

**Michigan Aging Information System
FY 2014 NAPIS Participant and Services Report**



**Prepared by the
Michigan Department of Health and Human Services (MDHHS)
Aging and Adult Services Agency (AASA)**

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2014 Michigan NAPIS Participant & Service Report

Report Contents	Pages
Participant and Service Report Overview	1
Participant and Service Summary	2 – 4
Service Expenditure Analysis	5 - 7
Area Plan Administrative Expenditure Analysis	8 - 9
Local Service Funding	10 - 11
In-Home Services - Participant and Service Summary	12 – 14
Nutrition Services - Participant and Service Summary	15 – 19
Community Services – Participant and Service Summary	20
Caregiver Services Summary	21
Special Reports	
	22
Services to At-Risk In-Home Service Participants	23 – 24
State Aging Network Services in 2014	25
Service Targeting	26
Aging Network Waiting Lists	27 – 28
Michigan and the National Aging Network	29 – 30
Aging Network Service Provider Profile	31 - 32
Expenditure and Service Trends	
	33
Expenditures Trends	34
Service Cost Trends	35
Registered Participant Trends	36
Service Utilization Trends	37
Report Endnotes	38
Attachments	
I. Data Sources and Considerations	I – II
II. Service Reporting Matrix	III – IV
III. AASA Service Definitions	V – VII
IV. Michigan Planning and Services Areas (PSAs)	VIII

2014 National Aging Program Information System (NAPIS) Participant and Service Report

NAPIS Background

The Michigan Department of Health and Human Services, Aging and Adult Services Agency (AASA), formerly the Michigan Office of Services to the Aging, is required by the federal Administration on Community Living (ACL)/Administration on Aging (AoA) to submit an annual NAPIS State Program Report (SPR) on service activities supported all or in part by Title III and Title VII of the Older Americans Act (OAA). AoA requires SUAs to report counts and characteristics of participants, caregivers, services, expenditures, and service providers.

The Aging Network in Michigan

AASA is the state agency with primary responsibility for administering federal and state programs for Michigan's 1.9 million older persons. Along with the Michigan Commission on Services to the Aging, AASA oversees a network of sixteen area agencies on aging (AAAs) that partner with nearly 1,000 service providers across the state.¹

NAPIS Reporting Requirements

NAPIS groups services into reporting *clusters*. Cluster I includes in-home services and home-delivered meals; cluster II includes congregate meals, assisted transportation, and nutrition counseling; and cluster III includes community-based services and some access services. Caregiver services are grouped into *registered* and *non-registered* services.²

Participant counts for clusters I, II, and registered caregiver services are based on registration forms. Data is collected on demographics, poverty, participants living alone, rurality, services, nutritional risk status, and caregiver history. Data on activity limitations (i.e., ADLs and IADLs) are collected on cluster I services. Participant counts and demographic data on cluster III services and non-registered caregiver services are reported in the aggregate. Service units for cluster I and registered caregiver services are reported at the participant level. Cluster II, III, and non-registered caregiver service units are reported in the aggregate.

Service expenditures are reported quarterly. Expenditures are tracked by AAA, service provider, and fund source (i.e., federal, state, and local). Local expenditures are reported as matching funds (i.e., cash and in-kind) and program income (i.e., cost-sharing and voluntary participant contributions).

AASA's Aging Information System

AASA developed its secure Internet-based NAPIS software on the state's Aging Information System (AIS) beginning in late 2001. NAPIS is crucial to AASA's effort to create secure information systems that support informed decision-making and effective service delivery.

NAPIS allows for comprehensive reporting on participants and services at the state, AAA, and local level. A comprehensive profile of participants and services helps program planners ensure that services are participant-driven and provide maximum flexibility. This supports AASA's focus on keeping older adults and caregivers healthier longer, and maintaining a coordinated network of service options that support independence and allow individuals to receive services in the setting of their choice.

FY 2014 Participant and Service Executive Summary

Participants Served

121,475 older adults registered for services³
 105,311 nutrition services participants
 77,264 older adults in community-based services
 19,933 in-home services participants
 6,963 caregivers in registered services

Table 1. Demographic Profile of Participants and Caregivers

Registered Participants	Registered Caregivers	Non-Registered Participants
58% age 75 or older	45% under age 65	17% low-income
65% Female	70% Female	47% minority (by race/ethnicity)
42% lived alone	43% Rural	23% rural
50% Rural	29% daughters/daughters-in-law	
34% low-income ⁴	31% low-income	
18% minority (by race/ethnicity)	24% minority (by race/ethnicity)	

Difficulties with Common Daily Activities (59,378 home care participants)⁵

71% reported difficulty shopping and/or cooking meals
 55% had difficulty doing laundry, cleaning, climbing stairs, using private transportation, and/or walking
 79% had difficulty with three or more common daily activities

Services Provided

- Offered 40 different types of access, in-home, community, caregiver, and nutrition services.
- Served 9,998,095 congregate and home-delivered meals.
- Provided 683,050 hours of care management, case coordination & support, chore, homemaker, home health aide, personal care, and other in-home services.
- Delivered 563,218 hours of counseling, disease prevention, elder abuse prevention, health screening, home repair, home injury control, information and assistance, legal services, medication management, outreach, transportation, and other community services.
- Supported caregivers with 762,048 hours of respite care, adult day care, counseling, training, support groups, caregiver training, and other registered caregiver services.

Expenditures

In 2014, the aging network spent nearly \$93.9 million serving older adults and caregivers. About 42% came from the federal government, 29% from state government, and 29% from local sources.

NAPIS Participant and Service Trends

The unduplicated count of registered participants in 2014 was 121,475. This total represents a decrease of approximately 3% from 2013. Increased participation was reported for registered in-home services (1.1%) and community services (22.9%). Counts of individuals participating in caregiver services decreased by 1.0% and registered nutrition services participants (-3.6%) from 2013 to 2014.

NAPIS service levels decreased from 12.4 million units in 2013 to 12.0 million in 2014. Increased service units were reported for community services (4.0%). Service units decreased for caregiver services (-7.3%), nutrition services (-3.3%) and in-home services (-8.9%).

The 2014 NAPIS population reported larger percentages of individuals aged 75 or older, female, lived alone, low-income, and minority by race and/or ethnicity than the age 60 and older population in Michigan in the 2010 Census (Table 4). The demographic profile of NAPIS participants for 2014 was similar to NAPIS participants in prior years:

- Approximately two-thirds were female and/or aged 75 or older
- Nearly one-half resided in rural areas and/or reported living alone
- Almost one-third reported living in poverty
- About one in five individuals were minority by race and/or ethnicity.

Table 2. Participant and Unit Counts by Selected Service Category

Service Category	Participants	Unit Count	Service Category	Participants	Unit Count
IN-HOME SERVICES			COMMUNITY-BASED SERVICES		
Care Management, Options Counseling & CLS	3,917	26,339	Home Injury Control	838	2,059
Case Coordination & Support	9,042	68,752	Information & Assistance	NA	123,006
Chore Services	3,161	40,502	Legal Assistance	9,128	31,785
Homemaker	7,757	351,794	Medication Management	2,960	6,162
Personal Care & PDN	3,393	195,663	Outreach	NA	100,712
NUTRITION SERVICES			PERS/Assistive Technology	774	7,081
Congregate Meals	57,693	2,292,445	Senior Center Operations/Staff	12,083	36,387
Home-Delivered Meals	47,618	7,705,650	Transportation	12,083	36,387
Nutrition Education/Counseling	1,035	1,035	Vision Services	948	1,549
COMMUNITY SERVICES			Wellness Center Support	4,105	27,860
Counseling	97	482	SERVICES TO CAREGIVERS		
Community Support Navigator	2,899	5,988	Adult Day Care	1,379	450,108
Crisis Energy Assistance	723	435	Caregiver Supplemental Services	120	679
Disease Prevention	7,484	32,521	Caregiver Training	1,180	8,655
Elder Abuse Prevention	6,948	6,117	Counseling & Support Groups	1,027	5,803
Friendly Reassurance	175	19,533	Home-Delivered Meals-Respite	434	80,869
Health Screening	646	445	In-Home and Other Respite Care	3,285	215,922
Hearing Impaired Services	1,589	4,386	Information & Access Services	6,284	43,017
Home Repair	145	4,463			

