Michigan's State Unit on Aging 2025 Annual Report

(Public Act 180 of 1981)

February 9, 2026

Sec. 6g. *(1) Job qualifications for the state long-term care ombudsman established pursuant to section 6(2)(aa) shall include, but not be limited to, experience in all of the following: (i) The field of aging. (ii) Health care. (iii) Working with community programs.(iv) Long-term care issues, both regulatory and policy.*

(2) The state long-term care ombudsman may operate either directly or by contract with any public agency or other appropriate private nonprofit organization other than an agency or organization which is responsible for licensing or certifying long-term care facilities or which is an association of long-term care facilities.

(3) The state long-term care ombudsman shall do all of the following: (a) Establish and implement confidential complaint, investigatory, informational, educational, and referral procedures and programs. (b) Establish a statewide uniform reporting system to collect and analyze complaints about the health, safety, welfare, and rights of residents of long-term care facilities for the purpose of publicizing improvements and significant problems. (c) Assist in the development of and monitor the implementation of state and federal laws, rules, and regulations concerning the delivery of services to older persons. (d) Annually report to the governor and legislature on the long-term care ombudsman program and make recommendations for improving the health, safety, welfare, and rights of residents of long-term care facilities. (e) Recommend changes in state and federal law, rules, regulations, policies, guidelines, practices, and procedures to improve the health, safety, welfare, and rights of residents of long-term care facilities. (f) Cooperate with persons and public or private agencies and undertake or participate in conferences, inquiries, meetings, or studies which may lead to improvements in the health, safety, welfare, and rights of residents and the functioning of long-term care facilities. (g) Widely publicize the long-term care ombudsman program. (h) Provide training for local and regional long-term care ombudsmen, which shall include, but not be limited to, familiarity with all of the following: (i) Relevant state and federal regulatory and enforcement agencies. (ii) The common characteristics, conditions, and treatments of long-term care residents. (iii) Long-term care facility operations. (iv) Long-term care facility licensing and certification requirements. (v) Titles XVIII and XIX of the social security act, 42 U.S.C. 1395 to 1396s. (vi) Interviewing, investigating, mediation, and negotiation skills. (vii) Management of volunteer programs. (i) Recommend that the attorney general institute actions for injunctive relief or civil damages relative to complaints.

(4) If acting in good faith and within the authority granted by this act, the state long-term care ombudsman is immune from any civil or criminal liability that otherwise might result by reason of taking, investigating, or pursuing a complaint under this section. For purposes of any civil or criminal proceeding, there is a rebuttable presumption that when acting under the authority of this act, the state long-term care ombudsman does so in good faith.

MDHHS

Michigan Department of Health & Human Services

Michigan's State Unit on Aging 2025 Annual Report

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State Unit on Aging Director's Message

I am pleased to provide the State Unit on Aging's (SUA) 2025 Annual Report. More than one-quarter of Michiganders are over the age of 60. Michigan's aging network plays a crucial role in helping residents thrive as they age. Aging network professionals, led by our SUA, include 16 regional planning and service areas, each supported by an area agency on aging (AAA), and more than 1,300 local service providers offering essential community-based programs and services. Michigan's collective vision is to help older and vulnerable residents thrive in the setting of their choice, so they may live dignified, independent and purposeful lives.

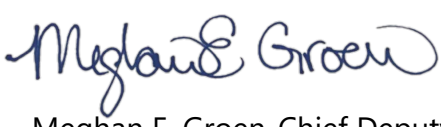
This year, the MI Options initiative was launched to enhance awareness and access to long-term services and supports (LTSS) across Michigan, helping individuals better understand and navigate home and community-based services available to them. Through a statewide, person-centered options counseling system and a No Wrong Door approach, MI Options connects individuals of all ages to a network of over 40 agencies, including AAAs and nonprofit partners, via a central call center. This system also integrates Medicare education and enrollment support through the State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act (MIPPA). Outreach efforts are underway at both the state and local levels to promote this valuable resource.

For more than 40 years, the aging network has served individuals with greatest economic or social needs by providing services including: home-delivered meals, care management, health promotion and disease prevention, as well as caregiver respite services, education, training and support.

Additionally, the aging network continues the focus on increasing the number of well-trained and qualified direct care workers by elevating the workforce, improving retention, promoting its collective value and supporting opportunities to increase wages.

I want to express my deep appreciation for the many individuals across the aging network who make meaningful contributions every day. Whether shaping policies that impact our growing older adult population, delivering programs that promote independence, confronting ageism, or advocating passionately for the needs and preferences of those we serve, your efforts are truly valued. I am proud of our dedicated staff, AAAs, local service partners, and the countless volunteers who provide essential services that help older Michiganders thrive in their communities. I'm also honored to document this important work and share more about the services available to older adults in Michigan through this report.

Sincerely,



Meghan E. Groen, Chief Deputy Director and State Unit on Aging Director
Health Services

A Profile of Older Michiganders

Recent Population Growth

- In 2024, Michigan's population age 60 and older stood at 2.6 million, or 26.4% of the state's population, an increase from 2010 (1.94 million*).

- 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 (2023 National Population Projections Datasets).

Demographic and Social Characteristics

- 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, 0.3% identify as American Indian or Alaska Native, and 3.4% identify as being two or more races**.

- About 2.3% of Michigan adults age 60 or older identify as Hispanic or Latino**.

- Michigan has the second-largest U.S. population of Middle Eastern and North African-identifying residents. Approximately 310,000 Michigan residents self-reported their race as Middle Eastern and North African as a write-in response on the 2020 census form (2020 Census Detailed Demographic and Housing Characteristics - File A).

- Nearly 7% of Michigan adults age 65 and older speak a language other than English at home, and 3.6% speak English less than "very well" **.

- Among adults 60 and over in Michigan, more than 91% graduated from high school, 32% have had some college, and 28% have a bachelor's degree or higher**.

- Roughly 13% of Michigan residents – including over 11% of older adults in the state – live in poverty**.

Household Characteristics

- Forty-three percent of Michigan householders age 65 or older live in a married-couple family. Forty-four percent live alone***.

- Nearly 95% of Michigan's adults age 60 or older live in the same home they lived in a year ago**.

- Less than a quarter (22.5%) of adults over the age of 60 who own their homes pay 30% or more of their monthly income on housing costs, whereas more than half of adults 60 and over who rent (53.1%) pay 30% or more of their monthly income on rent**.

Projected Population Trends

- Figures 1 and 2 (below) show the projected change for various older adult age groups in Michigan. Figure 1 shows projected change over a three-year period (2025-2028), and Figure 2 shows projected change over a 10-year period (2025-2035).

- There are important trends to highlight among the older adult age groups below. The number of Michigan's oldest adults (ages 75+/85+) is going to increase substantially. Baby boomers (people born between 1946-1964) will continue to age into their 70s and 80s throughout the late 2020s and 2030s. For example, the oldest baby boomers who were born in 1946 turned 75 around 2021. And Michigan's largest birth cohort (people born in 1957) won't turn 75 until 2032. This means we can expect a continued surge in the population ages 75+/85+ through much of the 2030s.

