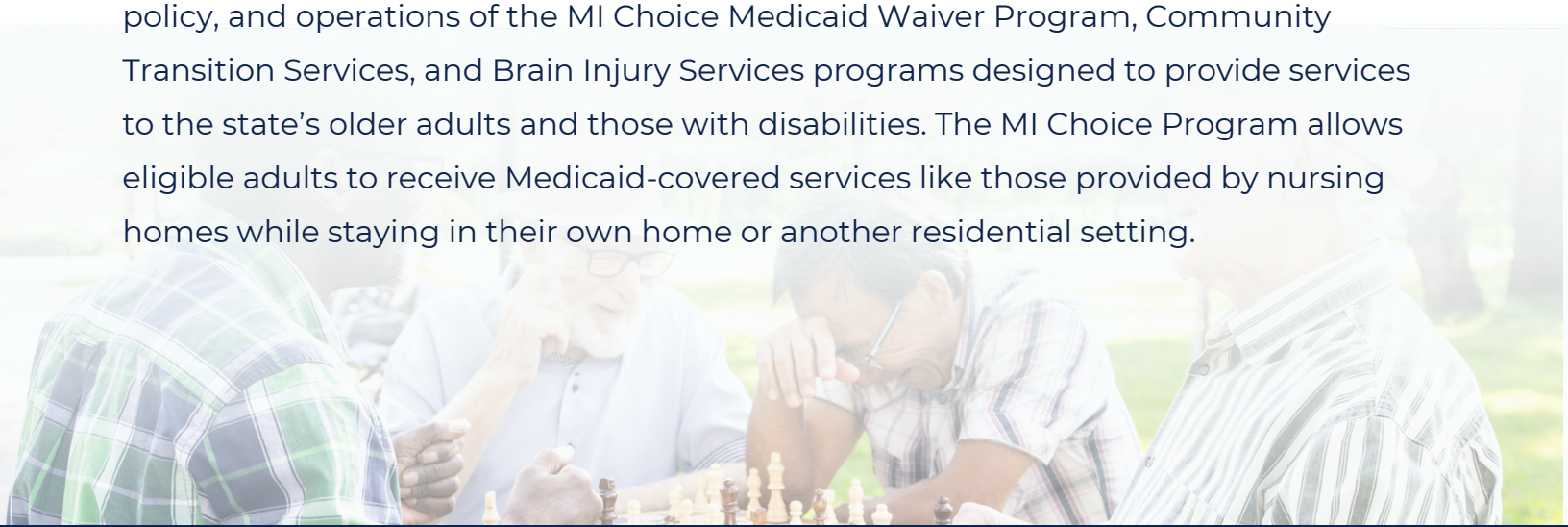
CONTEXT AND STATEWIDE OLDER ADULT NEEDS ASSESSMENT

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 the 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 approximately 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 to 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 16 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 and Senior Volunteer Program (RSVP) Association
- State Advisory Council on Aging

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 Key Topic Areas: OAA Core Programs, COVID-19, and Equity

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: Identify and 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 review operating standards and determine if any standards are causing barriers to specific populations, including LBGTQ+ older adults. • Identify and address barriers to services embedded in both policies and guidance by analyzing annual data submitted by the AAAs as well as through quarterly meetings with the AAAs. • Address barriers by submitting updates to operating standards to CSA for approval.
Objective 1.2: Increase AAA understanding of current and updated standards.	• Educate AAAs on flexibilities and waivers within the Operating Standards. • Provide quarterly trainings to the AAAs on any updated operating standards and evaluate training impact.

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, using State Progress Report data and updated U.S. Census information. • Analyze U.S. Census and annual service data by region to identify OAA priority populations that may be underrepresented and/or facing service gaps and discuss with AAAs during quarterly meetings. • Annually identify which AAA regions have a substantial number of older adults who are limited English-speaking through program reporting data (e.g., NAPIS) and review AAA's goals, approaches, and progress in reaching target populations. • Analyze annual State Program Report and U.S. Census 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. • Promote increased outreach for OAA programs and enhanced awareness of services by including this as a criteria in the multi-year and annual implementation plans.

KNOWLEDGE & AWARENESS

ACL Key Topic Areas: OAA Core Programs, COVID-19, Equity, Expanding Access to HCBS, and Caregiving

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 (DCW), ensuring materials developed are culturally and linguistically appropriate.	• Leverage American Rescue Plan Act (ARPA) funding and collaborate to launch media campaigns highlighting importance and availability of LTSS as well as the opportunity for DCW employment. • Identify other programs at MDHHS for partnership on healthy aging and LTSS messaging to achieve a statewide reach. • Work with culturally and linguistically relevant partners to identify target audiences and messaging for both LTSS and DCW campaigns. • Work collaboratively 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 public. • Use plain language, culturally and linguistically appropriate messaging (not just translations), and Americans with Disabilities Act (ADA) compliant resources. • Avoid the use of abbreviations and acronyms in public messaging. • Review the MDHHS website at least quarterly and update the ACLS Bureau's pages with relevant and timely information on AAAs and available aging and long-term care services. • Utilize GetSetUp to communicate information for older adults and caregivers in an effective way.

STRENGTHENING PARTNERSHIPS

ACL Key Topic Areas: OAA Core Programs, COVID-19, and Equity

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 and Caregivers

OBJECTIVES	STRATEGIES
Objective 3.1: Build partnerships and networks with at least three 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 affiliated 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 three 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 and establish appropriate timelines for communicating and sharing information and contacts. • Encourage AAAs to work with local partners (housing, transportation, legal services, Assistive Technology 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 making presentations during at least four conferences and/or meetings per year outside the aging network.	• Use data gathered from needs assessments, multi-year/annual implementation plans, and surveys of state level partners to develop a 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 about older adult programs at least quarterly.
Objective 3.3: Promote and increase utilization of national Technical Assistance and Resource Center tools and guidance by ACLS Bureau staff and AAAs from nominal to regularly.	• Add discussion and introduction of tools to the ACLS Bureau and partner meetings as well as professional development opportunities. • Promote and track utilization of tools and guidance across all programs. • Survey AAAs annually to assess increase in utilization of tools and resources. • Review and prioritize which tools and resources are most useful in Michigan.

OPTIMAL HEALTH & PRESERVING INDEPENDENCE

ACL Key Topic Areas: OAA Core Programs, Equity, Expanding Access to HCBS, and Caregiving

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 as reported in NAPIS.	• 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. • Increase the knowledge of providers who attend the annual Nutrition and Wellness Summit and other forums regarding culturally relevant meals and preferences, innovative ideas, and best practices. • Continue partnership with the Food Bank Council of Michigan to fill food insecurity gaps through expansion of Food Box program or other initiatives.

OBJECTIVES	STRATEGIES
Objective 4.2: Improve the ability of older adults in Michigan who have participated in Evidence-Based Disease Prevention (EBDP) programs to manage chronic conditions and reduce fall risk.	• Survey sample of EBDP participants annually on impact of programming. • Distribute StayWell resources to aging network partners and AAA EBDP/wellness coordinators as received from the StayWell Project manager. • Increase awareness and education opportunities related to home modification services and fall prevention to support safety and independence by promoting Housing and Recovery through Peer Services (HARP), Stopping Elderly Accidents, Deaths & Injuries (STEADI), or similar programs. • Increase the number of organizations represented in the Statewide Falls Prevention Coalition by 25% for greater engagement, collaboration and access to information and resources.
Objective 4.3: Increase overall respite opportunities for and outreach to Michigan's family caregivers.	• Fully expend all caregiver funding sources, including the Merit Award Trust Fund. • Compile and distribute a resource guide of available respite services by facilitating state-wide information and resource sharing amongst all AAAs. • Ensure outreach and Information and Assistance efforts include sharing information about available respite services. • Engage with large employers, younger caregivers, and those about to retire to offer resources and information about family caregiver programs and supports.
Objective 4.4: Reduce by 5% 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.	• Collect data to identify that the participant accepted and received the listed LTSS components of the program. • Collect data to determine if the participant was readmitted to a medical care institution within 30 days for the same diagnosis.

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.”

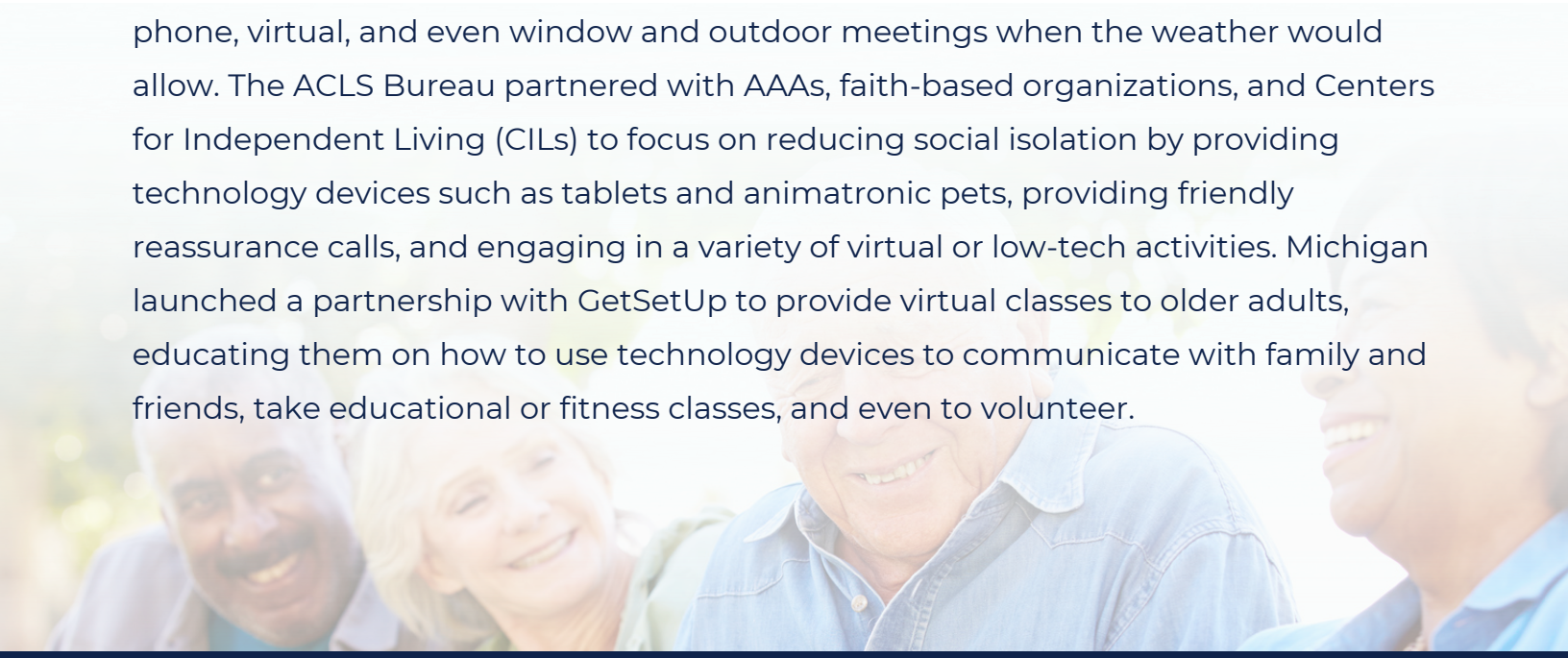
Throughout the last three years, the ACLS Bureau has had to shift how key programs and services have been delivered to better meet the needs of the older adult population. In preparation for addressing the federal Public Health Emergency (PHE), the ACLS Bureau reviewed CSA-approved definitions, standards, 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 officially ending on May 11, 2023, the ACLS Bureau made a recommendation to the CSA at their meeting on May 19, 2023, that the authorities be returned. The CSA approved the recommendation.

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.