Table 3. Participants by Service Category⁶

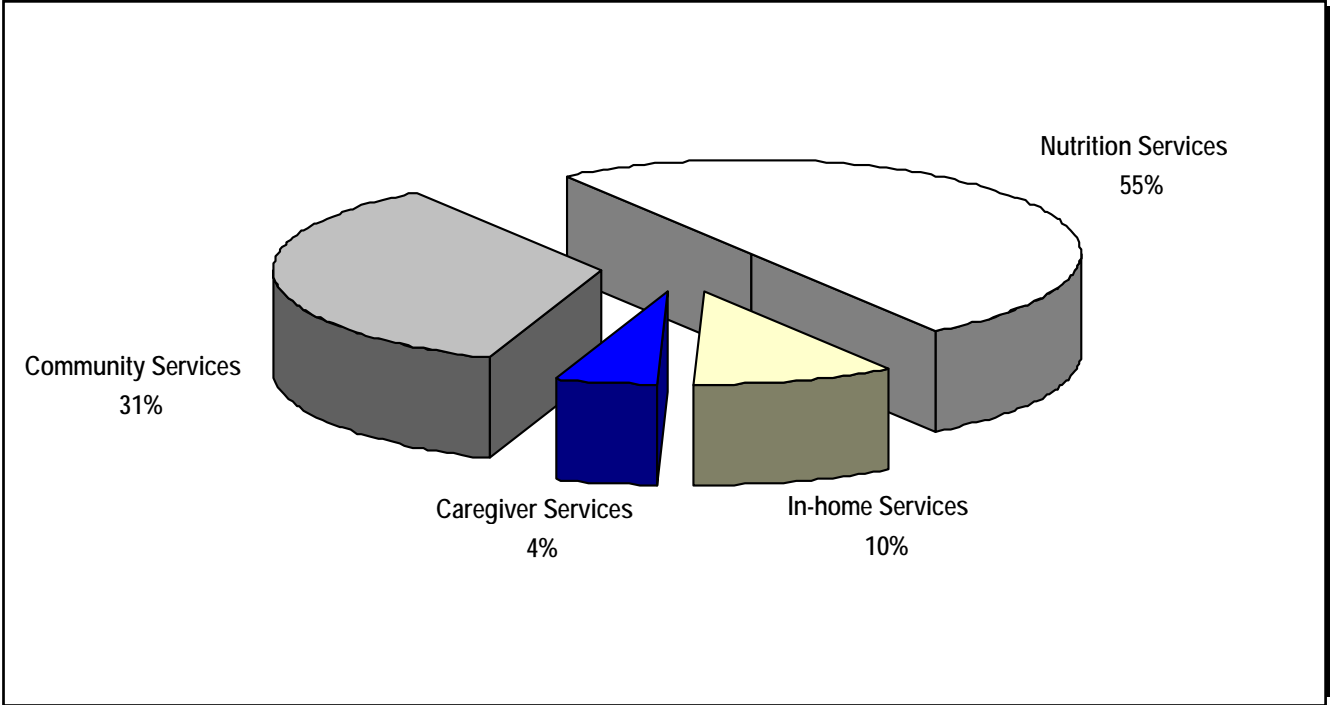
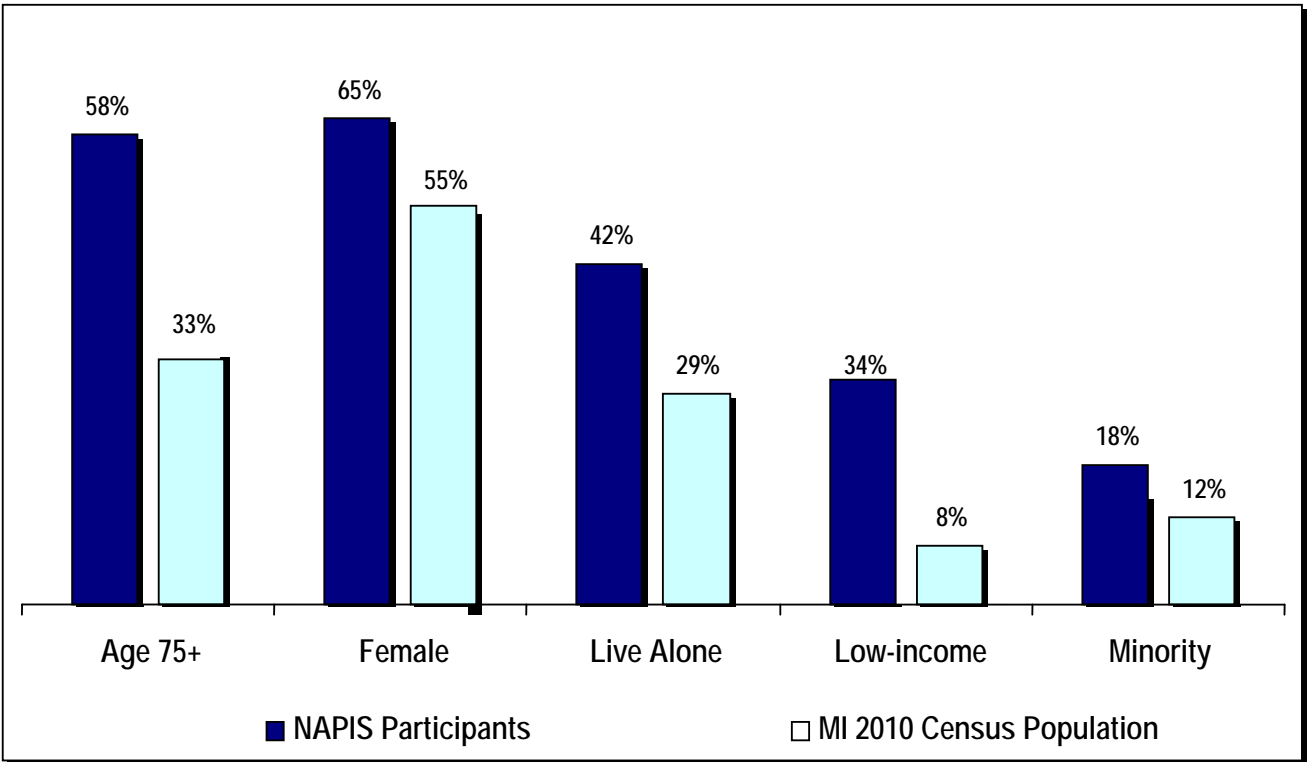


Table 4. Registered Participants and Michigan’s 2010 U.S. Census 60+ Population by Selected Characteristics⁷



FY 2014 Service Expenditure Analysis⁸

Overall expenditures for services in 2014 totaled \$93,868,988, a decrease of 2.9% from 2013.⁹ Service expenditures increased by 5.9% from 2013 levels for in-home services. Expenditure totals for caregiver services decreased by nearly 20% from 2013. Expenditures for community services (-0.1%) and nutrition services (-0.6%) decreased by less than 1%. Decreased caregiver expenditures in 2014 were largely due to a one-time change in 2013 in the collection methodology for the State Respite Care Fund. Table 5 provides expenditure totals from federal, state, and local sources reported for 2014 for selected services.

Table 5. Total Expenditures for Selected Services

Service Category	Expenditures	% of Total	Service Category	Expenditures	% of Total
Home-Delivered Meals	\$34,843,154	37.1%	Wellness Center Support	\$439,533	0.5%
Congregate Meals	\$14,339,076	15.3%	Caregiver Training	\$424,054	0.5%
Care Management, Options Counseling & CLS	\$9,245,323	9.8%	Caregiver Supplemental Service	\$298,262	0.3%
Adult Day Care	\$5,514,461	5.9%	Caregiver Support Group	\$287,138	0.3%
Homemaker	\$3,872,142	4.1%	Home-Delivered Meals/Respite Care	\$259,674	0.3%
Personal Care & PDN	\$3,251,994	3.5%	Medication Management	\$233,446	0.2%
In-Home Respite Care	\$2,947,642	3.1%	Elder Abuse Prevention	\$199,580	0.2%
Other Respite Care (all forms)	\$2,835,341	3.0%	Assistive Devices & Technologies	\$192,241	0.2%
Program Development	\$1,994,076	2.1%	Community Support Navigator	\$100,759	0.1%
Caregiver Information & Assistance Services	\$1,822,996	1.9%	Home Injury Control	\$90,063	0.1%
Case Coordination & Support	\$1,751,543	1.9%	Assistance to Hearing Impaired	\$81,428	0.1%
Outreach	\$1,444,976	1.5%	Nutrition Counseling/Education	\$79,673	0.1%
Transportation	\$1,353,395	1.4%	Home Repair	\$51,922	0.1%
Information & Assistance	\$1,330,839	1.4%	Vision Services	\$38,159	0.04%
Ombudsman	\$1,167,174	1.2%	Crisis Services Energy Assistance	\$33,470	0.04%
Legal Assistance	\$1,052,932	1.1%	Friendly Reassurance	\$21,600	0.02%
Disease Prevention / Health Promotion	\$826,794	0.9%	Counseling	\$21,368	0.02%
Chore Services	\$788,243	0.8%	Gap Services / Special Needs	\$12,186	0.01%
Senior Center Operations / Staffing	\$622,331	0.7%	Totals:	\$93,868,988	100.0%

Service Expenditure Patterns and Funding Sources

Service expenditures in 2014 were consistent with spending patterns for the last several years. Nutrition services accounted for one-half of all expenditures. About 20% of expenditures supported In-home services, 15% supported caregiver services and the remainder supported community services.

Expenditures of federal funds, state, and local funds in 2014 were consistent with 2013 levels. Federal funds were the largest source of funding for nutrition and community services, and state funds were the largest source for in-home and caregiver services. More than one-half of all local funds were expended on nutrition services, including more than three-quarters of reported program income. Table 6 describes expenditures by service category. Tables 7 through 10 describe expenditures by service category and source of funds.