* 2024 American Community Survey one-year estimates, Table S0101, U.S. Census Bureau
** 2024 American Community Survey one-year estimates, Table S0102, U.S. Census Bureau
*** 2024 American Community Survey one-year estimates, Table B25011, U.S. Census Bureau

Figure 1. Michigan projected three-year change from 2025-2028

Age Group	Projected Population 2025	Projected Population 2028	Percent change, 2025-2028
60+	2,734,970	2,840,674	3.9%
65+	2,062,248	2,221,561	7.7%
70+	1,413,179	1,573,766	11.4%
75+	870,710	991,293	13.8%
80+	464,647	546,106	17.5%
85+	218,248	252,651	15.8%

Source: 2024 Vintage Population Projections, Net Positive Migration Scenario, Michigan Center for Data and Analytics

Figure 2. Michigan projected 10-year change from 2025-2035

Age Group	Projected Population 2025	Projected Population 2035	Percent change, 2025-2035
60+	2,734,970	2,979,133	8.9%
65+	2,062,248	2,420,905	17.4%
70+	1,413,179	1,852,035	31.1%
75+	870,710	1,267,584	45.6%
80+	464,647	745,008	60.3%
85+	218,248	358,336	64.2%

Source: 2024 Vintage Population Projections, Net Positive Migration Scenario, Michigan Center for Data and Analytics

Aging Network Overview and Fiscal Year (FY) 2025 Highlights

For more than four decades, Michigan's SUA, housed within Health Services at the Michigan Department of Health and Human Services (MDHHS), has had the responsibility of managing a statewide infrastructure that helps older adults age 60 and over remain in the community setting they call home. Health Services combines Michigan's Medicaid office, SUA and community-based services for adults with physical and intellectual/developmental disabilities, serious mental illness, and substance use disorders under one umbrella within MDHHS. This structure integrates MDHHS teams that focus on aging and long-term care issues and allows Health Services to develop innovative policies that benefit Michigan and its residents.

The statewide infrastructure managed by the Bureau of Aging, Community Living, and Supports (ACLS Bureau), known as the aging network, includes MDHHS, the Commission on Services to the Aging (CSA), and the State Advisory Council (SAC) at the state level; 16 regional planning and service areas with each supported by an AAA; and over 1,300 local service providers that offer essential community-based supports and services. The collective aim of the aging network is to help older Michigan residents live dignified, independent and purposeful lives.

The SUA's governing legislation – the federal Older Americans Act (OAA), as amended in 2020, and the Older Michiganians Act of 1981 – provide a broad policy and program framework for serving older and vulnerable residents. Under the federal act, each state receives funds for services according to a formula based on its share of the U.S. population age 60 and older. To that end, with an older adult population of more than 2.5 million, Michigan ranks eighth among the nation's 56 states and territories receiving funding under the Older Americans Act.

The SUA's FY 2025 budget appropriation (combined federal and state funds) was $136,214,800. With this appropriation, more than 40 different types of access, in-home, community, caregiver and nutrition services, were provided throughout our state – services vital to the independence, autonomy and dignity of those receiving them.

Funding for these services is distributed to regional AAAs through an intra-state formula that is based on population, poverty, minority and rural factors. This formula is reviewed every five years to determine the statewide impact of shifting demographics on funding allocations. A comprehensive funding formula review took place in late FY 2023 allocated funding for FYs 2024-2028.

The work of the 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 performs the functions of the SUA and oversees a variety of Medicaid, OAA, state- and federally-funded home and community-based services (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 settings.

Commission on Services to the Aging

The CSA is a 15-member, bipartisan body that advises the governor by whom they are appointed, the Michigan legislature, and the ACLS Bureau on matters relating to aging policies and programs. Commission members are appointed for three-year terms, and membership reflects the distribution and composition of the state's older population. A majority are age 60 and older, and no more than eight members are from the same political party.

Working in close collaboration with MDHHS, the CSA approves funds for services statewide; participates in preparation of the multi-year state plan required as a condition of federal funding; determines aging policy; serves as an advocate in government decisions related to older adults; holds public hearings across the state; and appoints a 40-member SAC to advise state-level decision-making.

In FY 2025, the CSA met monthly and public hearings were held following five of these meetings – in Kalamazoo, Marquette, Midland, Grayling and Grand Rapids – to hear from older adults, caregivers, service providers, volunteers and others on issues important to them. Among the issues cited during these hearings were: lack of available transportation; support for volunteer programs; the need for more and adequately trained direct care workers (DCWs); stresses of caregiving; MI Choice Waiver reimbursement rates for AAAs, SHIP changes, the ongoing need for additional funding for senior services, physical accessibility challenges in community settings, electronic Senior Project Fresh implementation, and the need for expanded broadband access and technology training for seniors.

A major highlight of the CSA's work in FY 2025 focused on enhancing its leadership and advocacy role by developing a comprehensive legislative agenda in support of several major issues:

- Increase in pay for DCWs to promote the recruitment, retention and professionalization of the direct care workforce in Michigan.

- Additional funding for statewide components related to aging network caregiver resource centers.
- Additional funding for dementia services by investing in quality care and strengthening services for people living with dementia and their caregivers.
- House bills related to guardianship to ensure Michigan's guardianship system operates in a fair and transparent manner to protect vulnerable adults from abuse, harm or exploitation.
- A Michigan caregiver tax credit for individuals providing care for elderly or disabled family members.
- Reauthorization of the Older Americans Act.
- Modifications to Michigan's Medicaid policies to ensure equity between facility-based care and home and community-based services.
- Statewide emergency alert system for missing and vulnerable adults.
- Flexibility in nutrition funding.
- Continued and adequate funding for Medicaid services.

After much research and deliberation, these issues were selected based on their importance to older adults; their broad, statewide scope; and the expertise of the aging network in focusing on these key areas of need.

State Advisory Council on Aging

The 40-member volunteer SAC is appointed by the CSA to represent the interests of older persons in the state. SAC members study key issues, write reports and advise the CSA and the SUA director on matters impacting older adults. To reflect the demographic and geographic diversity of Michigan's older population, appointments are made with consideration based on where the applicants live and current SAC openings in one of the 16 AAA regions.

Area Agencies on Aging

Michigan's 16 AAAs – managed and funded by ACLS Bureau and the CSA respectively – are regional, nonprofit agencies created in the early 1970s by federal and state legislation to respond to the needs of older adults in every local community. They work in partnership with more than 1,300 local organizations in every corner of the state to customize programs and services to individual community needs.

Each AAA operates a service delivery system that offers a range of community-based supports and services within a designated planning and service area (PSA), and each PSA varies widely in size (see map on Page 35). AAAs conduct their work under the governance of a policy board and the guidance of an advisory council. In their important role within Michigan's aging network, AAAs:

- Develop multi-year plans that outline how local needs will be addressed.
- Contract with a wide variety of local agencies that provide services directly.
- Ensure services are targeted to those in greatest social and economic need.
- Ensure public funding is spent in accordance with state and federal policies.