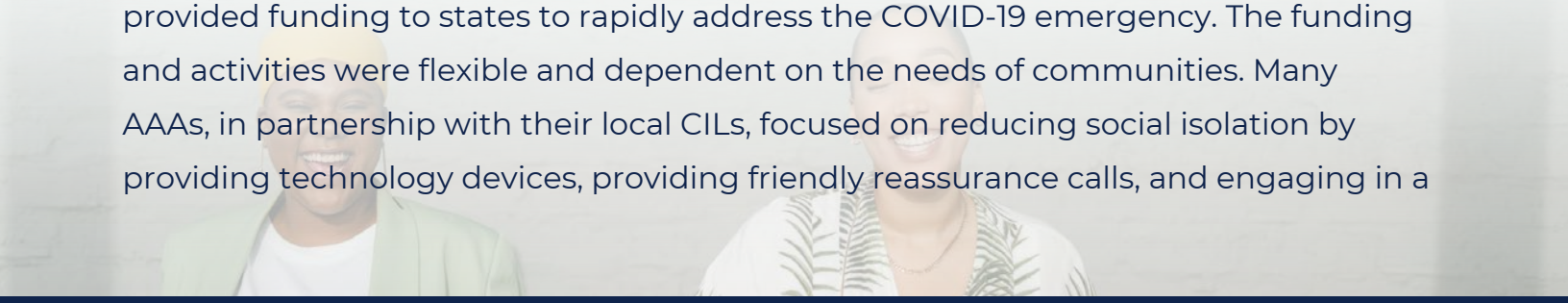
The pandemic limited the ability of the State Long-Term Care Ombudsman (SLTCO) to safely meet with clients residing in nursing facilities. This involved transitioning to phone, virtual, and even window and outdoor meetings when the weather would allow. The ACLS Bureau partnered with AAAs, faith-based 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 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 Standard, which will allow participating AAAs to continue providing carry out meals 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 a socialization opportunity for those with similar interests.

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.

CLOSING STATEMENT

ACLS Bureau staff look forward to working with our aging network partners and others to implement this State Plan on Aging for Fiscal Years 2024-2026. Appreciation is once again extended to individuals and organizations across the state who participated in the needs assessment activities, goal setting, plan development, and review of the document. The identified goals and objectives of this plan are designed to be ambitious but realistic to achieve within the scope of the Bureau's State Unit on Aging functions and in compliance with statutory and regulatory requirements.

ATTACHMENTS

ATTACHMENT A

STATE PLAN ASSURANCES & REQUIRED ACTIVITIES

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

The language in this Attachment A appears exactly as it is written in the statutory assurances of the Older Americans Act, as amended in 2020.

SEC. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

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

G)

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

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

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

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

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

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

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

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

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

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

Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

SEC. 306, AREA PLANS

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

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

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

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

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

(C) legal assistance;

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

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

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services —

(4)(A)

(i)

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

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

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

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

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

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

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

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

(C)

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

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

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

(L) assistive technology devices and services; and

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

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

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

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

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

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

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

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

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

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

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

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

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

SEC. 307, STATE PLANS

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

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

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

(3) The plan shall—

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

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

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

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

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

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

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

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

(9) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

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

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

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

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

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

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

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

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

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

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

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

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

SEC. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order…

June 16, 2023

Farah Hanley

Date

Senior Chief Deputy Director for Health

June 16, 2023

Robert Schlueter

Date

Chair, Commission on Services to the Aging

ATTACHMENT B

INFORMATION REQUIREMENTS

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

SECTION 305(A)(2)(E)

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

RESPONSE

The Behavioral and Physical Health and Aging Services Administration, Bureau of Aging, Community Living, and Supports' (ACLS Bureau) minimum service standards for Area Agencies on Aging (AAA) require that a comprehensive and coordinated service delivery system be developed, with preference given to serving older adults in greatest social or economic need. For this State Plan period, targeted (traditionally underserved) populations will be served at the same level as their percentage in the total population, at minimum, and AAAs shall strive to increase the percentage of targeted populations served based on specific objectives in area plans.

"Greatest economic need" refers to the need resulting from an income level at or below the poverty threshold established by the federal government each year. The poverty level for 2023 is defined as $14,580 for a single individual and $19,720 for a family of two. "Greatest social need" refers to the need caused by non-economic factors such as physical and mental disabilities, language barriers, and cultural, social, or geographical isolation that restricts an individual's ability to perform normal daily tasks or threatens one's capacity to live independently.

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

- Application of weighted factors for low-income, minority, limited English proficiency, age 85 and older, and rural older adults in the distribution of funds to each of Michigan's 16 Planning and Service Areas (PSA).
- Assuring that AAAs target contracts for social services and nutrition in areas with high concentrations of older adults having the greatest economic and social need.
- Encouraging AAAs to award Older Americans Act (OAA) service contracts or subcontracts to minority-owned and operated organizations, at least in proportion to the number of minority persons of all ages residing within the PSA, through language in the Operating Standards for Service Program and AAAs. Technical assistance will also be provided.
- Assuring AAAs target services for persons with physical and mental disabilities by establishing a minimum expenditure level of state funds for in-home services and home-delivered meals.
- Requiring all AAAs and contractors under area plans to ensure that services are provided to low-income and minority older adults in proportion to their relative needs as determined by regional surveys and ensure that services to these groups are not reduced. As part of the area plan development process, all AAAs are required to conduct comprehensive surveys of needs within the PSA, and to utilize demographic data in targeting services.

SECTION 306(A)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE

The ACLS Bureau's operating standards contain an Assistive Devices and Technologies Standard. The purpose of the standard is to provide assistive devices and technologies to enable individuals to live independently in the community according to their preferences, choices, and abilities. This service helps individuals to learn about and acquire devices, equipment, and supporting technologies that assist in conducting activities of daily living. Such devices may include, but are not limited to, Personal Emergency Response Systems (PERS), wheelchairs, walkers, lifts, medication dispensers, etc. The AAAs are allowed to use Title III-B federal funds, Title III-E federal funds, and Alternative Care and In-home Services state funds.

Also, ACLS Bureau will work with the AAAs to promote utilization of the Michigan Assistive Technology Program, which is administered by the Michigan Disability Rights Coalition (MDRC) via federal funding allocated to the Michigan Rehabilitative Services at the Michigan Department of Labor and Economic Opportunity. Related projects include the Michigan Assistive Technology Fund, which supports the purchase of needed technology through low interest rates and loan guarantees and is administered by the United Cerebral Palsy Association of Michigan. Support for kinship caregivers and parents or guardians of children with disabilities is also provided through Disability Rights Michigan, the state's protection and advocacy agency.

SECTION 306(A)(17)

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

RESPONSE

The ACLS Bureau has required AAAs, as part of their FY 2023-2025 multi-year plans, to describe their strategic planning efforts, including emergency preparedness and response to climate related or other disasters. This includes responses to the following questions:

1. Describe the area agency's process to analyze its strengths, weaknesses, opportunities, and threats.
2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community-Based Services Waiver and/or managed health care could impact the organization.
3. Describe what the area agency would do if there was a 10% funding cut from the ACLS Bureau, including specific details about the area agency's planned process for establishing service priorities, modifying service delivery, and any other contingency planning methods.
4. Describe the area agency's future plans with respect to pursuing, achieving, or maintaining accreditation(s) such as National Center for Quality Assurance, Commission on Accreditation of Rehabilitation Facilities, Joint Commission on Accreditation of Hospitals, or other accrediting body; or pursuing additional accreditations and why.
5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.
6. Describe your agency's emergency planning system, how planning is updated, and whether back-up systems are adequate to maintain services during potential disruptions.

The ACLS Bureau will continue to support and coordinate emergency preparedness activities, including those related to nutrition services, with AAAs through their area plans. The AAAs are allowed to use funding available through Title III-B, federal and state administrative funds, and program development funds for emergency preparedness activities. Additionally, AAAs under their approved area plans are required to cooperate in efforts to maintain and update a plan that adequately addresses the needs of older adults in the event of an emergency. These plans will address the provision of meal services, both congregate and home-delivered, in the event of an emergency.

SECTION 307(A)(2)

The plan shall provide that the State agency will —...
(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

RESPONSE

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

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

SECTION 307(A)(3)

The plan shall—...

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

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

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

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

RESPONSE

Regarding services funded under this State Plan, preference will be given to those older adults residing in rural areas, including assurance that AAAs spend at least 105% of the amount spent in FY 2000 under the OAA for services to older adults in rural areas. Based on FY 2022 federal and state service expenditures, the cost of providing services, including access to those services for older adults, is reflected in the following chart. It is estimated that costs of providing these services will remain about the same for each fiscal year to which this plan applies. The ACLS Bureau would like to note the FY 2022 expenditures include funding from the American Rescue Plan Act, which are one-time funds and currently scheduled to end on September 30, 2024.

FY 2022 Expenditures for Rural Clients by Service Category		
Service Category	**Total Service Expenditures**	**Expenditure for Rural Clients**
Adult Care Services	$3,669,227	$895,862
Assistance to Hearing Impaired & Deaf Community	$434,919	$0
Assistive Devices & Technologies	$793,501	$0
Care Management	$8,285,271	$3,301,115
Care Transition Coordination & Support	$99,127	$50,053
Caregiver Counseling	$4,247	$642
Caregiver Supplemental Service	$137,951	$58,487
Caregiver Support Group	$68,724	$25,805
Caregiver Training	$248,454	$95,766
Case Coordination & Support	$2,992,959	$1,302,825
Chore Services	$450,276	$155,765
Chore Services - Respite Care	$72,068	$71,482
Community Living & Support	$1,261,056	$905,546
Community Support Navigator (RSD*)	$364,081	$0
Congregate Meals	$12,040,055	$6,473,838
Counseling	$16,665	$0
Crisis Services for the Elderly (RSD*)	$139,205	$0
Dementia Friends (RSD*)	$8,121	$0
Disease Prevention/Health Promotion	$1,504,805	$95,399
Elder Abuse Prevention	$188,714	$125
Friendly Reassurance	$188,872	$58,181
Gap Filling/Special Needs (RSD*)	$512,565	$22,323
Home Delivered Meals	$41,126,049	$17,128,465
Home Delivered Meals - Respite Care	$1,055,740	$3,620

*Regional Service Definition

Service Category	Total Service Expenditures	Expenditure for Rural Clients
Home Injury Control	$139,760	$0
Home Repair	$78,388	$0
Homemaker	$9,041,378	$3,838,317
Homemaker - Respite Care	$115,424	$104,740
In Home Respite Care	$3,885,883	$2,108,457
Independence by Choice	$25,227	$3,385
Information & Assistance	$2,109,150	NA
Kinship Respite Care	$264,708	$25,809
Legal Assistance	$987,823	$32,624
Medication Management	$452,921	$0
Nutrition Education	$3,111	$0
Ombudsman	$1,319,471	NA
Options Counseling	$475,532	$246,789
Out of Home Respite Care	$48,615	$0
Outreach	$1,349,656	NA
Personal Care	$6,634,532	$2,048,862
Personal Care - Respite Care	$353,388	$340,612
Program Development	$2,089,456	NA
Senior Center Operations	$380,713	$230,550
Senior Center Staffing	$343,636	$0
Transportation	$1,404,558	$1,393,829
Vision Services	$90,369	$0
Volunteer Respite Care	$329,642	$65,775
Totals	**$107,585,993**	**$41,112,666**

SECTION 307(A)(10)

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

RESPONSE

Seven and one-half percent (7.5%) of service funds are allocated based on geographic distribution in order to target additional resources to PSAs with large populations of older adults residing in rural areas. The ACLS Bureau maintains a web-based National Aging Program Information System (NAPIS) to retrieve and analyze data regarding services provided to older adults and their caregivers. To determine rural expenditures, the ACLS Bureau uses the rural designation by zip code from the U.S. Census Bureau and applies those percentages to the actual number of people served in each zip code in Michigan.

SECTION 307(A)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and
(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

RESPONSE

60+ Population in Michigan	60+ Population below 150% of poverty	Minority 60+ Population below 150% of poverty with language other than English spoken at home
2,438,550	**402,155**	**5,090**

Source: U.S. Census Bureau, American Community Survey, 2017-2021

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

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

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

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

The ACLS Bureau also administers the State Health Insurance Assistance Program (SHIP) and Medicare Improvement for Patients and Providers Act (MIPPA) programs. These programs also focus on providing outreach and assistance to historically underserved older adults, including those in rural areas, those who identify as Native American, those with limited English proficiency, and those with disabilities.

SECTION 307(A)(21)

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

RESPONSE

The ACLS Bureau provides assurance that its minimum operating standards for AAAs require that there is special emphasis placed on reaching the Native American elder population, and that access to outreach is also made available. AAAs are required to develop, implement, and evaluate outreach efforts which identify individuals eligible for assistance under this Act, and to inform those individuals and caregivers of older individuals of the assistance that is available. New annual implementation plan guidance instituted for FY 2024 also includes new Tribal notification requirements to encourage and foster collaboration between Title III and Title VI programming. The ACLS Bureau will also work closely with the MDHHS Tribal Liaison, particularly in implementing Goal 3 collaboration and coordination efforts.

SECTION 307(A)(27)

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

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

RESPONSE

The ACLS Bureau receives a multi-year plan every three years from the AAAs which includes an annual implementation plan and budget for the following FY. The current multi-year plan cycle covers FY 2023-2025. During each multi-year plan cycle, the AAAs look at key changes and current demographic trends, census information, elder-economic indexes, and other relevant sources of information regarding the population in the service area. They will also review this information during each annual implementation plan cycle. They identify breakdowns by age group, poverty level, etc. and analyze the information to determine what the needs look like now and in the future to start preparing to address trends.