Table 6. Expenditures by Service Category

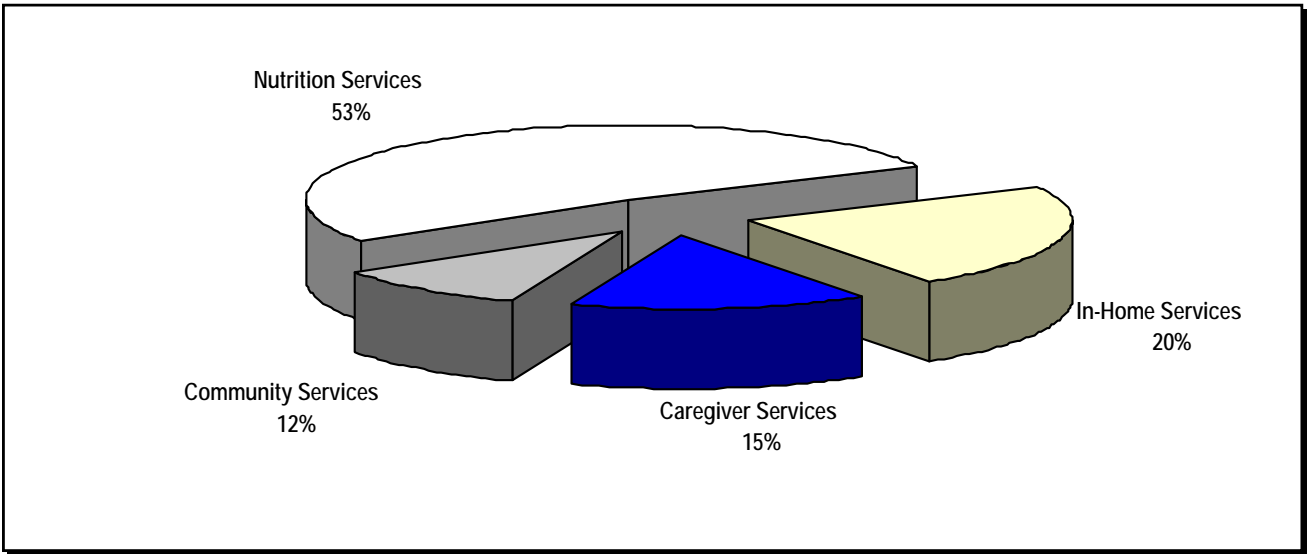


Table 7. Service Expenditures by Source of Funds

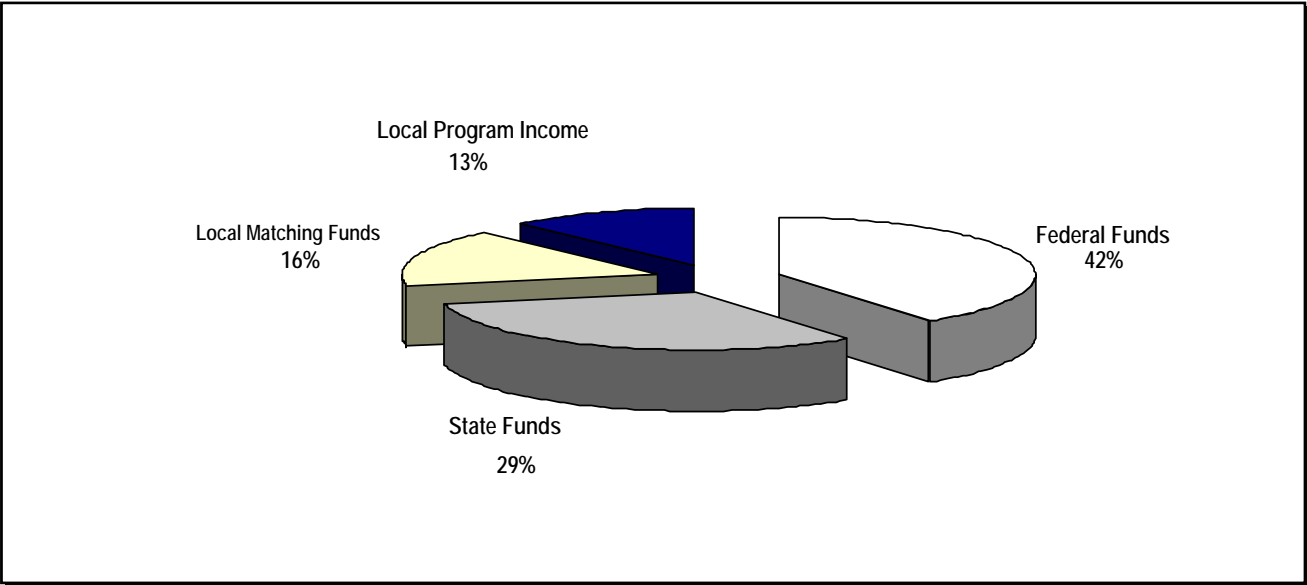


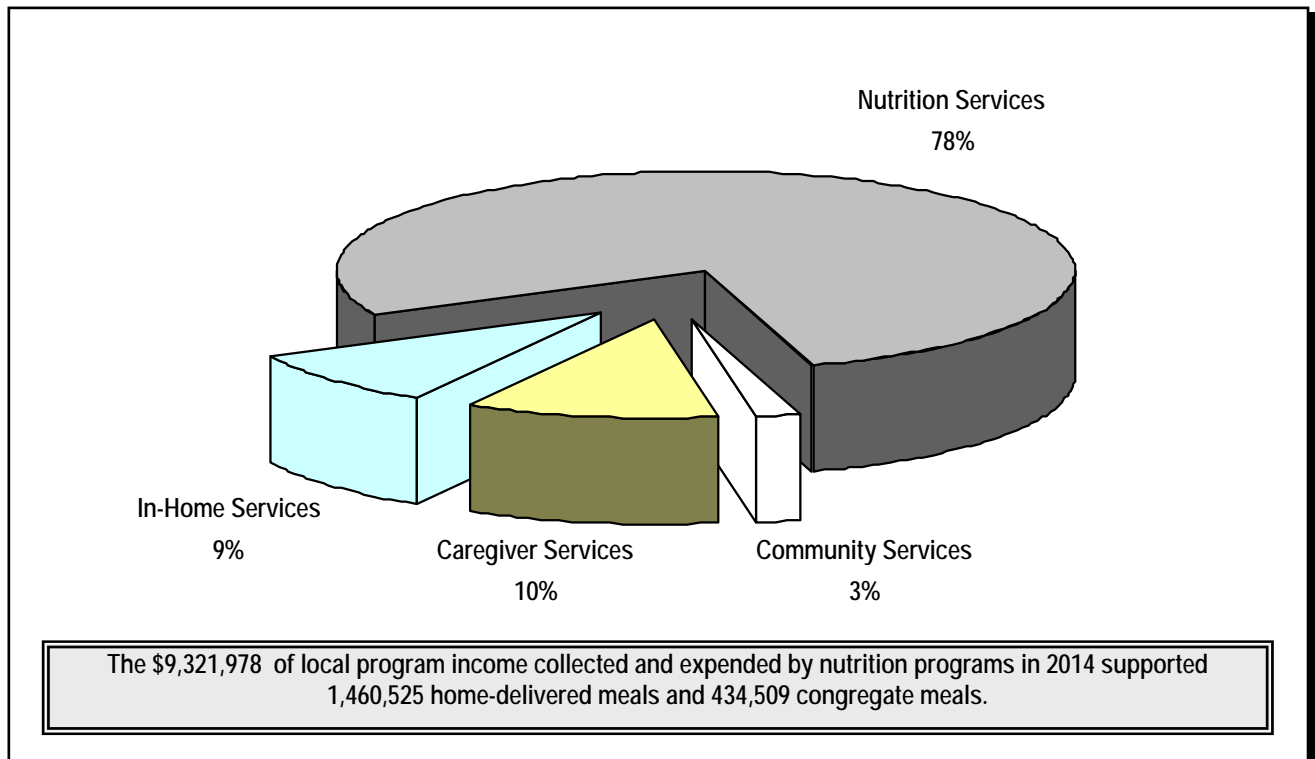
Table 8. Expenditures by Service Category and Source of Funds

Service Category	Total Expenditures	% Federal OAA Funds	% State Funds	% Local Program Income	% Local Matching Funds
Nutrition Services	\$49,261,903	49.8%	17.9%	18.9%	13.3%
In-Home Services	\$18,909,245	22.7%	56.3%	5.8%	15.2%
Caregiver Services	\$14,389,568	25.2%	46.3%	8.7%	19.7%
Community Services	\$11,308,272	60.0%	14.9%	3.1%	22.1%
Totals	\$93,868,988	41.8%	29.6%	12.8%	15.7%

Table 9. Expenditures of Local Funds by Service Category

Service Category	Total Expenditures of Local Funds by Service Category	% of Total Local Funds by Service Category
Nutrition Services	\$15,890,486	59.3%
In-Home Services	\$3,974,900	14.8%
Caregiver Services	\$4,092,586	15.3%
Community Services	\$2,843,020	10.6%
Totals	\$26,800,992	100.0%

Table 10. Local Program Income Expenditures by Service Category



FY 2014 Administrative Expenditure Analysis¹⁰

The federal Older Americans Act (OAA) and the Michigan Legislature provide funding to support administrative and service activities necessary to carry out the functions and duties of the state unit on aging (i.e., AASA) and area agencies on aging (AAAs). OAA administrative and service allotments are intended to assist with regard to:

“OAA Section. 301. (a) (1) It is the purpose of this title to encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State”

Likewise, State of Michigan administrative appropriations assist AASA and AAAs to administer and deliver more than 50 different state plan and annual implementation plan (AIP)-related access, in-home, nutrition, community and caregiver services across the state.

Federal and State Administrative Allotment Requirements

Federal OAA funds for implementing and administering AASA state plan and other services are allocated to states based on a state’s relative share of the number of persons aged 60 and over, as determined by the Bureau of the Census. From the total federal funds allotted to a state for OAA Titles III B, C-1 and C-2, an amount determined by the state, but not more than five percent, is made available to pay up to 75% of the cost of administration of the state plan. Likewise, an amount determined by the state, but not more than ten percent, is made available to pay up to 75% of the cost of administration of AAA AIPs (aka “area plans”). AASA also receives allotments of state funds through the annual state budget appropriation process that support administrative activities for AASA and AAAs, including the implementation and administration of the state plan and AIPs.