In FY 2025, ACLS Bureau continued to meet its obligation to provide oversight of AAA operations by:

- Conducting on-site program and fiscal assessments of each agency.
- Working with the CSA on approval of each agency's annual implementation plan.
- Attending policy board meetings.
- Providing training, technical assistance and consultation on all aspects of AAA operations, as needed.

Michigan State Plan on Aging Fiscal Years 2024-2026

SUAs are tasked under the OAA with developing and administering a multi-year State Plan on Aging (SPoA) that provides goals and objectives related to assisting older residents, their families and caregivers in their states.

Guidance for content and expectations for developing the SPoA is established by the Federal Administration for Community Living (ACL). The SPoA goals are informed by the priorities of local AAAs as well as information gathered during the needs assessment process. They are intended to help promote and support the health and well-being of Michigan's older adult population and their caregivers.

A comprehensive needs assessment and other activities in support of developing the next SPoA for fiscal years 2027-2029 is already underway. The multi-year planning efforts of the AAAs will also inform the updated state plan.

Michigan's goals and progress for this plan period are as follows:

GOAL 1: Identify and Reduce Barriers to Accessing Services

The ACLS Bureau and the aging network continue to utilize demographic information and refine data collection processes in order to accurately report on services delivered in

comparison to the communities residing in each program services area. Staff also work to identify potential training and support for AAAs and service providers to best meet the needs of their local populations.

Reducing barriers by providing clarity to operating standards has been an emphasis. A comprehensive review of all operating standards was conducted to align with new OAA regulations released by ACL in February 2024 and effective in March 2024. A number of updates were made, with an early emphasis on nutrition standards, including those for Congregate and Home-Delivered Meals, Nutrition Counseling, and Nutrition Education. Additional updates will be made in FY 2026.

GOAL 2: Elevate Resources and Inform Public about Aging Services

MDHHS has been working to expand the awareness of both the MI Care Career DCW and Employer job matching portal, originally piloted in 2024, and other efforts of the IMPART Alliance and DCW Advisory Council to further support and promote DCW training, certification, and employment opportunities.

A comprehensive DCW awareness campaign is being implemented as part of the MDHHS Direct Care Worker Recruitment, Retention, and Training - 2025 grant awarded to IMPART Alliance (IMPART)/Michigan State University (MSU). DCWs, employers, persons with lived experience, and community partners have been interviewed, photographed and videotaped from across the state. Additionally, marketing information is collected at various events, including during the statewide DCW conference held in September and the opening of A Caregiver's Butterfly Garden in Saugatuck (July) and East Lansing (November). Please see the IMPART newsroom for up-to-date information https://impartalliance.msu.edu/news-and research/newsroom/.

IMPART/MSU also partnered with Bellwether Public Relations firm to market DCWs. The July campaign saw the first complete month of display advertising, as well as the addition of billboards launching across the state and new videos. Users across web channels can view, engage, and visit the IMPART Alliance page (see link above). IMPART/MSU is also partnering with Channel 6 in the Upper Peninsula and WLNS, which covers the entire lower peninsula, to promote DCWs.

Additionally, a statewide information and awareness campaign is being finalized at the end of the fiscal year. Campaign messaging will encourage conversations and promote seeking information on long-term services and supports before the point of crisis by highlighting the availability of the new MI Options system.

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

The ACLS Bureau continued to make significant progress in building and strengthening partnerships and networks with new or existing organizations and improving cross-sector awareness and understanding of the needs and challenges faced by older adults. ACLS Bureau staff participated in numerous workgroups and initiatives with governmental partners at the state level, including Michigan Veteran Affairs Agency, MDHHS Housing Services Section, Michigan State Housing Development Agency, Michigan Department of Corrections, and the Michigan Developmental Disabilities Council. Engagement also occurred with other organizations or groups such as the Enterprise Thome Aging Well Collaborative and the Fall Prevention Resource Center.

Cross-sector trainings on the aging network and available home and community-based services were provided to a number of diverse audiences in support of older adults across the state, including: tribal leadership at the annual MDHHS Tribal Summit, families and advocates for people with developmental disabilities through the Supporting Families project with the MI Developmental Disabilities Council, parish nurses attending a Parish Nurses Association webinar, and professionals attending the MDHHS HIV and Housing Summit.

GOAL 4: Assist Aging Population in Reaching Optimal Health and Preserving Independence

The SUA has always maintained a strong focus on health and wellness initiatives. While working to support AAAs in increasing the number of older adults and caregivers participating in nutrition and health and wellness programs, the ACLS Bureau hosted a Nutrition and Wellness Summit with 79 attendees including representatives from 15 AAAs and one tribe.

SUA staff have been providing ongoing technical assistance for all AAAs during monthly statewide meetings as well as individual regional meetings where necessary. These meetings include informational sessions on various Evidence-Based Disease Prevention and Health Promotion programs, and discussions on best practices for administering programs, marketing, training, and overcoming barriers to participation.

Support for the health and wellness of caregivers has also been a continued emphasis. SUA staff and Medicaid home and community-based service colleagues were accepted into a multi-state Caregiver Support Learning Collaborative with the National Academy for State Health Policy. MDHHS has benefited from technical assistance, resources, and policy guidance for maintaining and expanding available respite services, supporting family

caregivers in exploring self-determination options, and exploring caregiver assessment tools. The learning collaborative provided an exchange of ideas and new approaches to respite care and assisting in the recruitment and training of respite care providers in alignment with the goals of the National Strategy to Support Family Caregivers.

Michigan Age-Friendly Action Plan 2024-2026

Health Services, Michigan's designated SUA, is an active partner in Michigan's Age-Friendly Action Plan for 2024-2026. Michigan's Age-Friendly Action Plan affords the Michigan aging network the opportunity to strengthen existing relationships and collaborate with new partners to make the state a place where all individuals have the opportunity to age with dignity and have choices available to select the most appropriate supports and setting.

Michigan's Age-Friendly Action Plan aligns with other important assessment, planning, and evaluation work such as the State Health Assessment; State Health Improvement Plan; the state's Social Determinants of Health Strategy; and Michigan's SPoA, reflecting a commitment to make Michigan more livable for people of every age.

Like the SPoA, Michigan's Age-Friendly Action Plan is guided by information gathered through a robust needs assessment process, the priorities established by Michigan's SUA, AARP's Eight Domains of Livability, and key areas identified by the Michigan Age-Friendly Steering Committee. Priorities in the 2024-2026 plan address areas with the biggest room for improvement while focusing on the following AARP domains of livability:

- Communication and Information.
- Health Services and Community Supports.
- Housing.
- Respect and Social Inclusion.
- Social Participation.

Concurrent to the goals identified in the SPoA, work is happening within the state on age-friendly public health, age-friendly health systems, age-friendly universities, and age-friendly communities. Michigan's Age-Friendly Action Plan will continue to evolve to incorporate the progress on all age-friendly initiatives.