With emerging service demand challenges, it is essential that AAAs carefully evaluate the potential, priority, targeted, and unmet needs of their service populations to form the basis of an effective multi-year plan. As such, the ACLS Bureau requires each AAA to provide the following service population information as part of their multi-year plan:

- Key changes and current demographic trends since the last multi-year plan in order to provide a picture of the potentially eligible service population using census, elder-economic indexes, or other relevant sources of information.
- Eligible service population characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc.
- A summary of the results of a self-assessment of the AAA's service system dementia capability using the ACL Dementia Capability Quality Assurance Assessment Tool, including areas where the AAA service system demonstrates strengths and areas of improvement. Future plans to enhance dementia capability are also presented.

- Where program resources are insufficient to meet service demand, a summary of how service plans prioritize clients waiting to receive services based on social, functional, and economic needs.
- A summary of the AAA Advisory Council input on service population priorities, unmet needs priorities, and strategies to address service needs.
- A summary of how each AAA uses information, education, and prevention services to promote early interventions and delay the need for more intensive services that are often more costly and complicated to deliver.
- The ACLS Bureau has also emphasized strategic planning with AAAs to support the mission of remaining viable and capable of being customer sensitive, demonstrating positive outcomes for persons served, and meeting the programmatic and financial requirements of the ACLS Bureau. This includes an "Organizational Strengths, Weaknesses, Opportunities, and Threats" (SWOT) analysis within each PSA.
- A description of what each AAA would do if there was a 10% reduction in funding.
- A description of plans regarding pursuing, achieving, and/or maintaining accreditation(s) and why.
- A description of what ways the AAA is planning to use technology to support efficient operations, effective service delivery, and performance and quality improvement.
- A description of the AAA's strategy for developing and sustaining capacity for Evidenced-Based Disease Prevention (EBDP) Programs and the agency's provider network EBDP capacity.

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

Additionally, the SUA has an established relationship with the State Demographer's Office. The Demographer, upon request, can provide the SUA and the Michigan Commission on Services to the Aging (CSA) with analysis and projections for the older adult population, including those age 85 and older. This information is used to provide guidance and support to the AAAs impacted by significant changes.

SECTION 307(A)(28)

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

RESPONSE

As noted above, the ACLS Bureau has required AAAs to describe their strategic planning efforts, including emergency preparedness and response to climate related or other disasters. Additionally, 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 and Human Services – Office of Public Health Preparedness, 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 of relevant information to and from AAAs.

SECTION 307(A)(29)

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

RESPONSE

The ACLS Bureau will continue to provide technical assistance, training, monitoring, and oversight to AAAs on developing and refining their emergency preparedness plans. The ACLS Bureau oversight may include, but is not limited to, plan reviews, on-site visits, and regional and/or statewide emergency preparedness workshops. AAA participation will also be encouraged, as appropriate, in MSP/EMHSD emergency preparedness training,

emergency drills, full scale exercises, and actual event response and recovery activities. The ACLS Bureau encourages AAAs to communicate and coordinate with their local emergency planning and response partners whenever and wherever possible.

SECTION 705(A) ELIGIBILITY —

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State Plan submitted under section 307—. . .
(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).
(Note: Paragraphs (1) through (6) of this section are listed below)
In order to be eligible to receive an allotment under this subtitle, a State shall include in the State Plan submitted under section 307—

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

RESPONSE

The ACLS Bureau continues to assure that in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, it will establish programs in accordance with the requirements of the chapter and this chapter.

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

RESPONSE

The CSA hosts 4-5 public hearings each year to better understand issues facing older Michigan residents, their caregivers, and the service provider community. The ACLS Bureau works with the MDHHS Tribal Liaison to ensure that the information is sent to the appropriate Title VI grantees and other Tribal contacts. Another important vehicle for public input is the State Advisory Council on Aging (SAC), comprised of older adults and other individuals representing aging services, community service organizations, and/or institutions of higher education. Appointed by the Commission, the SAC offers recommendations on a

wide variety of program and policy matters. Finally, the ACLS Bureau serves as a consultant on planning and hosting the annual Older Michiganians Day, a legislative senior advocacy event attended by more than 1,000 older adults throughout the state.

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

RESPONSE

The ACLS Bureau assures continuation of area and state planning activities to clearly identify and prioritize statewide activities related to accessing, securing, and maintaining benefits and rights. AAAs directly, and through participation in ADRCs, provide specific plan goals detailing services for older adults with benefits and rights concerns. SHIP and MIPPA partnerships with AAAs, MMAP, Inc., Centers for Interdependent Living, and local elder and disability rights programs will ensure access to benefit information and referral for direct case assistance, as needed.

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

RESPONSE

The ACLS Bureau agrees to not supplant any funds currently expended under any federal or state law to carry out each of the vulnerable elder rights protection activities described in this chapter. The ACLS Bureau will monitor AAAs to ensure compliance with all maintenance of effort policies and program funding requirements. Further, the ACLS Bureau. in partnership with AAAs, MMAP, Inc., Michigan Elder Justice Initiative, and other related key organizations, will continue efforts to secure additional funding to expand elder rights program efforts and program access for vulnerable adults. Additionally, the Michigan legislature has appropriated funding annually since FY 2015 to support elder abuse prevention efforts statewide. This funding is in addition to any federal elder abuse prevention efforts.

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

RESPONSE

The ACLS Bureau will continue to use the existing process to designate local ombudsman entities. This process was promulgated by the CSA on April 15, 2011, to authorize the State Long-Term Care Ombudsman (SLTCO) to employ the requirements in clauses (i) through (iv) of Section 712(a)(5)(C). Starting in FY 2017, the SLTCO office began operating under a grant from the Aging and Adult Services Agency (now the ACLS Bureau) to the Michigan Advocacy Program, which staffs the SLTCO office and employs the State Long Term Care Ombudsman.

6. an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

RESPONSE

The ACLS Bureau assures compliance with all requirements contained in part six (6) of Section 705(a)(7). State laws – the Social Welfare Act (MCL 400.11 et. seq.), Michigan's Financial Exploitation statute (MCL 750.174a) and the Financial Exploitation Prevention Act of 2020 (MCL 487.2085) – and the minimum operating service standards that mandate coordination of elder abuse prevention and intervention activities with Adult Protective Services (APS) and law enforcement. The ACLS Bureau partners with the MDHHS Economic Stability Administration, Division of Adult Services (the APS entity in Michigan) in a coordinated elder abuse prevention effort with the AAAs, APS, Michigan State Police, Michigan Department of Attorney General, Prosecuting Attorneys Association of Michigan, Elder Law of Michigan, and the State Long-Term Care Ombudsman Program. Prevention education/awareness efforts are hosted by these partners and others, and have included opportunities such as a statewide Elder Abuse Summit and activities under the Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) Initiative.

During the implementation of this state plan, the coordinated approach will lead to expanded public awareness of abuse and exploitation, as well as to victims' access to services and resources. The ACLS Bureau and partner agencies strictly follow procedural and statutory client consent and confidentiality policies when referring victims and at-risk individuals to services and programs. The release of confidential information is only allowed within the exceptions cited in the Older Americans Act. No program participants will be forced to participate or cooperate in any programs or services. If an APS investigation is initiated following a report of suspected abuse, exploitation, or neglect, the client can refuse any support or resources that are recommended.

A package of eleven elder abuse laws signed in 2012 strengthened Michigan's system to prevent abuse, neglect, and exploitation by: increasing penalties; providing tools for law enforcement and courts; requiring mandatory reporters; and making reporting and prosecuting elder abuse easier. In 2020, Governor Gretchen Whitmer signed the new Financial Exploitation and Prevention Act (FEPA) which designates staff at banks and credit unions that have a physical location in Michigan as mandatory reporters of suspected financial exploitation. It also increased penalties for specific financial crimes.

ATTACHMENT C

INTRASTATE FUNDING FORMULA REQUIREMENTS

On May 19, 2023, the Michigan Commission on Services to the Aging (CSA) approved continuing the following current factors and weights for the Michigan Intrastate Funding Formula (IFF) for designated Program Service Areas (PSAs), including the geographic base:

- The number of persons age 60+.
- The number of persons age 60+ with incomes at or below 150% of the poverty level.
- One-half (.5) the number of older adults identified as nonwhite by race.

The CSA also approved the addition of two new factors:

- One-half (.5) the number of residents age 85-plus.
- One-half (.5) the number of age 60+ who “speak English less than well.”

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

DATA SOURCE

In consultation with and advice of the U.S. Census Bureau, the ACLS Bureau utilizes the five-year American Community Survey (ACS) as the "best available data" for use by the IFF. ACS data from the period of 2017-2021 is the most recent available and will be used to calculate the proportion of funding available to each PSA.

IMPLEMENTATION

The CSA maintained the practice of reviewing the IFF and applying updated Census data at five-year intervals using data from the ACS. Additionally, the CSA directed the ACLS Bureau to phase in the impact on funding allotments of the new IFF over a two-year period, specifically FYs 2024 and 2025. The next CSA review of the IFF is scheduled in advance of the FY 2029 funding allotments.

Each PSA's percentage of the state's weighted population is calculated by adding the fully weighted and half weighted factors. The sum of these factors is then divided by the state's total weighted population after the geographic base, determined by the number of square miles, is subtracted.

Michigan is divided into 16 PSAs, and each is served by an Area Agency on Aging. Older Americans Act and state funds subject to the IFF are therefore allocated using the following weighted formula:

PSA Population	=	# age 60 and over in PSA	+	# age 60 and over below 150% of poverty in PSA	+	# age 60 and over nonwhite in PSA x.5	+	# age 85 and over in PSA x.5	+	# age 60 and over who speak English less than well in PSA x.5
Divided by										
State Population	=	# age 60 and over in state	+	# age 60 and over below 150% of poverty in state	+	# age 60 and over nonwhite in state x.5	+	# age 85 and over in state x.5	+	# age 60 and over who speak English less than well in state x.5

FORMULA FACTOR IMPORTANCE

Factor	Weight	x	Population	equals	Weighted Population	% of Funds Distributed by Factor
Age 60+	1		2,438,550		2,438,550	77.38
Low Income	1		402,155		402,155	12.76
Non-white	0.5		373,280		186,640	5.92
Age 85+	0.5		208,080		104,040	3.3
Limited English	0.5		40,000		20,000	0.63
Totals					3,151,385	100

GEOGRAPHIC BASE

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

Service Category Funds for PSA	=	(PSAs State Weighted Formula Percentage	x	92.5% of Service Category Funds)	+	(% of State Geog. Area (square miles)	x	7.5% of Service Category Funds)

PSA IMPACT: 2024 WEIGHTED POPULATION AND GEOGRAPHIC CALCULATIONS

PSA	Age 60+ (100%)	Age 60+ 150% of Poverty (100%)	Age 60+ Non-White by Race (50%)	Age 85+ (50%)	"Speaks English less than well" (50%)	Weighted Formula Funding Share	AAA Square Miles	Geographic Formula Share
1A	152,620	51,285	60,933	6,635	2,288	8.70%	154	0.27%
1B	721,105	95,095	51,030	30,913	8,858	28.88%	3,922	6.90%
1C	241,175	38,000	18,900	10,405	4,113	9.99%	460	0.81%
2	78,525	11,810	1,998	3,303	155	3.03%	2,058	3.62%
3A	54,640	7,195	2,958	2,295	93	2.12%	562	0.99%
3B	49,860	8,815	2,195	2,180	88	1.99%	1,266	2.23%
3C	26,245	4,270	600	870	70	1.01%	1,012	1.78%
4	77,070	13,995	4,268	3,390	245	3.13%	1,683	2.96%
5	141,545	24,040	10,375	5,760	333	5.75%	1,836	3.23%
6	102,245	13,050	6,073	4,358	750	4.01%	1,711	3.01%
7	179,925	33,815	7,338	8,375	315	7.25%	6,605	11.62%
8	232,630	39,020	10,398	9,225	1,798	9.30%	6,008	10.57%
9	80,670	15,315	1,155	3,103	78	3.17%	6,816	11.99%
10	96,755	13,945	1,460	4,198	73	3.67%	4,724	8.31%
11	92,200	16,275	2,475	4,135	103	3.64%	16,411	28.87%
14	111,340	16,230	4,485	4,895	648	4.36%	1,614	2.84%
TOTALS	**2,438,550**	**402,155**	**186,638**	**104,040**	**20,003**	**100.00%**	**56,842**	**100.00%**

NOTE: Minor deviations in the statewide totals in the Formula Factor Importance table and the PSA Impact table are due to rounding of regional totals.