FY 2014 Federal and State Expenditures

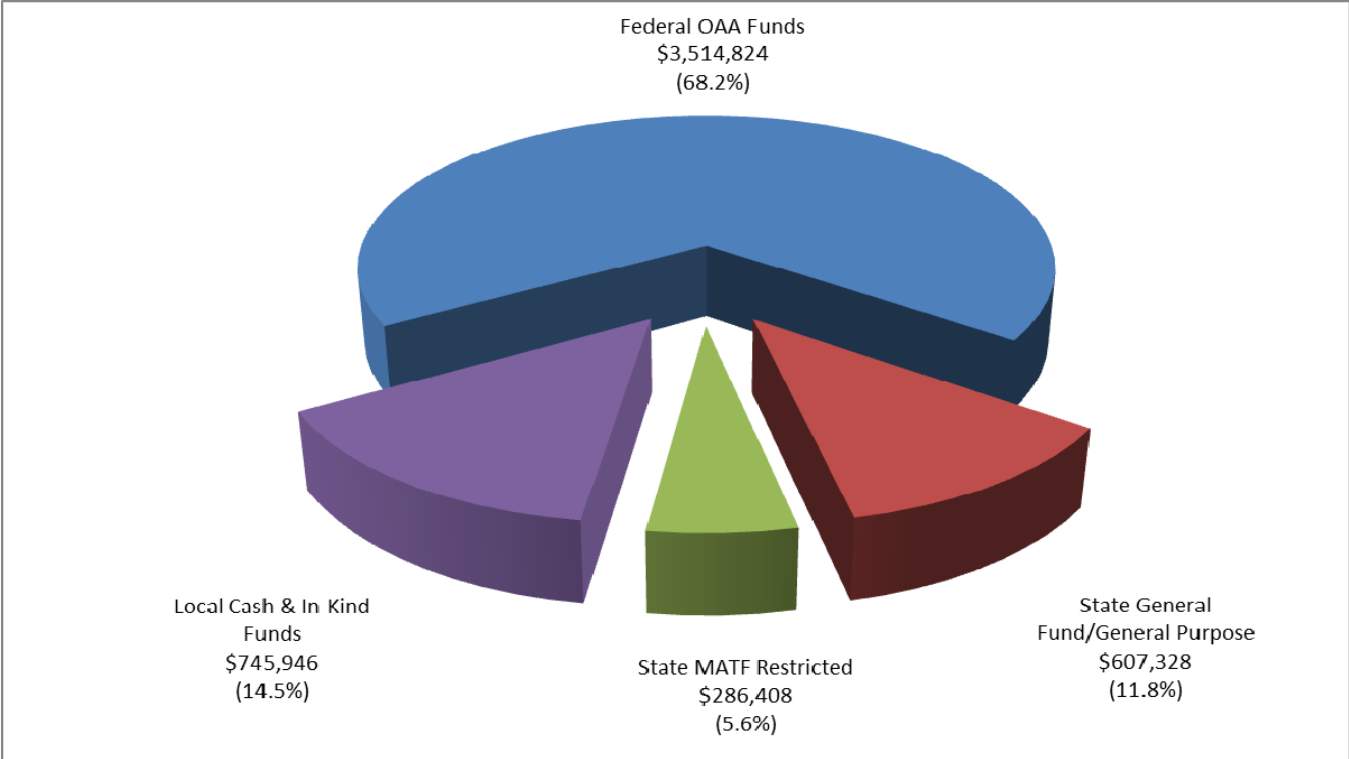
In FY 2014, AASA, AAAs and local service providers expended \$99,023,494 for AIP-related services and administration from federal, state and local sources. Of that total, \$93,868,988 (94.8%) was expended on AIP-related services. This included \$67,067,996 in federal and state funds and \$26,800,992 in local funding. The remaining \$5,154,506 (5.2%) was expended by AAAs to administer services statewide. All told, this funding allowed the aging network to serve more than 125,000 individuals in “registered” services and another 65,000 persons in “non-registered” services.¹¹

Table 11 describes administrative and service expenditures for FY 2014 by source of funds for AIP services and administrative activities. Table 12 describes administrative expenditures by source detail for FY 2014.

Table 11. AAA AIP Administrative and Service Expenditures by Source of Funds

Source	Administrative Expenditures	Service Expenditures	Total Expenditures	Administrative Expenditures as % of Total Expenditures
Federal Funds	\$3,514,824	\$39,251,166	\$42,765,990	8.2%
State Funds	\$893,736	\$27,816,830	\$28,710,566	3.1%
Local Funds	\$745,946	\$26,800,992	\$27,546,938	2.7%
Totals	\$5,154,506	\$93,868,988	\$99,023,494	5.2%

Table 12. AAA AIP Administrative Expenditures by Source Detail



Other Sources of Aging Network Administrative Funding

Federal and state administrative allotments resulting from AASA appropriations do not completely fund all AAA administrative activities. Area agencies on aging typically utilize a mix of federal, state and local funding from multiple sources to pay for agency operations. Most notably, the state’s Medicaid MI Choice HCBS/ED waiver is a significant source of service and administrative funding for most AAAs for non-AIP services. MI Choice funds are not administered by AASA and thus not included in this report.

FY 2014 NAPIS Local Service Funding

Aging Network Local Service Expenditures

Federal and state allotments do not completely fund all aging network service programs and activities. Area agencies on aging and aging network service providers utilize a mix of federal, state and local funding to support services.

Table 13 Total Expenditures for Selected Services

Service Category	Federal Expenditures	State Expenditures	Program Income	Cash Matching Resources	In-Kind Matching Resources	Total Expenditures (All Sources)
Nutrition Services	\$24,544,080	\$8,827,337	\$9,321,978	\$3,464,463	\$3,104,045	\$49,261,903
In-Home Services	\$4,288,308	\$10,646,037	\$1,095,591	\$1,428,567	\$1,450,742	\$18,909,245
Caregiver Services	\$3,632,647	\$6,664,335	\$1,250,789	\$1,570,079	\$1,271,718	\$14,389,568
Community Services	\$6,786,131	\$1,679,121	\$350,661	\$1,484,499	\$1,007,860	\$11,308,272
Totals	\$39,251,166	\$27,816,830	\$12,019,019	\$7,947,608	\$6,834,365	\$93,868,988

Local Matching Resources

Under current rules for most AASA-funded services, a minimum of 10% of the total cost of services must come from local “matching” resources. Local matching resource requirements may be met with cash and/or in-kind match contributions. Examples of in-kind match or cash match contributions are provided below:

Cash Match – grantee cash contributions to the project. Some examples of items generally accepted as cash match are cash donations, non-federal income, local government contributions, foundation grants or corporate contributions, and cash contributed by the agency.

In-Kind Match – grantee non-cash contributions provided by non-federal sources. For example, these contributions can be in the form of real property, equipment, supplies, services, and other expendable property.

Local Program Income

Each year aging network service activities are supported by significant contributions by program participants. Most commonly, these participant contributions come in two forms:

1) *Cost Sharing* - States are permitted to implement cost sharing policies for service recipients for certain state and Older American’s Act (OAA)-funded services. States are not permitted to implement the cost sharing for the following services: Information and assistance, outreach, case management, Ombudsman, elder abuse prevention, legal assistance, Congregate and home-delivered meals. Under an approved policy, service recipients may participate in the sharing of the cost of services received as followings:

- A sliding fee scale for the service recipient's share of service cost is based on reasonable gradations of income;

- The amount of cost to be shared is determined by the total income from all sources for the individual requesting service;
- The amount of service cost to be shared is determined by a written confidential self-declaration of income. No verification of income is necessary;
- The total service cost is comprised of all grant funds, matching funds, and program income used to operate the service program;
- Service recipients who refuse to participate in an approved cost sharing program for allowable services may not be denied service based on non-contribution; and
- All revenue generated as a result of an approved cost sharing policy must be utilized to expand the service from which it was generated.

2) *Voluntary Contributions* - Service recipients are provided with an opportunity to voluntarily contribute toward the cost of service. Under current OAA requirements, voluntarily participant contributions are allowed in accordance with the following:

- Each recipient is clearly informed that there is no obligation to contribute, and that contributions are purely voluntary;
- The method of solicitation is non-coercive;
- Contribution levels are based on the actual cost of services;
- The program shall not means test for any service for which contributions are accepted;
- The program shall not deny services to any individual who does not contribute;
- The program protects the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution;
- Appropriate procedures are established to safeguard and account for contributions; and
- All contributions are utilized to expand the service for which the contributions were given.

Service Expenditure Patterns & Fund Sources

Nearly two-thirds of all local funds were expended on nutrition services, including more than three-quarters of reported program income. Local funding provides for significant program expansion beyond the service levels supported by state and federal funding - most notably in the nutrition programs. In FY 2014, nutrition programs were able to support nearly 1.9 million additional meals from the local program income that was received.

Other Significant Sources of Aging Network Local Service Funding

In addition to federal, state and related local funds, many county and municipal councils, commissions and departments on aging receive local "senior" millage funding for services. The Michigan Legislature has allowed senior millages since the mid-1970s. In that time the number of counties with some form of senior millage has grown to more than 60 counties. Millage funding is often administered separately from AASA funding, and millage-funded services and terms may vary from AASA services and from county to county. Millage funds are a significant funding source for many county and municipal providers, and these funds extend and expand the services available to older adults from other public, private and/or charitable sources.

FY 2014 In-Home Service Programs

In-Home Services

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 2014, 19,933 older adults were supported by 683,050 hours/units of care management, case coordination and support, options counseling, chore, homemaker, home health aide, and personal care.

Profile of Registered In-Home Service Participants

67% were 75 years of age or older; and 34% were 85 years of age or older
 71% were female
 56% lived alone
 55% resided in rural areas
 37% started service five or more years ago
 30% were low-income
 14% were minority by race and/or ethnicity

Characteristics of In-Home Service Participants

In-home service participants were older and larger percentages were female, lived alone, and resided in rural areas compared to other registered NAPIS participants (Table 15). The most frequently reported activity limitations were cooking, cleaning, shopping, climbing stairs, and walking. Table 15 describes in-home participants by initial NAPIS registration date.

Expenditures

In 2014, approximately \$18.9 million was spent providing in-home services. Table 14 describes expenditures by service category and average costs per participant and service unit.