Older Michiganians Day

MDHHS participated in the annual 2025 Older Michiganians Day (OMD) celebration and Day of Advocacy. The event, which was organized by the Area Agencies on Aging

Association of Michigan, known as 4AM, was held at the state capitol in May 2025. The event's advocacy platform included: supporting family and informal caregivers, expanding access to the MI Choice Medicaid Waiver Program, and increasing access to home and community-based services. All state legislators were invited, and many joined attendees from their districts to discuss the OMD platform. Legislative speakers included Senator Sylvia Santana, Senator Sam Singh, Representative Carol Glanville, and Senator Mark Huizenga. There were more than 650 attendees in person and via the online platform, and there were 38 legislative discussions. The social media platform reached more than 12,000 participants.

2025 Older Adult of the Year

As part of the OMD event, Melinda Anderson was named the 2025 Older Adult of the Year. The Older Adult of the Year is chosen by a panel comprised of representatives from the ACLS Bureau, CSA, and SAC, and Consumers Energy contributes a monetary award to winners. Older adults are nominated and chosen based on exemplary community volunteerism. Anderson founded the Community Outreach for Family and Youth Center, New Beginnings Literacy Program, in 2015. For the past 10 years, she has led efforts to provide tutoring services for adults and youth who have been marginalized. She is also the chairperson of the Genesee County Literacy Coalition, where she works to align community partners to address service gaps and improve access to education. Anderson also facilitated the creation of community gardens in food deserts, established Little Free libraries, and supported beautification projects that uplift neighborhoods. Through decades of service, she has addressed critical community needs, including literacy access, civic engagement, and neighborhood revitalization.

Bridging Aging and Disability Networks for Individuals with Intellectual and Developmental Disabilities

ACLS Bureau and the Michigan Developmental Disabilities Council continued participation in a national Bridging Aging and Disability Networks Community of Practice. The initiative is funded by the federal Administration for Community Living through a grant to the National Association of Councils on Developmental Disabilities.

Michigan's State Alliance Team (SAT) is focused on strengthening the collaboration between aging and disability networks to better support individuals with intellectual and developmental disabilities (I/DD) and their families as they plan for their future across the lifespan.

Activities this fiscal year included:

- Completion of a landscape analysis of systems and relevant planning documents across sectors.
- Identifying and strategizing to address overlapping needs and barriers, such as caregiver support and lack of knowledge and access to supports and services.
- Input and support for the MI Options system and long-term supports and services (LTSS) website and information campaign.
- Development of a Most Valuable Provider training on working with individuals with I/DD for aging network staff in partnership with the MI Developmental Disabilities Institute.
- Member check-ins with information and resource sharing during SAT meetings.

MI Options Program

Many long-term care decisions are made at a point of crisis – often leading to fewer home and community-based service (HCBS) options and less than optimal outcomes. In the HCBS American Rescue Plan Act Spending Plan, MDHHS included a proposal for a "Multi-Faceted Long-Term Care Information and Education Campaign and Independent Options/Choice Counseling System." The intent of this project is to improve awareness, understanding, and access to the full spectrum of LTSS so individuals can better understand and navigate HCBS options for their long-term care needs.

In launching a structured No Wrong Door approach to these education and awareness activities, MDHHS developed MI Options, a standardized, statewide person-centered options counseling system. This system will serve individuals of all ages, elevate the current array of services, and build upon the current resources and expertise in the aging and disability systems. A network of regional and statewide providers was identified through a Grant Funding Opportunity and includes more than one provider in every area of the state, giving choice to Michiganders when calling. These providers work in conjunction with a statewide call center that launched in the summer of 2025. Information and support for Medicare enrollment and education through the SHIP and MIPPA will also be available through MI Options.

MI Options serves all adult individuals across Michigan. There are 15 primary grantee counseling agencies that serve Michigan. Of those, many have sub-grantees, totaling about 40 agencies across Michigan. These agencies are comprised of AAAs and local and regional non-profits. They serve a mix of Medicare counseling or LTSS counseling. Individuals seeking service can contact the 1-800-803-7174 central call center, where an intake will be

conducted and general questions will be answered. Individuals will then be able to schedule an appointment with a local counseling site or seek a referral.

Through state press release and presentations directing to the line, the state and local agencies have begun outreach to the call center and local agencies have begun promoting information on the program locally.

SHIP and MIPPA programs were implemented prior to MI Options and have proven successful. Last year, SHIP reached 52,539 Medicare beneficiaries through counseling; 44,240 Medicare beneficiaries through group outreach; 6,872 Medicare beneficiaries under the age of 65; 40,985 hard to reach beneficiaries; and helped enroll 41,188 Medicare beneficiaries in programs such as Part D Medicare. During this period, 12,549 MIPPA beneficiaries (those 150% or more below the FPL) were reached.

Older Americans Act Regulations

The OAA underwent its first regulations update in nearly 36 years and included key program changes to Title III, Title VI and Title VII with a focus on caregiver support, emergency preparedness, and legal assistance. The OAA regulations were effective in March 2024, with states working toward compliance by October 1, 2025.

The ACLS Bureau reviewed all regulation updates and identified needed changes to current policies and operating standards. Based on results of this analysis, the ACLS Bureau developed a workplan to come into compliance in the following sub-sections:

- Caregiving.
- Emergency Planning.
- AAA Performance.
- Contracts and Commercial Relationships.
- Conflicts of Interest.
- SUA and Tribal OAA Coordination (Title III/Title VI).
- Greatest Social and Greatest Economic Need Targeting.
- Legal Assistance.
- Ombudsmen.
- State Plan on Aging.

The ACLS Bureau recognized that some OAA regulation updates need a longer timeline than fiscal year 2025 to fully implement. Work on OAA regulation implementation will continue in FY 2026.

Summary of FY 2025 State Unit on Aging Service Activities

GetSetUp

GetSetUp is an online community of older adults who want to learn, connect with others and unlock new life experiences. MDHHS began partnering with GetSetUp in October 2020 to engage older residents through virtual classes on various topics taught by peers from around the world. Since the initial partnership, Michiganders have taken over 1.8 million classes at no cost to them.

GetSetUp has the largest catalog of senior-specific classes taught by peers with over 4,000 classes in their catalog. In Michigan, the most popular classes are among the following categories: exercise, wellness, technology, travel, food and nutrition, and mental enrichment. Classes are available around the clock with a global community of learners and access to classes in English, Spanish, Mandarin and Hindi.

In FY 2025, more than 234,500 unique users accessed Michigan's GetSetUp platform to participate in classes across all channels. During this time, Michigan's older adults participated in over 330,700 classes.

Collaborative Linkages for Older Adult Veterans

Over 50% of Michigan's estimated 530,000 veteran population is over the age of 65. This number grows to 70% when accounting for those over the age of 55. Michigan's aging population is increasing, and a lack of knowledge and awareness means many of the older adults, specifically older veterans, are going without services they need.

MDHHS received a two-year grant from the Michigan Health Endowment Fund to partner with the Michigan Veteran Affairs Agency to increase awareness of services for older adults, connecting older adult veterans with both aging network and veteran services. This connection is particularly vital for older veterans who may not qualify for veteran benefits but still have unmet needs.