FUNDING CATEGORIES

Funding for each PSA has two components: administrative funds and service category funds. Administrative (ADM) funds = federal and state administrative funds.

Service categories (with abbreviations) subject to IFF = Titles III-B, III-C1, III-C2, III-D, III-E, Title VII Elder Abuse Prevention (EAP), State Access, State In-Home, State Congregate (Cong) Meals, State Home Delivered Meals (HDM), State Alternative (Alt) Care, State Aging Network Services (ANS), State Caregiver (CG) Support, State Respite Care, State Merit Award Trust Fund (MATF).

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

ALLOCATIONS OF FUNDS BY PLANNING AND SERVICE AREA

The federal and state allocation estimates are based on the current IFF ending September 30, 2023, and do not include the new IFF factors for FY 2024. An asterisk (*) next to the fund source name in the tables below denotes a fund source that is subject to the IFF for allocation purposes.

FEDERAL ALLOCATIONS

PSA	Weighted Formula	Geo-graphic Base	Title III Adm*	III-B*	III-C1*	III-C2*	III-D*	III-E*	VII-A	VII EAP*	NSIP
1A	0.0927	0.0027	387,180	925,678	1,224,033	826,912	70,448	437,554	14,656	13,779	529,878
1B	0.2804	0.069	1,191,700	2,849,137	3,767,445	2,545,146	216,831	1,346,744	18,728	42,409	1,662,346
1C	0.0947	0.0081	397,339	949,964	1,256,147	848,607	72,296	449,033	11,792	14,140	595,629
2	0.0312	0.0362	142,237	340,061	449,667	303,778	25,880	160,742	7,720	5,062	385,225
3A	0.0223	0.0099	96,266	230,154	304,335	205,597	17,516	108,790	10,089	8,564	126,088
3B	0.0206	0.0223	93,372	223,234	295,185	199,416	16,989	105,519	0	0	146,973
3C	0.0108	0.0178	51,016	121,970	161,282	108,956	9,282	57,653	0	0	121,446
4	0.0321	0.0296	143,757	343,696	454,473	307,025	26,157	162,460	7,624	5,116	119,126

PSA	Weighted Formula	Geo-graphic Base	Title III Adm*	III-B*	III-C1*	III-C2*	III-D*	III-E*	VII-A	VII EAP*	NSIP
5	0.0583	0.0323	253,841	606,887	802,493	542,135	46,186	286,866	8,512	9,033	650,551
6	0.0404	0.0301	178,511	426,786	564,344	381,250	32,480	201,735	7,760	6,353	331,077
7	0.0749	0.1162	351,357	840,030	1,110,780	750,402	63,930	397,069	12,168	12,504	769,676
8	0.0909	0.1057	414,479	990,943	1,310,335	885,214	75,415	468,404	12,488	14,750	828,466
9	0.0334	0.1199	179,682	429,587	568,047	383,751	32,693	203,059	9,008	6,394	454,844
10	0.0368	0.0831	181,416	433,733	573,530	387,455	33,009	205,019	8,448	6,456	371,301
11	0.0385	0.2887	257,963	616,742	815,524	550,938	46,937	291,524	12,576	9,180	480,371
14	0.042	0.0284	184,601	441,352	583,606	394,262	33,587	208,622	8,431	6,569	162,444
TOTALS	**1**	**1**	**4,504,717**	**10,769,954**	**14,241,226**	**9,620,844**	**819,636**	**5,090,793**	**150,000**	**160,309**	**7,735,441**

STATE ALLOCATIONS

PSA	Weighted Formula	Geo-graphic Base	State Adm*	State Access*	State In-Home*	State Cong. Meals*	State HDM*	State Alt Care*	State ANS*	State CG Support*	State Respite Care	State Merit Award (MATF)*	State NHO	State MSO	State Care Mgt
1A	0.0927	0.0027	67,512	60,629	1,482,328	20,312	1,007,761	237,044	94,545	34,380	133,788	278,649	52,855	20,691	719,734
1B	0.2804	0.069	207,795	186,610	4,562,449	62,518	3,101,783	729,595	291,000	105,818	359,838	857,652	73,035	27,308	863,653
1C	0.0947	0.0081	69,283	62,220	1,521,219	20,845	1,034,201	243,263	97,026	35,282	136,642	285,960	38,661	16,037	503,822
2	0.0312	0.0362	24,802	22,273	544,555	7,462	370,216	87,081	34,733	12,630	64,965	102,366	18,480	9,420	215,913
3A	0.0223	0.0099	16,786	15,074	368,556	5,050	250,563	58,937	23,507	8,548	52,048	69,281	30,216	13,269	137,109
3B	0.0206	0.0223	16,281	14,621	357,475	4,898	243,029	57,165	22,800	8,291	51,235	67,198	0	0	142,569
3C	0.0108	0.0178	8,896	7,989	195,315	2,676	132,785	31,233	12,458	4,530	39,334	36,716	0	0	80,228
4	0.0321	0.0296	25,067	22,511	550,376	7,542	374,173	88,012	35,104	12,765	65,392	103,460	18,004	9,264	215,913
5	0.0583	0.0323	44,262	39,749	971,835	13,317	660,702	155,409	61,985	22,540	96,323	182,686	22,405	10,707	359,908
6	0.0404	0.0301	31,127	27,953	683,432	9,365	464,631	109,290	43,590	15,851	75,157	128,472	18,678	9,485	215,913
7	0.0749	0.1162	61,266	55,019	1,345,176	18,433	914,519	215,111	85,797	31,199	123,723	252,867	40,524	16,648	431,825
8	0.0909	0.1057	72,272	64,904	1,586,841	21,744	1,078,815	253,757	101,211	36,804	141,458	298,295	42,110	17,168	431,825
9	0.0334	0.1199	31,331	28,137	687,916	9,426	467,680	110,007	43,876	15,955	75,486	129,315	24,863	11,513	431,825
10	0.0368	0.0831	31,633	28,408	694,556	9,517	472,194	111,068	44,300	16,109	75,974	130,563	22,088	10,603	431,825
11	0.0385	0.2887	44,981	40,395	987,615	13,533	671,431	157,932	62,992	22,906	97,481	185,652	42,546	17,311	431,825
14	0.042	0.0284	32,186	28,908	706,756	9,685	480,490	113,020	45,076	16,392	76,871	132,858	22,010	10,576	215,913
TOTALS	**1**	**1**	**785,480**	**705,400**	**17,246,400**	**236,323**	**11,724,973**	**2,757,924**	**1,100,000**	**400,000**	**1,665,715**	**3,241,990**	**466,475**	**200,000**	**5,829,800**

ATTACHMENT D

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

- **Cindy Masterson, Director**
- **Christy Livingston**

HEALTH PROMOTION & ACTIVE AGING SECTION

- **Sophia Hines, Manager**
- **Suzie Genyk**
- **Shanna Hammond**
- **Jennifer Onwenu**
- **Marla Price**
- **Kayla Smith**
- **Sally Steiner**
- **Lauren Swanson-Aprill**

FINANCIAL QUALITY & GRANT SUPPORT SECTION

- **Amy Colletti, Manager**

TECHNICAL ASSISTANCE & QUALITY IMPROVEMENT SECTION

- **Jennifer Hunt, Manager**
- **Cynthia Albrecht**
- **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. Thank you to Madeline Davies, Paul Jacobson, Jessie Jones, Monique Lewis, Amanda Maertens, and Angela Precht.

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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- **William Bupp**
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- **Michael Pohnl**
- **Dennis Smith**
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- **Fred Procter**
- **Ann Randolph**
- **Patricia Rencher**
- **Mary Anne Shannon**
- **Joseph Sowmick**
- **Joseph Sucher**
- **Elizabeth Thompson**
- **Jo Ver Beek**
- **Lori Wells**
- **Robyn Ford, Ex-Officio**

ATTACHMENT E

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
OFFICE OF THE GOVERNOR
LANSING

GARLIN GILCHRIST II
LT. GOVERNOR

EXECUTIVE ORDER

No. 2021-14

Department of Health and Human Services

Executive Reorganization

Michigan's population is rapidly aging. Already, residents 50 and older make up 37 percent of the state's population. By 2025 – 10 years ahead of the national projection – Michigan residents 65 and older will outnumber those younger than 18.

Active aging is a life-long process and state government has an important role to play in ensuring that Michigan is a leader among states in healthy and active aging for all. Our Department of Health and Human Services plays a critical role ensuring that services to the aging are delivered holistically and effectively. However, these services are currently divided between multiple agencies within MDHHS, including the Medical Services Administration and the Aging and Adult Services Agency. Bringing these services together under the umbrella of the newly established Health and Aging Services Administration will strengthen the continuum of support and services by improving collaboration and efficiency among programs serving an aging population.

Governor Milliken recognized the importance of having an effective and visible advocate for aging and older persons in all government decisions when he signed the Older Michiganians Act, 1981 PA 180, creating the Commission on Services to the Aging. This order maintains the independence of the Commission, while elevating the voices of the aging community to the highest levels of the Department. Going forward, in addition to its responsibilities developing the state plan on aging, the Commission will advise the Director on how to best support an aging population in developing and implementing the Department's strategic priorities.

Section 1 of article 5 of the Michigan Constitution of 1963 vests the executive power of the State of Michigan in the governor.

Section 2 of article 5 of the Michigan Constitution of 1963 empowers the governor to make changes in the organization of the executive branch of state government or in the assignment of functions among its units that the governor considers necessary for efficient administration.

Acting under the Michigan Constitution of 1963 and Michigan law, I order the following:

1. The Commission on Services to the Aging is transferred to the Department.

(a) The Commission on Services to the Aging is transferred by Type I transfer from the Aging and Adult Services Agency to the Department.

(b) The Commission on Services to the Aging must be an effective and visible advocate for aging and older persons and will report to the Director or the Director's designee.

2. Transfer of the Adult Community Placement program to the Department.

(a) The Adult Community Placement program, including all its authority, powers, duties, functions, and responsibilities established by the Social Welfare Act, 1939 PA 280, MCL 400.14, is transferred by Type II transfer from the Aging and Adult Services Agency to the Department.

3. Creation of the Health and Aging Services Administration.

(a) The Health and Aging Services Administration is created within the Department.

(b) All authority, powers, duties, functions, and responsibilities of the Medical Services Administration are transferred by Type II transfer to the Health and Aging Services Administration.

(c) Except as otherwise provided in section 2, all authority, powers, duties, functions, and responsibilities of the Aging and Adult Services Agency are transferred by Type II transfer to the Health and Aging Services Administration.

(d) All authority, powers, duties, functions, and responsibilities vested in the chief executive of the Medical Services Administration are transferred to the chief executive of the Health and Aging Services Administration.

(e) All authority, powers, duties, functions, and responsibilities vested in the executive director of the Aging and Adult Services Agency are transferred to the chief executive of the Health and Aging Services Administration.

(f) The Medical Services Administration and the Aging and Adult Services Agency are abolished.

(g) The position of chief executive of the Medical Services Administration is abolished.

(h) The position of executive director of the Aging and Adult Services Agency is abolished.

4. Definitions.

(a) As used in this order:

(1) "Aging and Adult Services Agency" means the agency established by section V of Executive Reorganization Order 2015-1, MCL 400.227.

(2) "The Commission on Services to the Aging" means the commission established by Section 3 of 1981 PA 180, MCL 400.583.

(3) "Department" means the Department of Health and Human Services, a principal department of state government established by Executive Reorganization Order 2015-4.

(4) "Director" means the Director of the Department of Health and Human Services, described in section II of Executive Reorganization Order 2015-4.

(5) "Medical Services Administration" means the agency transferred to the former Department of Community Health by section 1(B)(1) of Executive Reorganization Order 1996-1, MCL 330.3101, and subsequently redesignated as a Type II agency by section I(1) of Executive Reorganization Order 1997-4, MCL 333.26324.

(6) "Type I transfer" means that phrase as defined by Section 3 of the Executive Organization Act of 1965, 1965 PA 380, as amended, MCL 16.103.

(7) "Type II transfer" means that phrase as defined by Section 3 of the Executive Organization Act of 1965, 1965 PA 380, as amended, MCL 16.103.

5. Implementation.

(a) The Director shall provide executive direction and supervision for the implementation of this order.