Table 14. In-Home Service Expenditures and Average Annual Cost per Participant and Service Unit for Selected Services

Service Category	Expenditures	Cost / Participant	Cost / Unit
Care Management, Options Counseling & CLS	\$9,245,323	\$2,631 <i>(Per service months)</i>	\$351.02 <i>(Based on months of service)</i>
Homemaker	\$3,872,142	\$499.18	\$11.01
Personal Care	\$3,251,994	\$958.44	\$16.62
Case Coordination and Support	\$1,751,543	\$193.71	\$25.48
Chore	\$788,243	\$249.37	\$19.46
Totals	\$18,909,245	\$948.64	\$27.68
Hours of in-home service per day in 2014 (statewide 260 day average):			2,628

Table 15. In-Home Service and Registered NAPIS Participants by Selected Characteristics

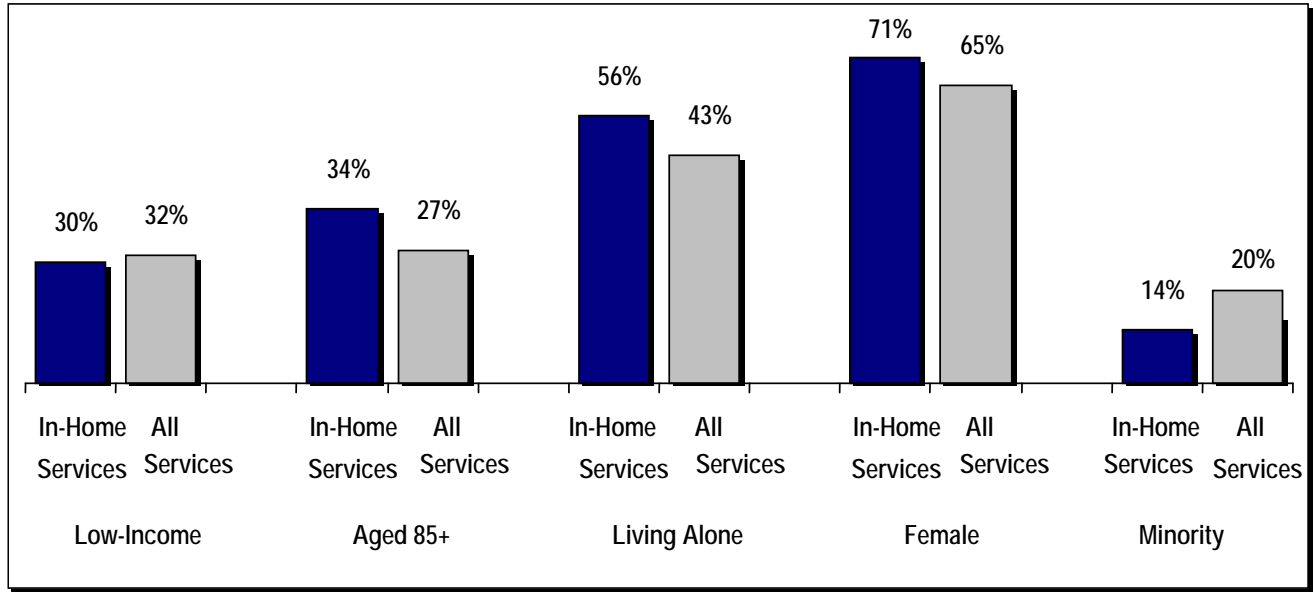


Table 16. In-Home Service Participants by Initial Service Intake Date

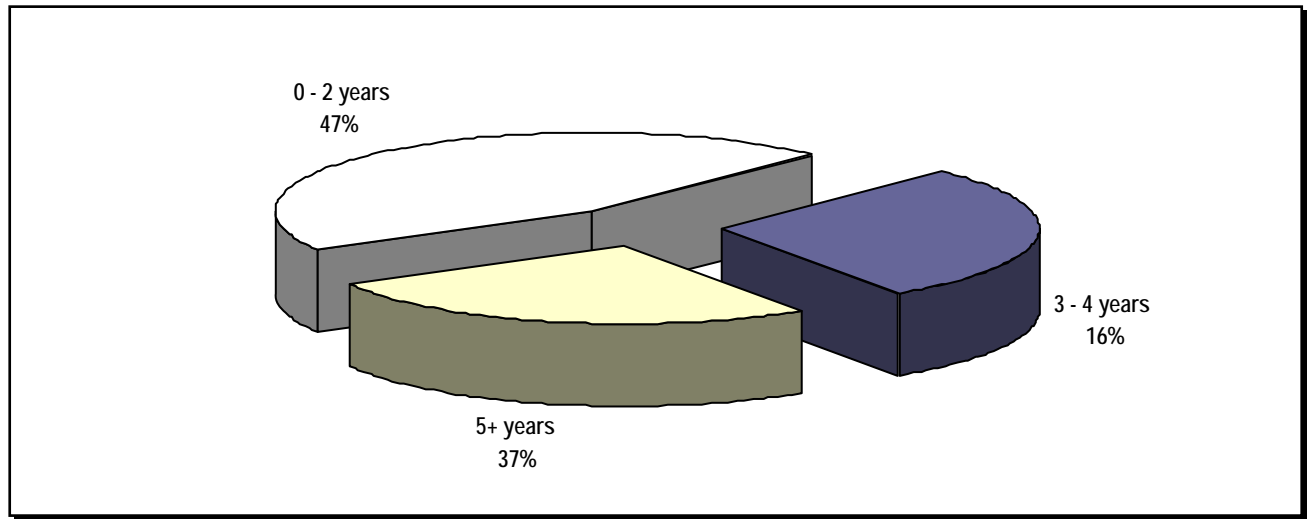


Table 17. In-Home Service Participants by Most Frequently Reported ADL and IADL Limitations

Daily Activity Limitations (ADLs & IADLs)	% of Participants w/ Reported ADL or IADL Limitation
Shopping	68%
Cooking Meals	64%
Cleaning	63%
Using Private Transportation	57%
Doing Laundry	56%
Stair Climbing	56%
Walking	53%
3+ ADLs/IADLs Reported	73%

Profile of In-Home Service Participants and Older Adults in Michigan

The profile of in-home service participants differs from the population of adults aged 60 and older in Michigan. Larger percentages of in-home participants were aged 75 or older, lived alone and were low-income compared to older adults in Michigan in the 2010 Census (Table 18).¹² Census information for Michigan on individuals requiring assistance to perform common daily activities is consistent with ADL and IADL data collected in NAPIS. Larger percentages of in-home participants reported *ambulatory*, *self-care*, and *independent living* difficulties compared to Michigan’s older adult population (Table 19).

Table 18. In-Home Service Participants and Michigan’s 2010 U.S. Census 60+ Population by Selected Characteristics¹³

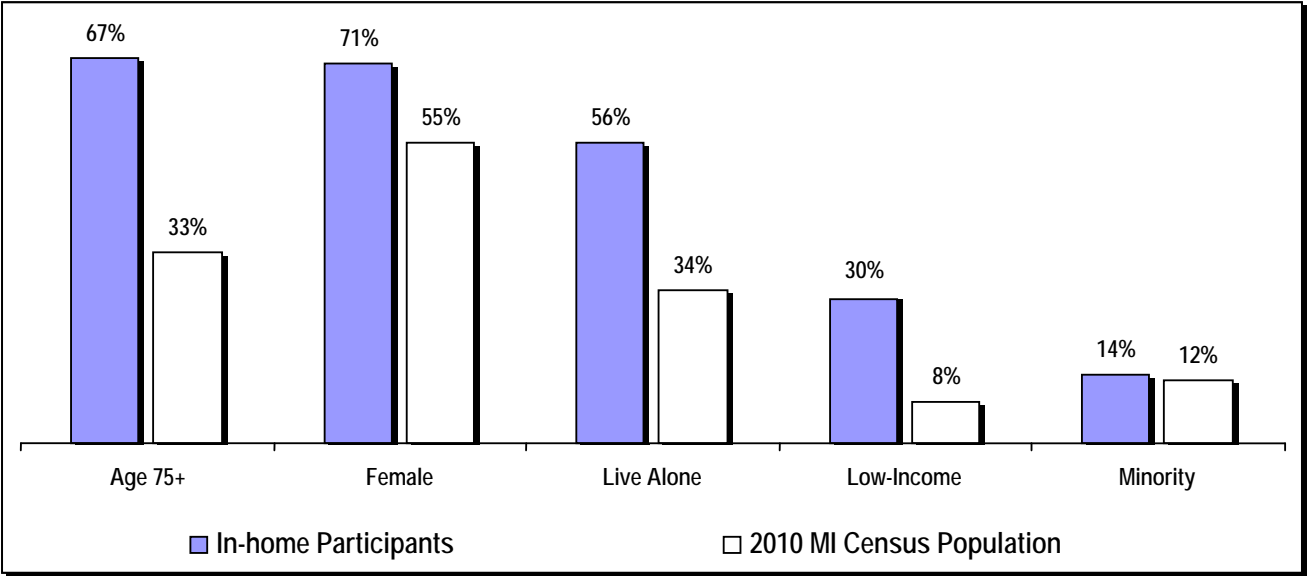
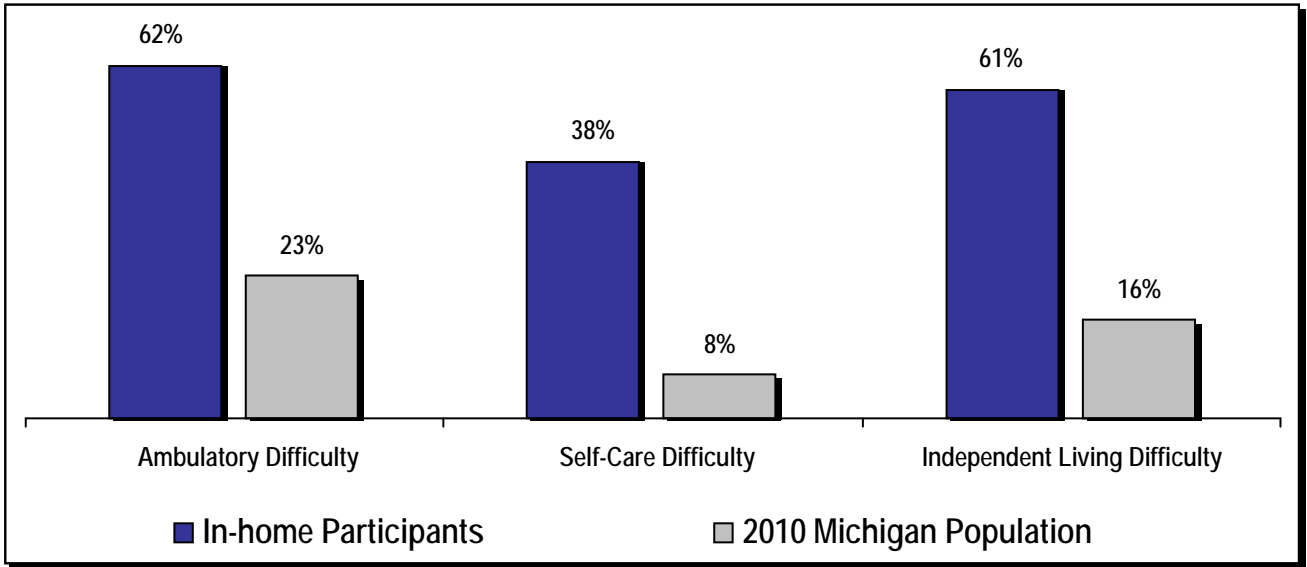