This past year, over 800 aging service network staff received training on veteran cultural competency to provide optimal service to older veterans, including Michigan's 16 AAAs, the ACLS Bureau staff, MI Options counselors, and Senior Community Service Employment Program coordinators. Competency training provided basic knowledge regarding values, structure, policies and expectations of the military, which can promote a stronger relationship and enhance service efforts. Additionally, nearly 200 veteran's organization

staff and volunteers were provided training on services and support available through the aging network and how to access them.

A marketing and awareness campaign was developed for FY 2026. ACLS Bureau also partnered with MSU Institute of Health Policy to conduct key informant interviews with 12 AAAs to integrate and enhance referral tracking platforms to improve the tracking of veteran referral data.

Direct Care Workforce

Direct Care Workforce Advisory Committee – Long-Term Statewide Leadership and Collaboration

For over five years, the Direct Care Workforce Advisory Committee has advised MDHHS and aging services about implementing supportive DCW programs and policies. This year, the committee promoted its updated 15 key policy and action recommendations including strategies for supporting development and funding of the Direct Care Career Center led by IMPART Alliance (IMPART)/Michigan State University as part of the MDHHS Direct Care Worker Recruitment, Retention, and Training (DCWRRT) grant.

Committee members are key to the guidance provided to MDHHS, IMPART, and many partners implementing critical projects to strengthen Michigan's direct care workforce. Members include DCWs, persons with lived experience, employers/home care agencies, aging and disability networks, advocates, behavioral health services, health plans, and state departments including labor, licensing and Medicaid staff. Valuable input is provided by the committee on issues impacting DCWs and employers such as electronic visit verification, wages and strategies for addressing the shortage including training, credentialing, career pathways and career success.

Continued Support for Direct Care Worker Wages and Accomplishments

With support from advocates across the state, the governor and legislature maintained the DCW wage increases implemented over the past few years in the FY 2026 MDHHS budget. The continued higher wages are essential for promoting DCW professionalism, administrative efficiencies, and training initiatives to strengthen Michigan's workforce.

The MDHHS DCWRRT grant continues to be implemented by IMPART with many project accomplishments.

- The Direct Care Career Center recruitment, retention and training organizational structure is in place for collecting longitudinal DCW data.
- Curricula for four DCW stackable training tiers continue to be piloted by 26 trainers, aligning with the state's 15 DCW core competency guidelines. More than 600 students have completed at least one class since January 2024.

- The development of a proposed DCW credentialing process for the four tiers of training continues.
- Over 1,300 DCWs have been trained through grants to employers and other contractors implementing novel projects to increase recruitment, retention, professionalization and removal of barriers to career success.
- Three lab training sites have been developed with the MSU College of Nursing, the Area Agency on Aging Western Michigan, and the Greater Flint Health Coalition for the DCW train-the-trainer and specialty classes.
- The Mobile Training Unit and the Training Class in a Box will offer classes throughout the state in the fall of 2025.
- Michigan Assisted Living Association is providing successful online supervisory training on a variety of topics including management basics, communication, abuse and neglect prevention, legal issues and crisis management.
- The Area Agencies on Aging Association of Michigan is implementing the DCW HELP Project to assist DCWs with emergency needs.
- The first annual DCW conference was held Sept. 28-Oct.1, 2025, at the Lansing Center with 250 DCWs, employers and supporters in attendance.

Support for Caregivers

Family caregivers are the foundation of Michigan's long-term supports and services system, providing the majority of care for Michigan's older adults and people with a disability. Family caregivers are relatives, friends and neighbors, who provide assistance to a loved one or family member. The most common health issue or disability that caregivers help with is a physical or mobility problem, followed by memory or cognitive issues.

Caregiving can present significant challenges, even under the best circumstances. Nearly two-thirds of family caregivers report moderate or high emotional stress, with 45% reporting moderate or high physical strain. Additionally, nearly one in four caregivers report feeling alone.

In FY 2025, 5,359 caregivers of older adults and older relative (kinship) caregivers were supported by 558,296 units of case management, adult day services, respite care, counseling services, training and supplemental services through the aging network, including 49,192 home-delivered meals served as a part of respite care.

In addition, caregivers of older adults and older relative (kinship) caregivers were supported with information and assistance, education, and support groups.

Care Management and In-Home Services

In-home services help older adults who have difficulty managing daily tasks on their own, and care management offers the means for older adults to get the in-home help they need to live as independently as possible. In-home services assist individuals with functional, physical or mental characteristics that limit their ability to care for themselves, and informal supports (e.g., family or friends) are either unavailable or insufficient. Targeting for in-home services is based on social, functional and economic characteristics.

In 2025, 22,241 older adults were supported by 796,900 hours/units of in-home and care management services offered by the aging network as described in the following chart:

Service	Clients	Units
Care Management	2,778	40,179
Care Transition Coordination & Support	650	2,203
Case Coordination & Support	10,237	73,352
Chore Services	2,877	12,826
Community Living Support	242	34,340
Homemaker	8,134	408,520
Independence by Choice Program	67	384
Personal Care	2,760	223,266
Private Duty Nursing	11	165
Telephonic Case Management	177	1,667

Community Services

Community services offered by the aging network are key to helping older adults maintain their independence at home and in their community. These services complement those provided through existing medical and health care systems to, among other things, help prevent hospital readmissions by supporting activities of daily living. The chart below describes the community services offered through the aging network in FY 2025:

Service	Clients	Units
Assistance to Hearing Impaired & Deaf Community	41	742
Assistive Devices & Technologies	2,924	23,115
Community Support Navigator	7,411	11,295
Counseling	63	740
Crisis Services for the Elderly	760	760
Dementia Friends	324	26

Elder Abuse Prevention	18,341	3,229
Friendly Reassurance	1,331	65,698
Gap Filling/Special Needs	245	297
Health Promotion: Non-Evidence Based	2,010	5,482
Home Injury Control	1,367	n/a
Home Repair	161	1,497
Information & Assistance	99,392	152,337
Medication Management	1,391	15,238
Nutrition Counseling	10	9
Options Counseling	762	1,724
Outreach	470,309	26,959
Outreach & Assistance	1,019	3,627
Senior Center Operations/Staffing	20,987	56,241
Transportation	5,361	115,938

Evidence-Based Disease Prevention Programs

The term "evidence-based" is used to describe programs that are proven to work, based on scientific research and testing. Evidence-based disease prevention programs offered by the aging network are proven to help older adults learn how to reduce their risk of developing chronic conditions, and how to better manage conditions they already have.

These programs teach older adults to take control of their own health care through the information, motivation and reinforcement of healthy behaviors and activities they provide. Anecdotally, many participants say they just feel better, and feel empowered to take charge of their own well-being.

Among the most popular programs offered are: Chronic Disease Self-Management (known as Personal Action Toward Health - PATH in Michigan), Diabetes Self-Management (Diabetes PATH), Matter of Balance, Chronic Pain Self-Management, Building Better Caregivers, Arthritis Exercise Program, Arthritis T'ai Chi, National Diabetes Prevention Program, Walk With Ease, Powerful Tools for Caregivers, Arthritis Aquatic Exercise Program, Fit for Life, Fit & Strong, EnhanceFitness™, and Cancer: Thriving and Surviving.