(b) State departments, agencies, and state officers shall fully and actively cooperate with and assist the Director. The Director may request the assistance of other state departments, agencies, and officers with respect to personnel, budgeting, procurement, telecommunications, information systems, legal services, and other management-related functions, and the departments, agencies, and officers shall provide that assistance.

(c) The State Budget Director shall determine and authorize the most efficient manner possible for handling financial transactions and records in this state's financial management system necessary to implement this order.

(d) A rule, regulation, order, contract, or agreement relating to a function or responsibility transferred under this order lawfully adopted before the effective date of this order will continue to be effective until revised, amended, repealed, or rescinded.

(e) This order does not abate any criminal action commenced by this state before the effective date of this order.

(f) This order is not intended to abate a proceeding commenced by, against, or before an officer or entity affected by this order. A proceeding may be maintained by, against, or before the successor of any officer or entity affected by this order.

(g) If any portion of this order is found to be unenforceable, the unenforceable provision should be disregarded, and the rest of the order should remain in effect as issued.

(h) Consistent with section 2 of article 5 of the Michigan Constitution of 1963, this order is effective December 14 at 12:01 a.m.

Given under my hand and the Great Seal of the State of Michigan.

Date: October 14, 2021

Time: 11:00 a.m.

GRETCHEN WHITMER
GOVERNOR

By the Governor:

SECRETARY OF STATE

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MDHHS realigns to improve coordination of behavioral health services

Farah Hanley appointed chief deputy director for health

FOR IMMEDIATE RELEASE:
March 3, 2022

CONTACT: Bob Wheaton
517-241-2112
WheatonB@michigan.gov

LANSING, Mich. – Michigan residents will experience improved behavioral health care services under changes being announced today by Gov. Gretchen Whitmer and the Michigan Department of Health and Human Services (MDHHS).

A restructuring within MDHHS will ensure that behavioral health services are supported across community-based, residential and school locations, as well as other settings. The changes will benefit people of all ages, with addressing the needs of children and their families a top priority.

"It's been a tough few years, especially for our kids, and it's so important we do whatever we can to support Michiganders who have struggled. That's why I am committed to improving behavioral health services, especially for children," said Gov. Whitmer. "The changes announced today will leverage the expertise, resources and work happening across the department to improve behavioral health. I am grateful for MDHHS's hard work to respond to the needs of Michiganders and provide more oversight and resources for Michigan's children, youth and families."

MDHHS today also announced the appointment of Farah Hanley as its chief deputy director for health, which has been vacant since last fall when Dr. Joneigh Khaldun left for the private sector, as well as the appointment of Dr. Natasha Bagdasarian to the chief medical executive position on a permanent basis.

In her new position, Hanley will oversee the new Behavioral and Physical Health and Aging Services that is part of the reorganization announced today, and the State Hospital Administration. Hanley, who was MDHHS's acting director in January 2019 during the transition to a new administration, has served as the senior deputy of Financial Operations since 2014. She will begin her new position Monday, March 7.

Bagdasarian was appointed chief medical executive when Khaldun left the position. Bagdasarian previously served as a senior public health physician at MDHHS.

-MORE-

Other changes include:

- Creating the Bureau of Children's Coordinated Health Policy and Supports to improve and build upon the coordination and oversight of children's behavioral health services and policies.
- Shifting the administration of Behavioral Health and Developmental Disabilities Administration to different administrations and divisions within MDHHS to improve coordination of services and leverage expertise that exists among staff in these areas.
- Renaming the MDHHS Health and Aging Services Administration to Behavioral and Physical Health and Aging Services. This administration – which already handles Medicaid and services for aging adults – will oversee community-based services for adults with intellectual and developmental disabilities, serious mental illness and substance use disorders. This will build upon the administration's existing efforts to deliver services to adults with mild to moderate mental illness.
- Moving substance use and gambling disorder prevention programs to the Bureau of Health and Wellness under the Division of Chronic Disease within the Public Health Administration.

"Everyone deserves access to behavioral health care where and when they need it," said MDHHS Director Elizabeth Hertel. "Everyone should have the same experience – services that can be life-changing or even lifesaving – no matter where they live and no matter where they turn for help.

"This change will help us coordinate resources more efficiently and establish one voice regarding physical and behavioral health policy," Hertel said. "It also will help give more support to providers, strengthen policies to make them more effective, create consistency in access and, ultimately, improve outcomes for children, families and adults."

Creation of the Bureau of Children's Coordinated Health Policy and Supports is based on the belief that services must be designed specifically for the needs of children, including those transitioning through different health care settings. For example, mobile and intensive crisis services for children and youth should be different than those addressing adult needs.

The new children's bureau will emphasize the critical importance of including families in addressing the health needs of children. Efforts will reinforce needed protections for youth so they can access the most appropriate services when they are needed rather than turning to an emergency room or child welfare services.

-MORE-

The bureau will work hand-in-hand with other MDHHS administrations to address children's behavioral health crises and to focus on expanding dedicated partnerships and advocate relationships.

The new structure, effective Monday, March 21, will improve coordination of care and collaboration with stakeholders. It will also improve direct support to children, families and providers transitioning between care settings or who need of more intensive clinical review.

The department will retain current staff positions under the restructuring.

###

ATTACHMENT F

SUMMARY REPORT OF NEEDS ASSESSMENT ACTIVITIES

NEEDS ASSESSMENT METHODS

ACLS Bureau and MPHI staff collected data to inform this State Plan on Aging through multiple methods to develop well-rounded insights into the needs of Michigan's older adults and the system that supports them. Key themes and findings were summarized in the plan narrative. This section provides details on methods and processes for collecting the data.

Key Informant Interviews and Focus Groups

Individuals or designated groups were identified as key informant interview participants because of their unique perspective and expertise regarding the issues that impact the wellbeing of Michigan's aging population. Information was collected from partners about supports and systems serving older adults and caregivers in Michigan, including community-based services and programs, in-home services, information and communication, current and future needs and programs, effects of COVID-19 on services and programs, and emergency preparedness.

- Interviews were 90-minute semi-structured sessions with key leaders across multiple sectors.
- Questions focused on:
  - What health, wellness, and independence looks like for older adults.
  - Significant concerns or needs faced by older adults in Michigan.
  - Strengths, weaknesses, opportunities, and threats related to programs and services for older adults and caregivers.

Community Conversations

AAAs, Councils/Commissions on Aging, and regional and culturally specific groups and organizations across the state were invited to host Community Conversation sessions for their communities. Dates and times were publicized through host and partner agency newsletters, email communications, website postings, and through various media outlets following a press release issued by MDHHS. ACLS Bureau staff facilitated and took notes during the conversations.

- Community Conversation sessions lasted approximately 60-90 minutes each.
- A total of 458 individuals participated in the two virtual and sixteen in-person sessions.
    - Participants included older adults, caregivers, AAA staff, and service provider representatives.
- The facilitator gathered information from attendees on:
    - How they define healthy living.
    - Programs, resources, and services they know about and use.
    - Any issues or barriers to accessing resources.
    - How to best communicate about available resources.
    - Needed programs, resources, and services that are not currently available in their communities.

Document Review

MPHI conducted a comprehensive review of the multi-year plans for all 16 AAAs, abstracting and analyzing plan data to identify common priorities, strengths and weaknesses of the system, and opportunities and challenges for the system. The State Plan on Aging has also been informed by and will help to inform other state and program plans and processes, including the State Health Assessment, State Health Improvement Plan, Age-Friendly Michigan Plan, DEI efforts, and the MDHHS Social Determinants of Health Strategy.

Older Adults Survey

The ACLS Bureau conducted a statewide survey for adults age 60 and older as well as their family caregivers. The survey was translated into Arabic, Spanish, and Mandarin for accessibility. Distribution of the survey was done in partnership with AAAs, senior centers, key informant groups, and other aging network partners via an online link with a printable version attached. Paper copies of the survey were distributed at various locations across the state and upon request.

- 1,822 completed surveys were received from every region of the state.
- In addition to basic demographic questions, the survey contained approximately 40 questions on the following topics:
    - Housing, neighborhoods, and built environment.
    - Transportation.
    - Resources to support health and wellness.
    - Social and educational activities.
    - Employment and volunteer opportunities.
    - Community resources and information.
    - Caregiving needs.
    - Impacts of COVID-19.

NEEDS ASSESSMENT FINDINGS

The needs assessment activities provided information and context about the diverse needs of older adults in Michigan. This section highlights key findings of the needs assessment by method, illustrating the depth and breadth of the data used to inform the planning process.

Key Informant Interviews and Focus Groups

The following key themes emerged across interviews and focus groups with key system partners and providers of services to older adults in Michigan.

Knowledge, Awareness, and Communication

- Knowledge of community services and how to access them is important but is inconsistent.
- Technology use - closing the digital divide in both access and comfort level of users.
- Creation of a uniform resource database/system would help increase knowledge and accessibility of services.
- Cross-collaboration between agencies.
- Positive healthy aging campaigns.
- Improving information channels and having trusted sources of information.
- Gearing information toward specific age groups and caregivers.
- Cultural competency and cultural and linguistically appropriate materials.

Preserving Independence

- Increasing opportunities to age in place
- Home modifications and falls prevention
- Financial stability and support
- Preventing elder abuse and neglect

Health Status

- Nutrition
- Physical activity
- Mental health
- Cognitive ability
- Chronic conditions

Access to Care

- Health care coverage and affordability
- Workforce capacity
- Home and community-based supports

Neighborhood and Built Environment

- Access to quality and affordable housing
- Transportation use and accessibility
- Walkable communities

Other Key Themes

- Health equity
- Having a "senior lens" for key issues
- Social isolation
- Caregiver supports
- Cultural and linguistic barriers
- Impact of the COVID-19 pandemic

Community Conversations

The following themes emerged from participants across all of the community conversation locations.

Resources and services needed in communities to support healthy aging:

- Resources to age in place (stay in their home) whenever possible.
- Transportation – lack of staff or availability of services for getting to medical appointments and social opportunities.
- More Direct Care Workers and better supports for them, such as better pay and career advancement opportunities.
- Access to things that support health, such as nutritious food, financial support, physical and mental health services, socialization opportunities like exercise and wellness programs, and respite for caregivers.
- Affordable medical services that accept their insurance, including Medicaid and Medicare
- Safe and affordable housing options.
- Information to help understand what community resources are available to support staying healthy and living longer.
- Internet access, particularly in rural areas where it is currently unavailable or limited.

Programs, resources, and services participants were familiar with in their communities:

Participants were most often familiar with the following programs:

- Meals on Wheels (home-delivered meals)
- Adult day services
- Congregate meals (senior dining sites)
- Tax preparation assistance
- Exercise programs such as Silver Sneakers
- Lunch and learn sessions
- PACE
- MMAP
- Various volunteer programs

Programs and resources participants reported using currently:

Participants most often reported utilizing the following programs and resources:

- Volunteer programs
- Wellness programs, such as Personal Action Toward Health (PATH), Matter of Balance, Silver Sneakers, and PACE
- Senior Centers

Issues with accessing needed programs, resources, and services:

Community conversation participants reported the following barriers to accessing needed supports:

- Reliance on technology, including difficulty understanding how to use different technologies, needing educational programs about computers and other electronic devices, and having access to those educational programs.
- Feeling frustration with how information is provided, including limited opportunities to talk directly with people on the phone.
- The availability of mental health services is not sufficient to meet needs and/or is difficult to access.
- Internet access is limited in many homes and communities, which impacts the ability to access information and services.
- Lack of knowledge about what services and resources are available and/or how to enroll in programs or access needed supports, and a lack of connection between people and resources.
- More outreach by AAAs to the community would be helpful to increase knowledge and utilization of available programs.
- There is a feeling that aging is not "embraced" and that the aging process should be honored and respected.

Programs, resources, and services that are missing from communities:

Community conversation participants most often reported the following services were missing from their communities:

- Adult day care in all counties.
- Respite services and other caregiver relief, such as volunteer-based or day programs.
- Mental health care.
- Safe, affordable housing options.
- Home repair and maintenance services.
- In-home services for homebound older adults.
- Materials that are easy to read and translated in multiple languages to meet the needs of all older adults.