Table 19. In-Home Service Participants and Michigan’s 2000 Census Population by Daily Activity Difficulties¹⁴



FY 2014 Nutrition Services Programs

Nutrition Services

Adequate nutrition is critical to health, functioning, and quality of life. Nutrition services provide nutritious meals in community settings and to frail older adults in home settings. Additionally, these services combat social isolation and provide nutrition education. In 2014, 47,618 home-delivered meal participants received 7,705,650 meals and 57,693 congregate meal participants received 2,292,445 meals.

Table 20. Profile of Registered Home-Delivered Meal and Congregate Meal Participants

Home-Delivered Meal Participants	Congregate Meal Participants
65% were age 75 or older; 36% were 85 or older	52% were age 75 or older; 19% were 85 or older
64% were female	63% were female
50% lived alone	32% lived alone
39% resided in rural areas	60% resided in rural areas
37% were low-income	29% were low-income
66% were at high nutritional risk	12% were at high nutritional risk
29% were minority by race and/or ethnicity	19% were minority by race and/or ethnicity
23% started service five or more years ago ¹⁴	37% started service five or more years ago

Characteristics of Home-Delivered and Congregate Meal Participants

Compared to congregate participants, home-delivered meal participants tended to be older, and larger percentages were low-income, minority, and lived alone. Home-delivered meal participants were less likely to reside in rural areas. Approximately two-thirds of all home-delivered meal participants were at high nutritional risk, compared to 12% of congregate participants. The most frequently reported activity limitations by home-delivered meal participants were cooking, shopping, doing laundry, using transportation, climbing stairs, and walking.

Expenditures

Approximately \$49.3 million was expended in 2014 for nutrition services. Table 21 describes expenditures, costs per meal and participant, and average service levels.

Table 21. Nutrition Program Expenditures and Average Costs and Meals

Service Category	Expenditures	Avg. Meals / Participant	Avg. Cost / Participant	Avg. Cost/Meal	Avg. Statewide Meals/Day ¹⁶
Home-Delivered Meals	\$34,843,154	162	\$732	\$4.52	29,638
Congregate Meals	\$14,339,076	40	\$249	\$6.25	8,817
Nutrition Counseling/ Education	\$79,673	NA	NA	NA	NA
Totals	\$49,261,903	95	\$467	\$4.92	38,354

Profile of Home-Delivered Meal Participants and Older Adults in Michigan

In 2014, the profile of home-delivered meal participants differed from congregate meal participants. Larger percentages of home-delivered meal participants were aged 85 or older, low-income, and minority by race or ethnicity (Table 22). Similarly, larger percentages of home-delivered meal participants were aged 75 or older, female, lived alone, and/or low-income compared to Michigan’s 2010 Census population (Table 24).

Table 22. Nutrition and Registered Service Participants by Selected Characteristics

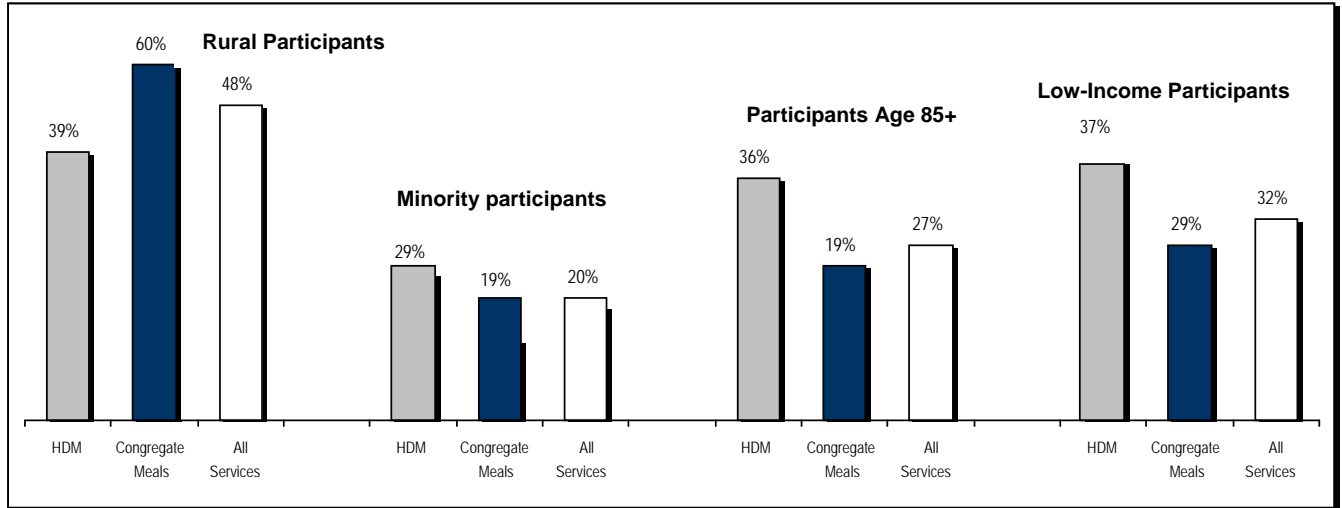
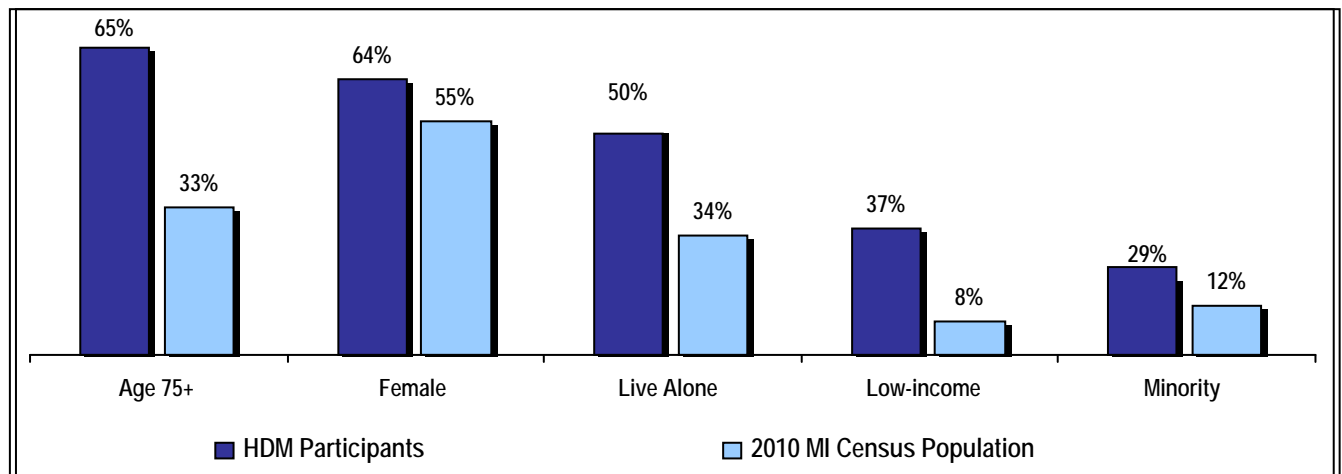


Table 23. Home-Delivered Meal Participants by Most Frequently Reported Daily Activity Limitations

Most Frequently Reported Daily Activity Limitations (ADL and IADLs)	% of Participants w/ ADL or IADL Limitation
Cooking Meals	78%
Shopping	78%
Doing Laundry	62%
Using Private Transportation	61%
Stair Climbing	60%
3+ ADLs/IADLs Reported	81%

Table 24. Home-Delivered Meal Participants and Michigan’s 2010 Census 60+ Population by Selected Characteristics



Profile of Home-Delivered Meal Participants by Service Intake and Meal Type

About one-quarter of participants in the home-delivered meal program in 2014 had been registered for NAPIS service(s) for five years or more. This compares to more than one-third of those in the congregate program. Table 25 describes nutrition program participants by initial NAPIS registration.

More than two-thirds of home-delivered meals served in 2014 were hot meals (Table 26). Most of the remaining meals were cold meals (18%) or liquid meals (7%). The 96,532 Nutrition Services Incentive Program (NSIP) meals served in 2014 was a decrease of one-half percent from 2013. NSIP-only meals meet all federal OAA requirements, but are not supported by OAA or state funds from AASA. These locally-funded meals expand service delivery and are included in Michigan’s annual NAPIS meal count. The federal Administration on Aging utilizes the NAPIS meal count to allocate federal NSIP funds to SUAs. In 2014 the NSIP allocation represented more than 15% of total AASA nutrition expenditures.