The EnhanceFitness™ and A Matter of Balance programs aimed at preventing falls were especially popular, which is particularly important given that falls are a threat to the health of older adults and can reduce their ability to remain independent. The risk of falling and fall-related problems, such as broken bones, increases with age. More than one in four people age 65 or older fall each year.

A majority of AAAs sponsor one or more wellness programs within their planning and service areas, in partnership with county councils and commissions on aging, Michigan State Extension Offices, local health departments and others.

In FY 2025, over 5,223 older adults participated in one or more evidence-based disease prevention programs offered by the aging network.

Nutrition Program

The congregate and home-delivered meals programs offered through the OAA are the most popular and recognized community-based programs offered by the aging network. These programs were first made available in the late 1960s and continue to address issues of malnutrition, food insecurity and social isolation. They also promote the health and well-being of older adults. We all know that people of all ages greatly benefit from a healthy diet, as this is one of the key factors to maintaining health status and managing chronic disease risk. Especially for older adults, adequate nutrition is necessary for maintaining good health, functionality and the ability to remain independent at home. While there is no income test for program participation, nutrition services are targeted to older adults age 60 and older in greatest social and/or economic need.

Healthy meals are provided in a variety of congregate group settings, such as senior centers, faith-based settings and senior housing centers, as well as delivered to homes of isolated and homebound older adults. The program serves as an important link to other supportive services, such as homemaker and home-health aide services, transportation, physical activity programs, chronic disease self-management programs, home repair and modification, and falls prevention programs.

It is important to note that local governments, philanthropic organizations, private donations and a volunteer workforce also contribute resources to the program's sustainability.

In Michigan, the most frequently reported activity limitations by home-delivered meal participants were cooking, shopping, doing laundry, using transportation, climbing stairs and walking.

In FY 2025, the nutrition program, administered by the aging network, supported the following service levels statewide:

- Total congregate meals: 1,534,161.
- Total congregate meal participants: 41,878.
- Total home-delivered (HDM) meals: 8,433,148.

- Total home-delivered meals participants: 50,923.
- HDM respite meals: 49,192.
- Total carry out meals: 218,492.
- Total carry out meal participants: 3,121.
- Total oral nutrition supplements: 230,174.
- Total oral nutrition supplement clients: 796.

A Nutrition and Wellness Summit was held in September 2025, with 79 AAA staff and nutrition service providers attending. The program included a cooking demonstration focused on preparing culturally-relevant meals to prevent and manage chronic disease, and demonstrations of evidence-based disease prevention physical activity programs such as Bingocize® and Drums Alive®. Additional content included developing innovative ways to serve older adults and modernizing the congregate dining experience through restaurant partnerships, falls prevention and dementia prevention initiatives, the delivery of nutrition services to veterans, and opportunities for coordination between OAA Title III and Title VI programming.

In February 2024, the ACL released the OAA Final Rule with several requirements related to Title III nutrition programs. The process of revising the nutrition operating standards was completed in September 2025 to ensure ACLS Bureau policies and procedures are aligned with the new federal regulations. This included updates to the General Requirements for Nutrition Service Programs, B-5 Home-Delivered Meal, B-12 Carry-Out Meal, C-3 Congregate Meal, C-4 Nutrition Counseling and the C-5 Nutrition Education Operating Standards for Service Programs.

Senior Project Fresh

Senior Project Fresh (SPF) provides eligible older adults with unprocessed, Michigan-grown products from authorized farmers markets and roadside stands throughout the state.

People who qualify – those age 60 and older (or 55 and older, if a tribal member) with household incomes at or below of 185% of the poverty limit – have direct access to fresh berries, lettuce, tomatoes, onions, honey, herbs and more to help supply essential nutrients for healthy aging.

A program free to eligible older adults and farmers alike, participants receive a minimum of $25 on a benefit card to purchase fruits and vegetables from Michigan farmers during Michigan's growing season. In 2025, the SPF program transitioned from a paper system to an electronic system which allowed older adults to apply from the comfort of their homes,

quicker payments to farmers, and access to real time data on benefit allocation and redemption.

Funding from the U.S. Department of Agriculture through the federal Farm Bill reimburses farmers for benefits used. During the 2025 season:

- More than 13,000 older adults participated in SPF throughout all 83 Michigan counties.
- More than 320 farmers were enrolled in the program in 81 out of 83 Michigan counties.
- Ingham County had 17 authorized farmers selling at 11 different locations, the highest number in Michigan.
- Approximately $237,700 was put back into the Michigan agricultural economy.
- Approximately 66% of benefits distributed to program participants were redeemed at Michigan farmers markets and/or roadside stands.

Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is a community service, work-based training program for older adults age 55 and older who are low-income and unemployed. Older adults enrolled in the program have a strong desire to actively engage in the workforce, obtain new skills through work-based learning, stay engaged with others around them, and contribute to their community.

This training program is a bridge to unsubsidized employment opportunities, with the goal of fostering economic self-sufficiency and providing opportunities for meaningful employment that complement a person's abilities and interests. In 2025, a total of 204 participants were served by the program with 23% of Michigan's enrollees successfully moving on to unsubsidized employment, earning a median starting wage of $15 an hour.

A profile of the 204 SCSEP participants in 2025 is provided below:

- 39% were white, 50% African American, 4% Hispanic and 1% Native American.
- 70% of participants were female.
- 83% were age 60 and older; 17% were age 55-59.
- 6% were veterans.
- 10% were formerly incarcerated.
- 16% had a disability.
- 29% had low literacy skills.
- 79% were receiving public assistance.
- 23% were experiencing homelessness at the time of enrollment.

Senior Volunteer Programs

For over 40 years, the state has invested in the skills, experiences and talents of our older adult population as a volunteer resource to meet community needs. Michigan's volunteer programs encourage and support older adults to remain involved in community life and service.

In FY 2025, $4,765,300 million in state funding administered by the ACLS Bureau, coupled with federal funding through the Corporation for National and Community Service, supported older adults in Michigan's three older adult volunteer programs – Foster Grandparent Program (FGP), Retired and Senior Volunteer Program (RSVP), and the Senior Companion Program (SCP).

Foster Grandparents

The FGP was the first of three volunteer programs to receive state funding in 1978 and continues today, providing opportunities for low-income individuals age 55 and older to mentor and tutor children and youth who need personal attention and assistance in schools, hospitals, juvenile detention facilities, day care centers, and community programs. Foster grandparents receive a stipend of $4 per hour, transportation assistance, training and volunteer insurance.

In FY 2025, 494 foster grandparents served 237,243 hours, mentoring 4,300 children and youth with exceptional and special needs.

Retired and Senior Volunteers

Retired and senior volunteers provide opportunities for people age 55 and older to serve their communities, explore new interests and stay active. Volunteers serve without payment, but receive volunteer insurance, training, recognition and may receive transportation assistance. They provide services in such areas as tutoring, literacy, public safety, homeland security, health care and economic development.

In 2025, 2,204 RSVP volunteers served 278,402 hours at 429 nonprofit organizations that serve communities across Michigan.