Information flows:

When asked about how participants received information about available programs, resources, and services, the following communication methods were most commonly listed:

- Radio
- Newspapers
- Word of mouth; friends and family
- Networking
- TV ads
- Social media
- Direct mail
- Through their local AAA

Other key ideas:

When asked what else we should know about healthy aging in their community, participants most commonly noted the following needs and concerns:

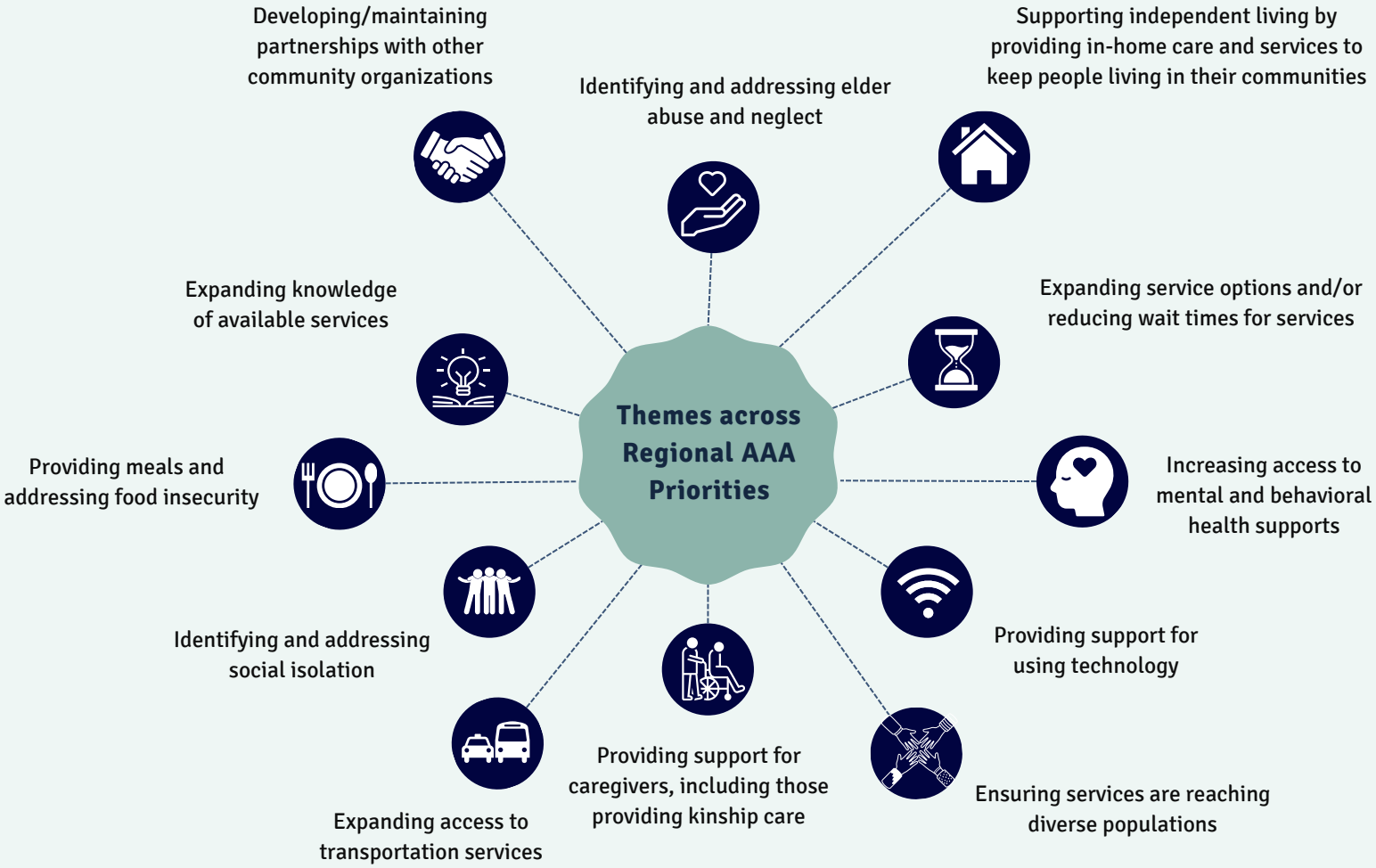
- Information on nutrition, food access, and healthy eating.
- Affordable and accessible housing options.
- Assistance with making and paying for home repairs.
- Transportation assistance for a variety of purposes.
- Legal assistance (more services and information related to probate court, living wills, powers of attorney, and other important legal needs).

Document Review

The following themes emerged from review of the AAA multi-year plans. Themes are organized by identified priorities and by identified strengths, weaknesses, opportunities, and challenges.

Themes Across Regional AAA Priorities

The following ideas were represented across identified priorities in AAA multi-year plans:



Analysis of identified Strengths, Weaknesses, Opportunities, and Challenges

Document review of AAA multi-year plans included identifying themes across strengths, weaknesses, opportunities, and challenges.

STRENGTHS

- **Accessibility and quality of services.**
- **Agency has received accreditation and/or certification that shows quality of programs and services.**
- **Reputation – AAAs are known, trusted, and respected.**
- **Supportive community members and community leaders.**
- **Effective advocacy to community leaders.**
- **Expanding programs to meet community needs.**
- **Strong financial position and grant performance.**
- **Strong agency leadership.**
- **Proactive and mission-driven organization.**
- **Staff are experienced, dedicated, committed, and high-quality.**
- **Strong networks and partnerships.**

WEAKNESSES

- **Communication - internal and external.**
- **Community awareness and understanding of available supports and the role of AAAs in the community.**
- **Direct care worker shortage.**
- **Funding models - reliance on state & federal dollars.**
- **Increase in older adult population outpacing available resources.**
- **Need for process improvements but lack time and staff.**
- **Relationships with partners could be strengthened.**
- **Region/location - rural regions mentioned this as presenting difficulties.**
- **Levels of funding for staffing is insufficient to retain current staff at competitive salaries, or to hire enough staff to meet community need for services.**
- **Technology systems are not adequate to support internal or external needs.**
- **Waitlists prevent clients from accessing needed services in a timely manner.**

OPPORTUNITIES

- **Strengthening advocacy efforts.**
- **Building on knowledge, skills, partnerships, and innovations developed during the response to COVID-19.**
- **Build and strengthen community relationships, especially with physicians, health plans, health care facilities, and community organizations, to expand reach to underserved population groups.**
- **County millages - work to pass, or maximize the impact of existing millages.**
- **Diversify funding streams through available grant opportunities, philanthropy, and partners.**
- **Growing population group to serve**
- **Marketing and education about available services and supports.**
- **Increase the number of MI Choice Waiver and MI Health Link clients, and advocate for a more equitable rate structure.**
- **The ability to offer private pay options to help fund and provide services to keep people healthy**
- **Leverage technology to increase operational efficiencies.**
- **Advocate for or partner to provide transportation services.**
- **Expansion of volunteer programs.**

CHALLENGES

- **Affordable, accessible housing is limited.**
- **Competition from private, for-profit providers including their ability to pay higher wages.**
- **The ongoing impact of the COVID-19 pandemic**
- **Older adults on fixed incomes are vulnerable to economic conditions, including inflation and recession.**
- **Emergency preparedness and climate change.**
- **Funding reductions, limitations, and changes**
- **Increase in older adult population outpacing available resources.**
- **Integrated care threatens Medicaid waiver funding.**
- **Legislative term limits require continual relationship building and advocacy.**
- **The impact of changing political climates on funding and available programming.**
- **Shortage of staff, including direct care workers.**
- **Technology, keeping up with advances, using it adequately, and managing multiple data systems.**

Older Adult Survey

What is your race/ethnicity?	Number	Percent
White, non-Hispanic	1209	78.46%
Black or African American, non-Hispanic	172	11.16%
Multi-racial or not listed	34	2.21%
Hispanic, Latino, or Spanish descent	33	2.14%
Asian, non-Hispanic	18	1.17%
American Indian or Alaska Native, non-Hispanic	5	0.32%
Prefer not to say	70	4.54%

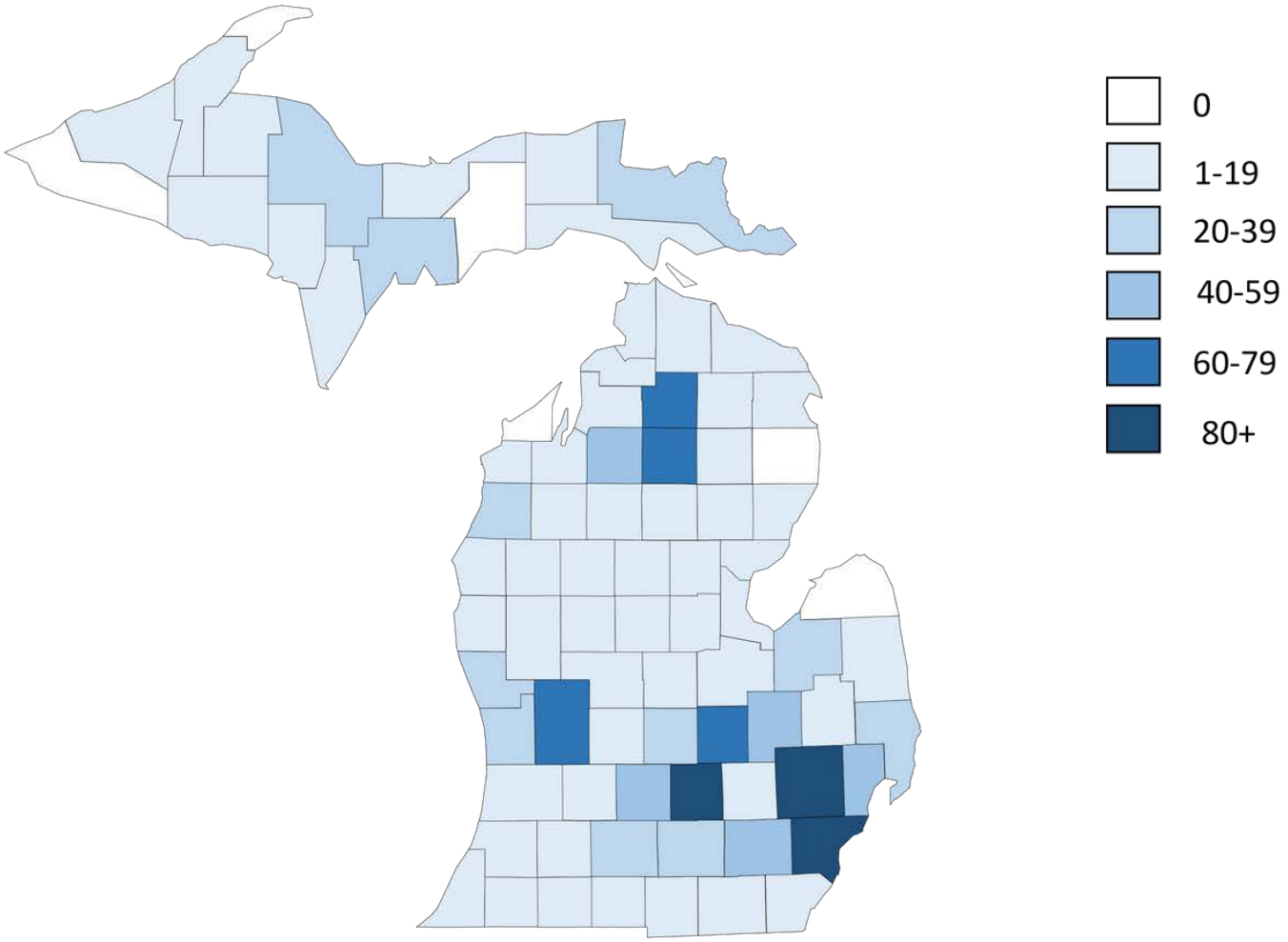
How do you identify? (Gender Identity)	Number	Percent
Female	1183	76.72%
Male	319	20.69%
Non-binary	1	0.06%
I prefer to self-describe	2	0.13%
I prefer not to disclose	37	2.40%

What is your sexual orientation?	Number	Percent
Straight/Heterosexual	1180	79.30%
Asexual	78	5.24%
Gay or Lesbian	26	1.75%
Bisexual	13	0.87%
Questioning	3	0.20%
Queer	2	0.13%
Not listed / Prefer not to say	186	12.50%

Which of the following age ranges do you fall into?	Number	Percent
60 - 64	357	22.13%
65 - 74	798	49.47%
75 - 84	377	23.37%
85+	81	5.02%

Type of area (rural/urban)	Number	Percent
Urban	1153	63.28%
Rural	669	36.72%

Geographic Distribution of Survey Responses



What is your current marital status?	Number	Percent
Married	735	47.60%
Divorced	267	17.29%
Widowed	263	17.03%
Single, never married	176	11.40%
Not married, living with your partner or significant other	43	2.78%
Separated	18	1.17%
Civil Union	1	0.06%
Prefer not to answer	41	2.66%