Table 25. Home-Delivered Meal Participants by Initial Service Intake Date

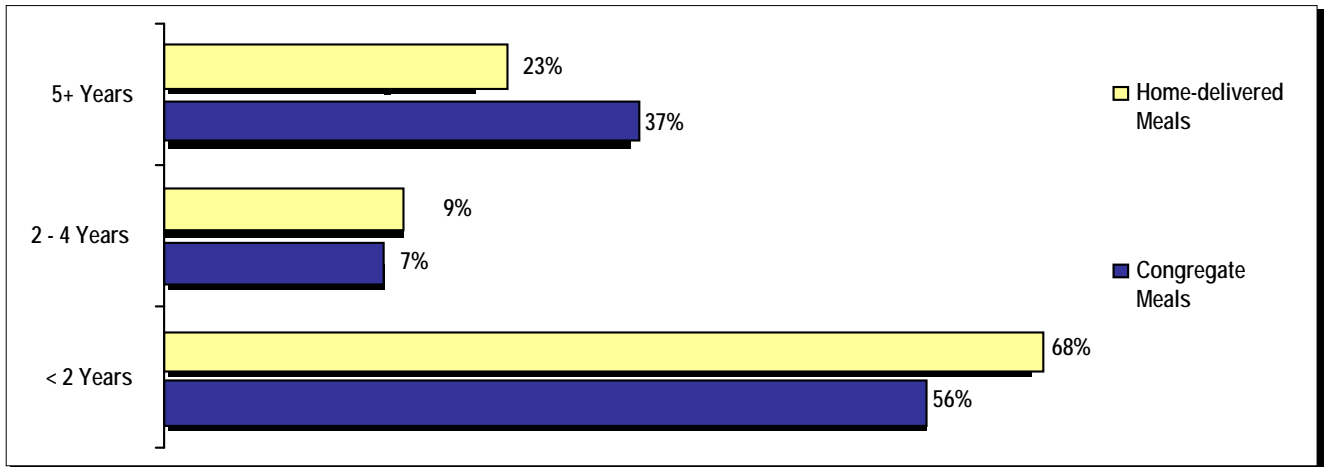
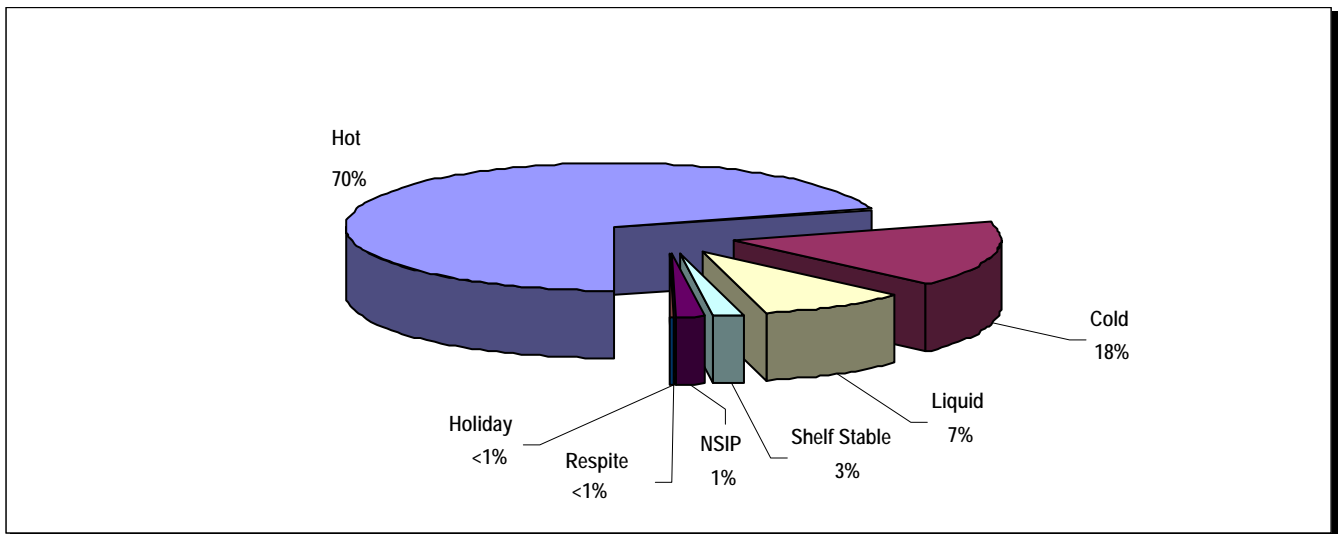


Table 26. Home-Delivered Meals by Meal Type



Profile of Congregate Meal Sites and Type of Meals Served

At the end of 2014, there were 592 congregate meal sites operating across Michigan. Most congregate sites (74%) served meals four to six days per week. The remaining sites served up to three days per week. About 45% of congregate sites also operated a home-delivered meal program out of the same facility.

More than 93% of the nearly 2.3 million congregate meals served in 2014 were provided in congregate settings. A small number of congregate meals (55,723) were served by restaurant voucher programs. Typically, restaurant voucher programs operate in areas where service to a small number of regular participants is not cost effective given the administrative costs of a fully operational site. Congregate programs increasingly looked to locally-funded *NSIP-only* congregate meals to help maintain service levels. A total of 94,729 NSIP-only congregate meals were served in 2014. NSIP-only programs meet all OAA requirements, but are locally funded and do not receive any AoA or AASA nutrition funding. Tables 27 and 28 describe congregate meal service patterns and congregate meal types.

About 42% of congregate sites were rural, 41% were urban and the remaining 17% were in a suburban area. A significant number of sites were located in areas with concentrations of older adults in poverty (56%). Approximate 20% of sites were located in areas with a concentration of minority elders. Tables 29 and 30 describe congregate meal sites by location for 2014.