Senior Companions

The SCP offers low-income men and women age 55 and older the opportunity to provide individualized care and assistance to older adults and others with developmental disabilities, Alzheimer's disease, mental illness and/or conditions that make them at-risk. Senior companions add richness to the lives of those they serve. They also support other services funded by the ACLS Bureau, such as care management and respite, which allow

older adults to remain in their own home. Senior companions receive similar benefits to those of foster grandparents.

In 2025, 346 senior companions served 208,685 hours, supporting 2,005 clients.

Prevention of Elder Abuse, Exploitation and Neglect

FY 2025 marked the 9th year of the ACLS Bureau's Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative. The state-funded PREVNT initiative implements local tools and systems to prevent, detect and address crimes against vulnerable adults in communities across Michigan. To this end, funds were awarded to the following organizations for a wide variety of projects:

- Western MI University School of Medicine ($149,906).
- Wayne State University ($149,038).
- Crossroads of Michigan ($150,000).
- Community Action Agency of South Central MI ($150,000).
- The Avenue ($150,000).

Legal Services

Legal services, a priority service under the federal OAA, are critical to protecting the rights of older adults. In Michigan, seven legal assistance providers ensure older adults have access to needed legal services and the ability to address barriers to living in the least restrictive setting of their choice.

Legal assistance includes information and referral, advice and counsel, education and direct representation. Services are targeted to older individuals in economic and/or social need, including people from racial and ethnic minority groups, individuals with limited English proficiency, low-income individuals, people who live in rural areas and frail individuals.

Housing, elder abuse, scams/financial exploitation and assistance with wills and advance directives were the top areas of legal assistance provided.

In FY 2025:

- Caregivers served: 5,706 older adults, 346 caregivers of older adults, and 26 older relative (kinship) caregivers.
- Caregiver cases supported: 7,378 older adults, 352 caregivers of older adults, and 26 older relative (kinship) caregivers.
- Casework hours clocked by staff: 25,107 older adults; 2,286 caregivers of older adults, and 326 older relative (kinship) caregivers.
- 81 community education presentations were held.

Michigan Long Term Care Ombudsman Program

The Long Term Care Ombudsman Program (LTCOP) addresses quality of care and quality of life issues experienced by residents living in Michigan's nursing homes, homes for the aged and adult foster care homes. The program works to resolve resident concerns at the direction of the resident and with resident consent. Following the release of the updated OAA regulations in 2024, oversight of the program was relocated from the Adult Services Division to the ACLS Bureau in February 2025.

At the state level, the program represents the interests of long-term care residents in the development and implementation of federal, state and local laws, regulations and policies. The program also assists residents in hearings related to guardianship, level of care determinations for Medicaid services and involuntary discharges.

Local ombudsmen are a community presence, working with individual residents and their families to resolve problems and promote quality care and quality of life. In doing so, they:

- Visit residents in long term care settings.
- Explain residents' rights.
- Empower residents to communicate their concerns, individually or collectively.
- Assist in resolution of resident concerns.
- Promote community education and awareness regarding long-term care issues and options.
- Promote use of best practices.
- Seek solutions to identified problems within the long-term care system.

In FY 2025, following an increase in general fund allocations, 19 additional paid local ombudsmen were designated across the state. This contributed to an increase in total visits to facilities. Ombudsmen conducted a total of 5,099 visits, as compared to a total of 3,921 visits in FY 2024, with 428 nursing homes, 255 homes for the aged (HFA), and 1,128 adult foster care (AFC) homes being visited at least once in FY 2025. Nearly 58% of nursing homes received a visit at least once per quarter. Ombudsmen also attended 369 resident council/family council meetings, responded to 314 notices of involuntary discharge, and met with residents to offer ombudsman assistance, opening 2,302 cases at the direction of the resident (2,111 in nursing homes and 191 in HFA or AFC settings.)

In FY 2025:

- The program resolved 4,078 complaints.
- The top four client complaints were:
  - Discharge/eviction – 391 complaints.
  - Failing to respond to requests for assistance – 262 complaints.
  - Medication issues – 217 complaints.
  - Personal hygiene – 199 complaints.

The program provided 77 educational sessions and information and assistance 13,846 times to facility staff, residents and families. Informational topics included the nature of ombudsman services, complaint processes, legal issues, community services, federal nursing home regulations, involuntary discharges, resident rights and prevention of elder abuse, neglect, and exploitation.

Weekly calls and quarterly trainings were held for local ombudsman to provide case consultation and address a wide variety of topics including the following: Medicaid functional and financial eligibility, involuntary discharge, resident capacity and consent, diversity, equity, and inclusion and bias, resident rights, federal nursing home regulations, AFC and HFA licensing rules, effective advocacy and training in ombudsman database (the programs' electronic reporting system tool).

The state program was represented on a variety of workgroups including, but not limited to, the Olmstead Coalition, the Attorney General's Elder Abuse Task Force, the Department of Licensing and Regulatory Affairs' Nursing Home Stakeholder Group, the MDHHS DCW Advisory Council, The National Consumer Voice Leadership Council and Board, National Association of Long-Term Care Ombudsman Programs Board, Michigan Medical Care Advisory Council, and a variety of local groups focusing on elder abuse, neglect and exploitation prevention.

Fiscal Year 2025 Budget Summary – ACLS Bureau/State Unit on Aging

Line Item	Appropriation
Administration	$9,629,400
Community Services	$61,047,200
Nutrition Services	$3,500,000
Employment Assistance	$50,004,200
Respite Care Program	$7,268,700
Senior Volunteer Service Programs	$4,765,300
Gross Appropriation	$136,214,800
Federal revenues	$72,891,000
Total private revenues	$1,020,000
Michigan merit award trust fund	$4,068,700
Total other state restricted revenues	$2,800,000
State general fund/general purpose	$55,435,100
Total Funding	$136,214,800

Source: FY 2024 Enrolled SENATE BILL No. 747

Fiscal Year 2025 Budget Summary – Area Agencies on Aging

Area Agency on Aging	Administration	Services	Total
Detroit Area Agency on Aging	$433,607	$9,169,486	$9,603,093
Area Agency on Aging 1-B	$1,463,579	$29,983,009	$31,446,588
The Senior Alliance, Inc.	$499,916	$9,118,040	$9,617,956
Region 2 Area Agency on Aging	$165,228	$3,410,351	$3,575,579
Region 3-A Area Agency on Aging	$109,386	$2,311,742	$2,421,128
Region 3B Area Agency on Aging	$107,922	$2,009,934	$2,117,856
Branch-St. Joseph Area Agency on Aging	$57,387	$1,094,066	$1,151,453
Region IV Area Agency on Aging, Inc.	$167,539	$3,461,122	$3,628,661
Valley Area Agency on Aging	$298,881	$5,519,604	$5,818,485
Tri-County Office on Aging	$211,490	$4,420,500	$4,631,990
Region VII Area Agency on Aging	$407,273	$7,730,439	$8,137,712
Area Agency on Aging of Western MI, Inc.	$504,956	$11,648,049	$12,153,005
Northeast MI Community Services Agency, Inc.	$205,927	$4,578,047	$4,783,974
Area Agency on Aging of Northwest MI, Inc.	$215,950	$4,368,408	$4,584,358
U.P. Area Agency on Aging	$297,336	$7,015,429	$7,312,765
Senior Resources	$228,204	$4,003,592	$4,231,796
Totals	**$5,374,581**	**$109,841,818**	**$115,216,399**

Commission on Services to the Aging 2025 Membership

The ACLS Bureau works closely with the 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 and participates in the development of the state plan and budget as required by the federal OAA of 1965, as amended. Commission meetings are held monthly and are open to the public. The commission also hosts public hearings/listening sessions in different areas of the state to give older adults and those who care for older adults, caregivers, and representatives of the aging network the opportunity to share feedback about issues impacting their lives.