What is the highest level of education you completed?	Number	Percent
Preschool to 12th grade, but with no diploma	45	2.94%
High school graduate or equivalent	258	16.85%
Post high school education but with no degree	249	16.26%
2-year degree like an Associate's degree	190	12.41%
Completed Vocational, Trade School, or Apprenticeship	65	4.25%
4-year degree like a Bachelor's degree	280	18.29%
Post graduate study, but with no degree	83	5.42%
Graduate or professional degree	361	23.58%

Which language do you prefer to speak?	Number	Percent
English	1526	98.96%
Chinese	8	0.52%
Spanish	1	0.06%
Arabic	1	0.06%
Other	6	0.39%

What was your annual household income before taxes in 2022?	Number	Percent
Under $15,000	187	12.20%
Between $15,000 and $29,999	264	17.22%
Between $30,000 and $49,999	239	15.59%
Between $50,000 and $74,999	230	15.00%
Between $75,000 and $99,999	163	10.63%
Between $100,000 and $150,000	149	9.72%
Over $150,000	62	4.04%
Decline to answer	239	15.59%

Does any disability or chronic disease keep you or your spouse/partner from participating fully in work, school, housework, or other activities?	Number	Percent
Yes, myself	397	25.90%
Yes, my partner	145	9.46%
Yes, both myself and my partner	105	6.85%
No	886	57.80%

How many years have you lived in your community?	Number	Percent
0-3 years	110	6.81%
4-5 years	73	4.52%
6-10 years	141	8.73%
11-25 years	318	19.69%
26-40 years	355	21.98%
More than 40 years	618	38.27%

How many years have you lived in your current residence?	Number	Percent
0-3 years	224	13.91%
4-5 years	141	8.76%
6-10 years	232	14.41%
11-25 years	427	26.52%
26-40 years	354	21.99%
More than 40 years	232	14.41%

Do you own or rent your residence?	Number	Percent
Own	1244	76.98%
Rent	305	18.87%
Neither own nor rent but live with an adult child or others	67	4.15%

Which of the following types of homes best describes where you currently live?	Number	Percent
Single family house	1179	72.82%
An apartment	170	10.50%
A condominium or co-op	101	6.24%
A mobile home	52	3.21%
Independent senior/age restricted housing	33	2.04%
Two family house that has two separate living units	28	1.73%
A townhouse	18	1.11%
Assisted living facility	7	0.43%
Co-housing	3	0.19%
Nursing home	3	0.19%
Other	25	1.54%

Approximately how many units are in the building where you currently live?	Number	Percent
One unit (single family)	1189	76.96%
Two units (two family)	55	3.56%
3-4 units	52	3.37%
5-9 units	51	3.30%
10-19 units	26	1.68%
20-49 units	45	2.91%
50-99 units	60	3.88%
More than 100 units	67	4.34%

If you own your own home, how much do you spend on your mortgage, taxes, and insurance per month?	Number	Percent
Less than $500	376	31.57%
$501-$999	372	31.23%
$1,000 - $1,499	206	17.30%
$1,500 - $1,999	90	7.56%
$2,000 - $2,499	57	4.79%
$2,500 - $2,999	28	2.35%
$3,000 - $3,499	22	1.85%
$3,500 - $3,999	9	0.76%
More than $4,000	31	2.60%

If you rent your home, how much do you spend on rent per month?	Number	Percent
Less than $500	102	34.11%
$501-$999	129	43.14%
$1,000 - $1,499	41	13.71%
$1,500 - $1,999	13	4.35%
$2,000 - $2,499	5	1.67%
$2,500 - $2,999	4	1.34%
More than $3,000	5	1.67%

Does your current residence need any major repairs or changes to enable you to stay there for as long as possible?	Number	Percent
Yes	524	35.00%
No	698	46.63%
Not Sure	275	18.37%

Thinking about your future years, are you more likely to move to a different community, move to a different residence within your current community or stay in your current residence and not move?	Number	Percent
Stay in your current residence and not move	1026	68.91%
Move to a different community	273	18.33%
Move into a different residence within your current community	190	12.76%

If you moved in the past five years, in what type of housing unit did you previously live?	Number	Percent
Not Applicable	957	70.84%
Single family house	235	17.39%
An apartment	61	4.52%
A mobile home	27	2.00%
A condominium or co-op	23	1.70%
Independent senior/age restricted housing	11	0.81%
Two family house that has two separate living units	9	0.67%
A townhouse	7	0.52%
Assisted living facility	3	0.22%
Co-housing	2	0.15%
Other	16	1.18%

If you moved in the past five years, what was your reason(s)?	Number	Percent
I moved to be closer to family or friends	92	5.05%
My housing costs were too expensive	62	3.40%
I no longer felt safe in my community	32	1.76%
I could no longer live independently in my home due to my health	30	1.65%
I needed to be closer to medical facilities	20	1.10%
I needed access to public transportation	11	0.60%

How would you rate your current community as a place for people to live as they age?	Number	Percent
Excellent	307	20.55%
Very Good	492	32.93%
Good	426	28.51%
Fair	212	14.19%
Poor	57	3.82%

If you were considering moving from your current community, which of the following the reasons that would factor into your decision?	Number	Percent
Personal safety or security concerns	532	29.20%
Living closer to family	451	24.75%
Lower cost of living	370	20.31%
Quality of health care facilities	346	18.99%
Wanting to live in a different climate	309	16.96%
Availability of public transportation	287	15.75%
More opportunities for social interaction	285	15.64%
Grocery stores located closer to my home	276	15.15%
Health care facilities located closer to my home	256	14.05%

If you were considering moving from your current home, which of the following reasons would factor into your decision?	Number	Percent
Could no longer live independently, need assistance	654	35.89%
Wanting a home that has what you need to help you live independently as you age, for example a home without stairs	549	30.13%
The cost of maintaining your current home	399	21.90%
Wanting a smaller home	392	21.51%
Expensive home costs or rent	240	13.17%
Wanting a larger home	39	2.14%

Does your community have the following services to help you remain in your home for as long as possible?	Yes	No	I don't know
Home modification and repair contractors who are trustworthy, do quality work, and are affordable	40.75% (N=606)	13.32% (N=198)	45.93% (N=883)
A home repair service for low-income and older adults that helps with things like roof or window repairs	20.62% (N=305)	18.66% (N=276)	60.72% (N=898)
Seasonal services such as lawn work for low-income and older adults	34.43% (N=504)	18.92% (N=277)	46.65% (N=683)
Not applicable. I currently rent my home/have a landlord.	38.76% (N=262)	45.27% (N=306)	15.98% (N=108)

How important is it for you to be able to live independently in your own home as you age?	Number	Percent
Extremely Important	1152	76.75%
Very Important	271	18.05%
Somewhat Important	62	4.13%
Not Very Important	10	0.67%
Not at all Important	6	0.40%

How important is it for you to remain in your current community for as long as possible?	Number	Percent
Extremely Important	674	45.05%
Very Important	452	30.21%
Somewhat Important	264	17.65%
Not Very Important	76	5.08%
Not at all Important	30	2.01%

Do you have access to the following in your community?	Yes	No	I don't know
Affordable housing options for adults of varying income levels such as older active adult communities, assisted living, and communities with shared facilities and outdoor spaces	43.26% (N=664)	24.23% (N=372)	32.51% (N=499)
Homes that are built with things like a no step entrance, wider doorways, and first floor bedrooms and bathrooms	33.22% (N=509)	23.43% (N=359)	43.34% (N=664)
Well-maintained, safe, low-income housing	28.11% (N=429)	28.83% (N=440)	43.05% (N=657)
Well-maintained parks	78.29% (N=1183)	11.32% (N=171)	10.39% (N=157)
Well-maintained sidewalks or paths for walkability	60.16% (N=918)	28.70% (N=438)	11.14% (N=170)
Public buildings and spaces including restrooms and parking that are accessible to people of different physical abilities	60.98% (N=933)	17.78% (N=272)	21.24% (325)
Enough benches for resting in public areas like parks, along sidewalks, and around public buildings	44.28% (N=678)	34.03% (N=521)	21.69% (N=332)
Conveniently located emergency care centers	69.48% (N=1061)	20.50% (N=313)	10.02% (N=153)
Well-maintained hospitals and health care facilities	78.93% (N=1210)	14.02% (N=215)	7.05% (N=108)
Neighborhood watch programs	23.68% (N=360)	30.20% (N=459)	46.12% (N=701)
Grocery stores or markets that offer fresh vegetables and produce	88.47% (N=1366)	8.81% (N=136)	2.72% (N=42)
Broadband internet access	76.52% (N=1173)	12.46% (N=191)	11.02% (N=169)

How do you usually get around your community for things like shopping, visiting the doctor, running errands, or other things?	Number	Percent
Drive yourself	1326	72.78%
Have others drive you	284	15.59%
Walk	219	12.02%
Bus	89	4.88%
Use a special transportation service, such as one for seniors or persons with disabilities	84	4.61%
Ride a bike	70	3.84%
Scooter, wheelchair, or other motorized assistive technologies	37	2.03%
Use a ride source company such as Uber or Lyft	33	1.81%
I do not get out of the house	27	1.48%
Take a taxi	18	0.99%

Does your community have the following transportation resources?	Yes	No	I don't know
Accessible and convenient public transportation	52.10% (N=805)	31.20% (N=482)	16.70% (N=258)
Affordable public transportation	54.67% (N=837)	21.82% (N=334)	23.51% (N=360)
Well-maintained public transportation vehicles	46.52% (N=708)	20.24% (N=308)	33.25% (N=506)
Timely public transportation	31.64% (N=472)	30.50% (N=455)	37.87% (N=565)
Safe public transportation stops or areas that are accessible to people of varying physical abilities	34.84% (N=531)	26.77% (N=408)	38.39% (N=585)
Special transportation services for people with disabilities and older adults	56.84% (N=873)	12.96% (N=199)	30.21% (N=464)

Do you have access to the following services to help support your health and wellness in your community?	Yes	No	I don't know
Well-trained certified home health care providers	45.50% (N=673)	12.58% (N=186)	41.92% (N=620)
Affordable home health care providers	29.54% (N=434)	20.15% (N=296)	50.31% (N=739)
A variety of health care professionals including specialists	63.90% (N=938)	17.03% (N=250)	19.07% (N=280)
Health care professionals who are accepting new patients	47.62% (N=700)	12.31% (N=181)	40.07% (N=589)
Health care professionals who speak different languages	22.40% (N=329)	8.51% (N=125)	69.09% (N=1015)
Respectful and helpful hospital and clinic staff	76.09% (N=1117)	8.72% (N=128)	15.19% (N=223)
Home delivered meals	69.76% (N=1031)	5.82% (N=86)	24.42% (N=361)
Affordable health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control	48.13% (N=709)	11.68% (N=172)	40.19% (N=592)
Affordable fitness activities specifically geared towards older adults	51.97% (N=766)	15.47% (N=228)	32.56% (N=480)
Assistive technology/adaptive equipment	23.70% (N=347)	13.25% (N=194)	63.05% (N=923)
Conveniently located health and social services	57.45% (N=844)	15.59% (N=229)	26.96% (N=396)
A service that has people to help seniors easily find and access health and other needed services.	41.92% (N=617)	11.55% (N=170)	46.54% (N=685)
Affordable home care services including personal care and housekeeping/chores	31.36% (N=462)	18.81% (N=277)	49.83% (N=734)
Emergency needs (help to pay for goods or services in a personal emergency)	24.66% (N=362)	14.03% (N=206)	61.31% (N=900)
Legal assistance	29.26% (N=424)	12.63% (N=183)	58.11% (N=842)

Are the services and supports available for older adults in your community provided in a way that meets your cultural, language and/or religious needs?	Number	Percent
Yes	638	42.76%
No	69	4.62%
I don't know	785	52.61%

How often do you have contact with family, friends, or neighbors who do not live with you?	Number	Percent
Everyday	481	33.15%
Several times a week	586	40.39%
Once a week	189	13.03%
Once every 2 or 3 weeks	96	6.62%
Once a month	29	2.00%
Less than monthly	56	3.86%
Never	14	0.96%

If you were in trouble, do you have friends or family who can help you at any time of the day or night?	Number	Percent
Yes	1211	83.40%
No	112	7.71%
Unsure	129	8.88%