Robert Schlueter, Chair – Leland
Mark G. Bomberg – Gladstone
Jimmy Bruce – Escanaba
William Bupp – DeWitt
Nancy Duncan – Lansing
Walid A. Gammouh – Macomb
Arjan Kallou – Troy
Jennifer Lepard – Royal Oak
Guillermo Lopez – Lansing
Tene-Sandra Milton-Ramsey – Detroit
Joy Murphy – Kentwood
Michael L. Pohnl – East Lansing
Dennis Smith – Marquette
Shirley Tuggle – Battle Creek
Kristie E. Zamora – Flint

State Advisory Council 2025 Membership

The SAC is the research and advocacy arm of the CSA. Up to 40 council members are appointed by the CSA.

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

Area Agencies on Aging

Region 1-A: Detroit Area Agency on Aging, Serving cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, Highland Park.

Region 1-B: AgeWays Nonprofit Senior Services (formerly Area Agency on Aging 1-B), Serving Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw Counties.

Region 1-C: The Senior Alliance, Inc., Serving all of Wayne County except Region 1-A.

Region 2: WellWise Services Area Agency on Aging, Serving Hillsdale, Jackson, Lenawee Counties.

Region 3-A: Area Agency on Aging Region IIIA, Serving Kalamazoo County.

Region 3-B: CareWell Services Southwest, Serving Barry, Calhoun Counties.

Region 3-C: Branch-St. Joseph Area Agency on Aging, Serving Branch, St. Joseph Counties.

Region 4: Region IV Area Agency on Aging, Serving Berrien, Cass, Van Buren Counties.

Region 5: Valley Area Agency on Aging, Serving Genesee, Lapeer, Shiawassee Counties.

Region 6: Tri-County Office on Aging, Serving Clinton, Eaton, Ingham Counties.

Region 7: Region VII Area Agency on Aging, Serving Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola Counties.

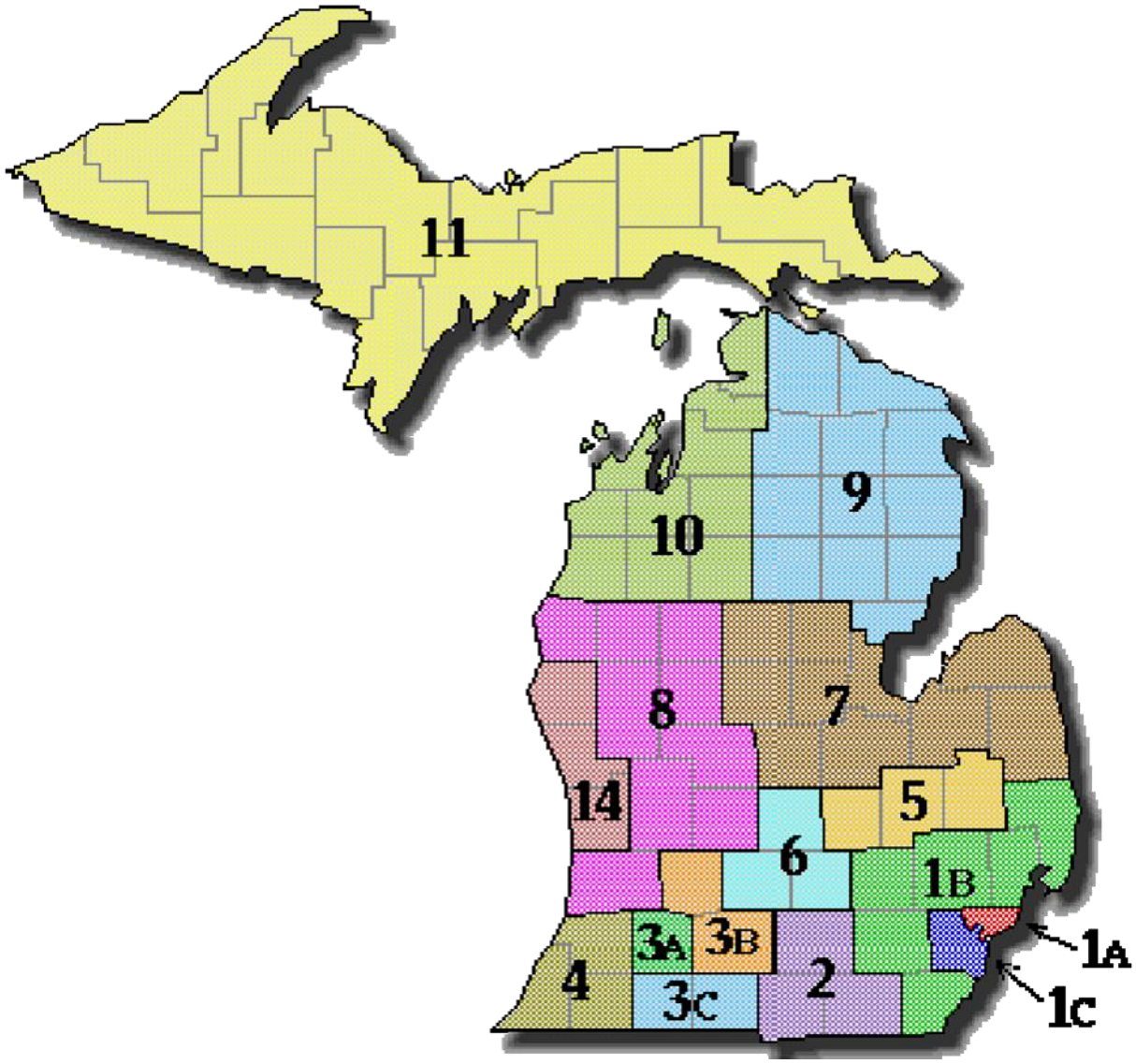
Region 8: Area Agency on Aging of Western Michigan, Serving Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola Counties.

Region 9: Region 9 Area Agency on Aging, Serving Alcona, Alpena, Arenac, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon Counties.

Region 10: Area Agency on Aging of Northwest Michigan, Inc., Serving Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford Counties.

Region 11: U.P. Area Agency on Aging, Serving Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties.

Region 14: Senior Resources of West Michigan, Serving Muskegon, Oceana, Ottawa Counties.

Michigan Planning and Service Areas

Area agencies on aging plan and administer services to older adults and caregivers in specific geographic regions of the state. These regions are defined as planning and service areas (PSAs) under the Older Americans Act of 1965, as amended.