Do you use the following sources for continuing education or self-improvement classes or workshops in your community?	Yes	No	I don't know
Local Area Agency on Aging (AAA)	31.17% (N=438)	58.58% (N=823)	10.25% (N=144)
Department of Parks and Recreation	37.14% (N=514)	52.89% (N=732)	9.97% (N=138)
Faith community	46.50% (N=652)	46.58% (N=653)	6.92% (N=97)
Local organizations or businesses	42.36% (N=585)	45.33% (N=626)	12.31% (N=170)
Community center	28.14% (N=385)	61.18% (N=837)	10.67% (N=146)
Senior center	36.72% (N=510)	55.44% (N=770)	7.85% (N=109)
Offerings through my work	13.97% (N=187)	70.72% (N=947)	15.31% (N=205)
Online programs (i.e. GetSetUp, YouTube)	40.13% (N=549)	48.46% (N=663)	11.40% (N=156)
Some other source	21.91% (N=264)	53.28% (N=642)	24.81% (N=299)
I do NOT participate in any continuing education/self-improvement classes	35.29% (N=396)	52.23% (N=586)	12.48% (N=140)

Do you have access to any of the following recreation opportunities for older adults in your community?	Yes	No	I don't know
Conveniently located entertainment venues	55.10% (N=783)	28.64% (N=407)	16.26% (N=231)
Activities geared specifically towards older adults	51.34% (N=727)	25.00% (N=354)	23.66% (N=335)
Activities that offer senior discounts	48.84% (N=693)	23.40% (N=332)	27.77% (N=394)
Activities that are affordable to all residents	40.78% (N=577)	23.18% (N=328)	36.04% (N=510)
Activities that involve both younger and older people	49.05% (N=694)	19.86% (N=281)	31.10% (N=440)
A variety of cultural activities for diverse populations	35.28% (N=496)	28.17% (N=396)	36.56% (N=514)
Local schools that involve older adults in events and activities	24.68% (N=347)	30.51% (N=429)	44.81% (N=630)
Continuing education classes or social clubs to pursue new interests, hobbies, or passions	43.83% (N=618)	25.11% (N=354)	31.06% (N=438)
Driver education or refresher courses	16.80% (N=236)	32.95% (N=463)	50.25% (N=706)
Technology classes	30.80% (N=433)	30.16% (N=424)	39.05% (N=549)

Do you have access to the following volunteer opportunities in your community?	Yes	No	I don't know
A range of volunteer activities to choose from	57.20% (N=810)	13.91% (N=197)	28.88% (N=409)
Volunteer training opportunities to help people perform better in their volunteer roles	34.21% (N=480)	18.96% (N=266)	46.83% (N=657)
Opportunities for older adults to participate in decision making bodies such as community councils or committees	42.18% (N=593)	17.28% (N=243)	40.54% (N=570)
Easy to find information on available local volunteer opportunities	36.75% (N=516)	23.72% (N=333)	39.53% (N=555)
Transportation to and from volunteer activities for those who need it	21.34% (N=300)	26.17% (N=368)	52.49% (N=738)

Which of the following best describes your current employment status?	Number	Percent
Retired and not working at all	870	61.35%
Employed full-time	172	12.13%
Employed part-time	127	8.96%
Self-employed part-time	47	3.31%
Self-employed full time	34	2.40%
Unemployed and looking for work	19	1.34%
Other	149	10.51%

Does your community have the following employment options available for older adults?	Yes	No	I don't know
A range of flexible job opportunities for older adults	15.94% (N=223)	17.58% (N=246)	66.48% (N=930)
Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work	12.99% (N=181)	15.65% (N=218)	71.36% (N=994)
Jobs that are adapted to meet the needs of people with disabilities	14.81% (N=206)	14.45% (N=201)	70.74% (N=984)
Policies that ensure older adults can continue to have equal opportunity to work for as long as they want or need regardless of their age	12.20% (N=170)	13.28% (N=185)	74.52% (N=1038)

Where would you turn if you, a family member, or friend needed information about services for older adults such as caregiving services, nutrition support, home-delivered meals, home repair, medical transportation, or social activities?	Number	Percent
Friends or family	754	41.38%
Local Area Agency on Aging (AAA)	726	39.85%
Local senior center	711	39.02%
Internet	700	38.42%
Your doctor or other health care professional	676	37.10%
Faith-based organizations like churches or synagogues	441	24.20%
Local government offices like the health department	425	23.33%
AARP	302	16.58%
Library	284	15.59%
211 or other referral resource	281	15.42%
Local non-profit organizations	274	15.04%
Phone book	99	5.43%

Do you have access to information or resources for the following services for older adults?	Yes	No	I don't know
Nutrition education	58.73% (N=804)	11.32% (N=155)	29.95% (N=410)
Nutrition or food support	57.83% (N=790)	11.49% (N=157)	30.67% (N=419)
Health and wellness	66.23% (N=902)	8.96% (N=122)	24.82% (N=338)
In-home services	49.63% (N=675)	12.57% (N=171)	37.79% (N=514)
Fall prevention	50.18% (N=682)	11.70% (N=159)	38.12% (N=518)
Suicide prevention or risk screening	47.02% (N=640)	11.68% (N=159)	41.29% (N=562)
Assistive technology/adaptive equipment	31.80% (N=430)	15.53% (N=210)	52.66% (N=712)
Technology support (computers, laptops, internet)	41.32% (N=564)	16.92% (N=231)	41.76% (N=570)
Legal services	35.49% (N=482)	14.80% (N=201)	49.71% (N=675)
Elder abuse services and prevention	41.06% (N=558)	11.41% (N=155)	47.53% (N=646)
Caregiver supports and resources	43.50% (N=592)	13.08% (N=178)	43.42% (N=591)

Does your community offer the following methods of communication or information to help you find needed services?	Yes	No	I don't know
Access to community information in one central source	27.52% (N=377)	16.35% (N=224)	56.13% (N=769)
Clearly displayed printed community information with large lettering	15.65% (N=213)	21.31% (N=290)	63.04% (N=858)
Free access to computers and the internet in public places such as library, senior centers, or government buildings	71.73% (N=982)	4.89% (N=67)	23.37% (N=320)
Community information that is delivered to people who may have difficulty or may not be able to leave their home	17.18% (N=233)	14.75% (N=200)	68.07% (N=923)
Community information that is available in a number of different languages	12.65% (N=171)	11.61% (N=157)	75.74% (N=1024)

The COVID-19 pandemic made it difficult to access some services or activities in your community. Please let us know if you are currently having more, less, or the same ability to use the following services.	Easier to access now than before COVID-19	The same as before COVID-19	More difficult to access now than before COVID-19	Not Applicable
In-home meal services	4.50% (N=69)	16.38% (N=251)	7.18% (N=110)	71.93% (N=1102)
Congregate meal services	5.06% (N=77)	16.03% (N=244)	7.75% (N=118)	71.16% (N=1083)
In-home help for household chores	3.16% (N=48)	14.69% (N=223)	14.49% (N=220)	67.65% (N=1027)
In-home help for health care	3.29% (N=50)	14.56% (N=221)	13.24% (N=201)	68.91% (N=1046)
Transportation services	4.59% (N=70)	17.70% (N=270)	11.67% (N=178)	66.03% (N=1007)
Counseling services	4.76% (N=72)	14.67% (N=222)	11.17% (N=169)	69.40% (N=1050)
Home repair services	3.24% (N=49)	17.17% (N=260)	18.96% (N=287)	60.63% (N=918)
Legal services	2.77% (N=42)	15.78% (N=239)	7.85% (N=119)	73.60% (N=1115)

The COVID-19 pandemic increased social isolation for many. Are you currently experiencing more, less, or the same level of isolation from others than you were prior to the COVID-19 pandemic?	Number	Percent
I am more socially isolated currently than before the COVID-19 pandemic	441	29.60%
I am experiencing the same level of social isolation as I did before the COVID-19 pandemic	684	45.91%
I am less socially isolated than I was before the COVID-19 pandemic	365	24.50%

Besides you, do you have any of the following people living in your household?	Number	Percent
Spouse, partner, or significant other	749	41.11%
Child/children 18 or older (includes grandchild/children)	213	11.69%
Child/children under 18 (includes grandchild/children)	110	6.04%
Child/children away at college	23	1.26%
Parents	64	3.51%
Other adult relative or friend 18 or older	161	8.84%

Which of these resources or supports would you find helpful in your role of caregiver, and which ones have you been able to access in your community?	Would find helpful	Have been able to access	I don't know
Information or educational resources for yourself as a caregiver	45.52% (N=198)	38.39% (N=167)	16.09% (N=70)
Information, advice, or support to meet your loved one's needs	51.05% (N=218)	37.47% (N=160)	11.48% (N=49)
Respite services (paid or unpaid) or having someone care for the person needing assistance so you can take a break	52.20% (N=225)	23.67% (N=102)	24.13% (N=104)
Individual counseling, peer support, or support groups	44.00% (N=187)	25.41% (N=108)	30.59% (N=130)

ATTACHMENT G

PLANNING AND SERVICE AREAS

1-A	**Detroit Area Agency on Aging**	Phone: 313-446-4444 Serving cities of Detroit, the Grosse Pointes, Hamtramck, Harper Woods, and Highland Park
1-B	**Area Agency on Aging 1-B**	Phone: 248-357-2255 Serving Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties
1-C	**The Senior Alliance, Inc.**	Phone: 734-722-2830 Serving all of Wayne County, excluding areas served by Region 1-A
2	**WellWise Services Area Agency on Aging**	Phone: 517-592-1974 Serving Hillsdale, Jackson, and Lenawee counties
3-A	**Region 3-A Area Agency on Aging**	Phone: 269-373-5147 Serving Kalamazoo County
3-B	**Region 3-B Area Agency on Aging**	Phone: 269-966-2450 Serving Barry and Calhoun counties
3-C	**Branch/St. Joseph Area Agency on Aging III-C**	Phone: 517-278-2538 Serving Branch and St. Joseph counties

4	**Region IV Area Agency on Aging**	Phone: 269-983-0177 Serving Berrien, Cass, and Van Buren counties
5	**Valley Area Agency on Aging**	Phone: 810-239-7671 Serving Genesee, Lapeer, and Shiawassee counties
6	**Tri-County Office on Aging**	Phone: 517-887-1440 Serving Clinton, Eaton, and Ingham counties
7	**Region VII Area Agency on Aging**	Phone: 989-893-4506 Serving Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, and Tuscola counties
8	**Area Agency on Aging of Western Michigan, Inc.**	Phone: 616-456-5664 Serving Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newago, and Osceola counties
9	**Region IX Area Agency on Aging**	Phone: 989-356-3474 Serving Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Presque Isle, and Roscommon counties
10	**Area Agency on Aging of Northwest MI, Inc.**	Phone: 231-947-8920 Serving Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford counties
11	**UP Area Agency on Aging**	Phone: 906-786-4701 Serving Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft counties
14	**Senior Resources**	Phone: 231-739-5858 Serving Muskegon, Oceana, and Ottawa counties

ATTACHMENT H

LIST OF ACRONYMS

4AM	Area Agencies on Aging Association of Michigan
AAA	Area Agency on Aging
ACL	Administration for Community Living
ACLS	Bureau of Aging, Community Living, and Supports
ADA	Americans with Disabilities Act
ADLs	Activities of Daily Living
ADRC	Aging and Disability Resources Centers
AIAN	American Indian or Alaska Native
APS	Adult Protective Services
ARPA	American Rescue Plan Act
BIPOC	Black, Indigenous, & People of Color
BPHASA	Behavioral and Physical Health and Aging Services Administration
CILs	Centers for Independent Living
CSA	Michigan Commission on Services to the Aging
DEI	Diversity, Equity, and Inclusion
DCW	Direct Care Workforce
EBDP	Evidenced-Based Disease Prevention
FY	Fiscal Year
HCBS	Home and Community-Based Services
IADLs	Instrumental Activities of Daily Living
IFF	Intrastate Funding Formula

IMPART	Integrated Model for Personal Assistant Research and Training
LGBTQ+	Lesbian, Gay, Bi-Sexual, Transgender, Queer
LTSS	Long-Term Services and Supports
MCL	Michigan Compiled Laws
MDRC	Michigan Disability Rights Coalition
MIPPA	Medicare Improvements for Patients and Providers Act
MMAP	Medicare/Medicaid Assistance Program
MPHI	Michigan Public Health Institute
MSHDA	Michigan State Housing Development Authority
MSP/ EMHSD	Michigan State Police Emergency Management and Homeland Security Division
NAPIS	National Aging Program Information Systems
NIH	National Institutes of Health
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
PATH	Personal Action Toward Health
PERS	Personal Emergency Response Systems
PHE	Public Health Emergency
PREVNT	Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today
PSA	Planning and Service Area
RSVP	Retired and Senior Volunteer Program
SAC	State Advisory Council on Aging
SHIP	State Health Insurance Assistance Programs
SLTCO	State Long-Term Care Ombudsman
SUA	State Unit on Aging
SWOT	Strengths, Weaknesses, Opportunities, Threats

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MDHHS-PUB-1730 (10-23)

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