Table 27. Congregate Meal Sites by Service Delivery Pattern

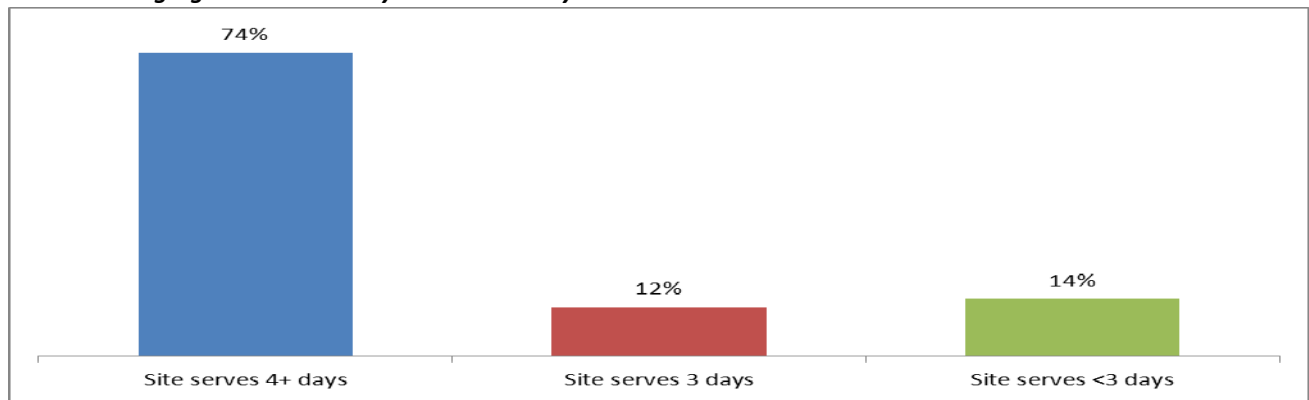


Table 28. Congregate Meals Served by Meal Type

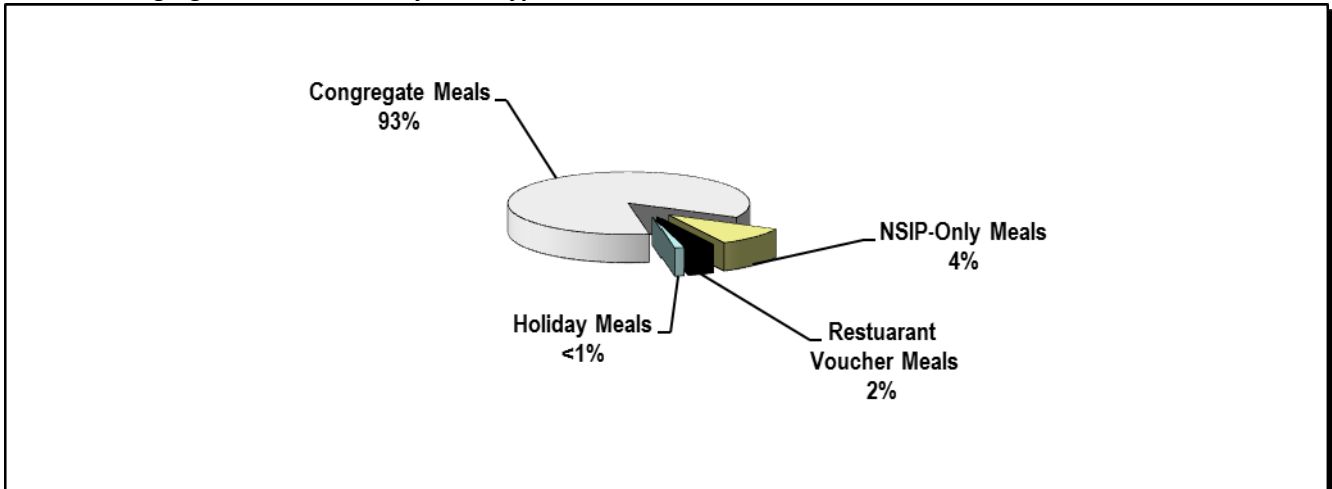


Table 29. Congregate Meal Sites by Facility Characteristics¹⁵

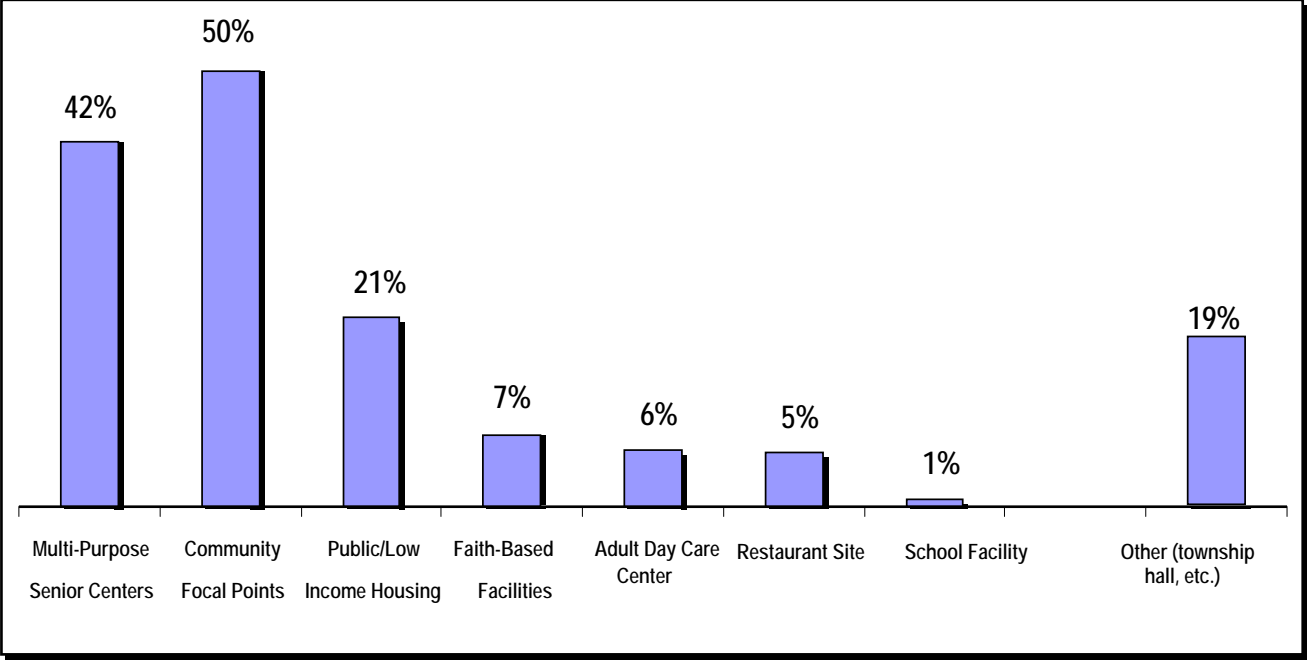
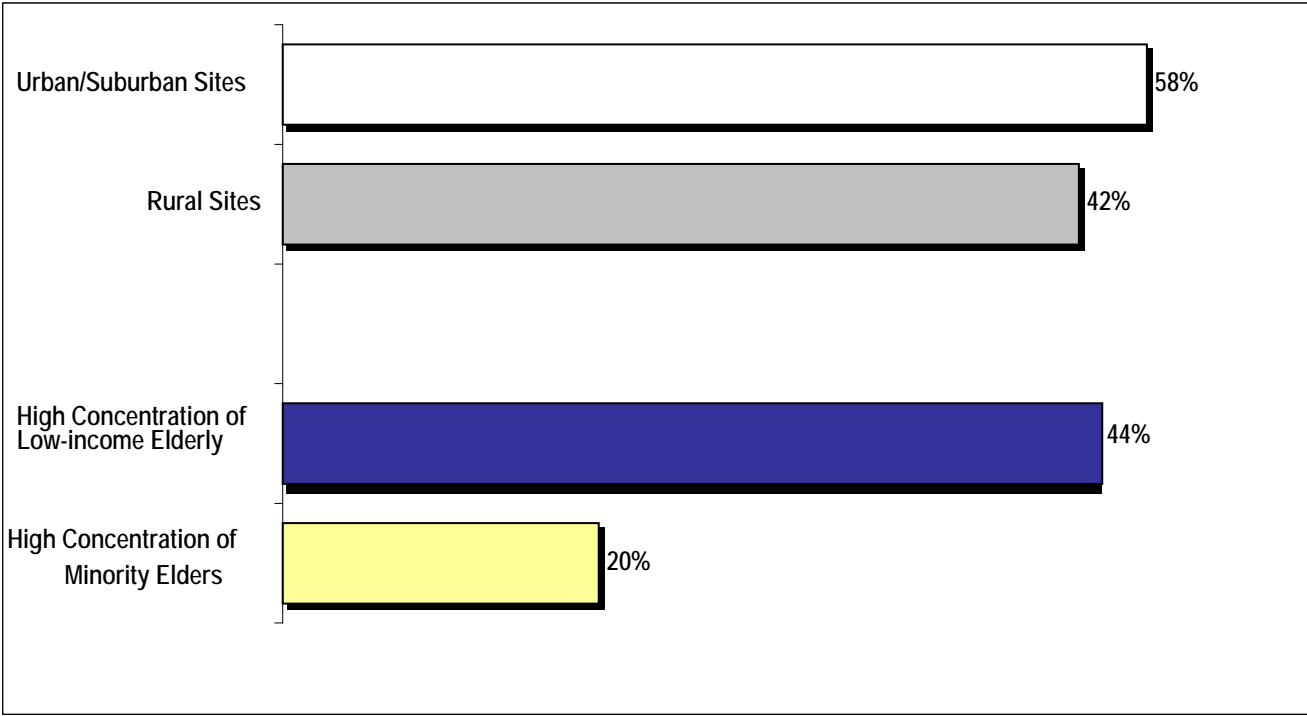


Table 30. Congregate Meal Sites by Location Characteristics



FY 2013 Community Services Programs

Community Services

The aging network offers a variety of services designed to assist older adults in their local communities. Community services are often available at multi-purpose senior centers that coordinate and integrate services to create a comprehensive system of services. Community services include disease prevention, education, hearing services, counseling, elder abuse prevention, home repair, information and assistance, legal assistance, medication management, outreach, transportation, and vision services. In 2014, 77,264 older adults received 563,218 hours/units of community services.

Profile of Community Services Participants

17% were low-income
47% were minority by race and/or ethnicity
23% resided in rural areas

Characteristics of Community Services Participants

A larger percentage of community service participants identified themselves as minority by race and/or ethnicity group compared to participants in registered NAPIS services. Smaller percentages of community service participants were low-income and rural.

Expenditures

In 2014, about \$11.3 million was spent providing community services. Table 31 describes expenditures and average costs for selected community services.

Table 31. Community Service Expenditures and Average Cost per Participant and Service Unit for Selected Services

Service Category	Clients	Units	Avg. Cost / Client	Avg. Cost / Unit
Assistance to Hearing Impaired	1,589	4,386	\$51.24	\$18.57
Assistive Devices & Technologies	774	7,081	\$248.37	\$27.15
Community Support Navigator	2,899	5,988	\$34.76	\$16.83
Counseling	97	482	\$220.29	\$44.33
Crisis Services Energy Assistance	723	435	\$46.29	\$76.94
Disease Prevention/Health Promotion	8,130	32,966	\$101.70	\$25.08
Elder Abuse Prevention	6,948	6,117	\$28.72	\$32.63
Friendly Reassurance	175	19,533	\$123.43	\$1.11
Home Injury Control	838	2,059	\$107.47	\$43.74
Home Repair	145	4,462	\$358.08	\$11.64
Information & Assistance	NA	123,005	NA	\$10.82
Legal Assistance	9,128	31,784	\$115.35	\$33.13
Medication Management	2,960	6,161	\$78.87	\$37.89
Outreach	NA	100,711	NA	\$14.35
Senior Center Operations/Staff	12,083	36,386	\$51.50	\$17.10
Transportation	6,961	125,424	\$194.43	\$10.79
Vision Services	948	1,549	\$40.25	\$24.64
Wellness Center Support	4,105	27,859	\$107.07	\$15.78

FY 2014 Caregiver Services Programs

Caregiver Services

Caregivers provide daily or episodic support, and assist with services such as bathing, appointments, shopping, food preparation, and medical care. Caregiving has the potential to impact the health, work, family relationships, and finances of the caregiver. Caregivers may live with the person they are caring for, travel to provide care, or may be a long distance caregiver. In 2014, 6,963 caregivers were supported by 762,048 hours of adult day care, respite care, counseling services, and supplemental care.

Profile of Registered Caregivers

- 70% were female
- 45% were younger than 65 years of age
- 43% resided in rural areas
- 29% of caregivers were daughters or daughters-in-law; 30% of caregivers were spouses
- 31% were low-income
- 24% were minority by race and/or ethnicity

Table 32. Profile of Caregiving

Profile of Caregiving	
65%	provided daily, hands-on care
73%	have been caregiving for more than one year; 52% for three or more years
51%	lived with the individual(s) that they care for; 39% travel up to one hour to provide care
44%	Indicated that there were “no other family members willing or able” to help provide care
35%	were employed full or part-time
29%	described their health as “fair” or “poor”
15%	were kinship caregivers (e.g., caregiving for grandchildren)

Expenditures

In 2014, the aging network spent more than \$14.3 million to support caregivers. Table 33 describes expenditures and average costs per caregiver and service unit for caregiver services.

Table 33. Caregiver Service Expenditures and Average Cost per Participant and Service Unit

Service Category	Expenditures	Avg. Cost / Caregiver	Avg. Cost / Unit
Caregiver Counseling, Support Group & Training	\$711,192	\$325.04	\$49.19
Caregiver Supplemental Service	\$298,262	NA	\$439.26
Adult Day & Respite Care (all forms)	\$11,557,118	\$2,347.09	\$15.47
Information & Access Services	\$1,822,996	\$290.10	\$42.37
Totals	\$14,389,568	\$1,086.25	\$18.88
Hours/Units of Caregiver Services Per Day in 2014 (statewide average):			2,931

FY 2014 NAPIS Special Reports



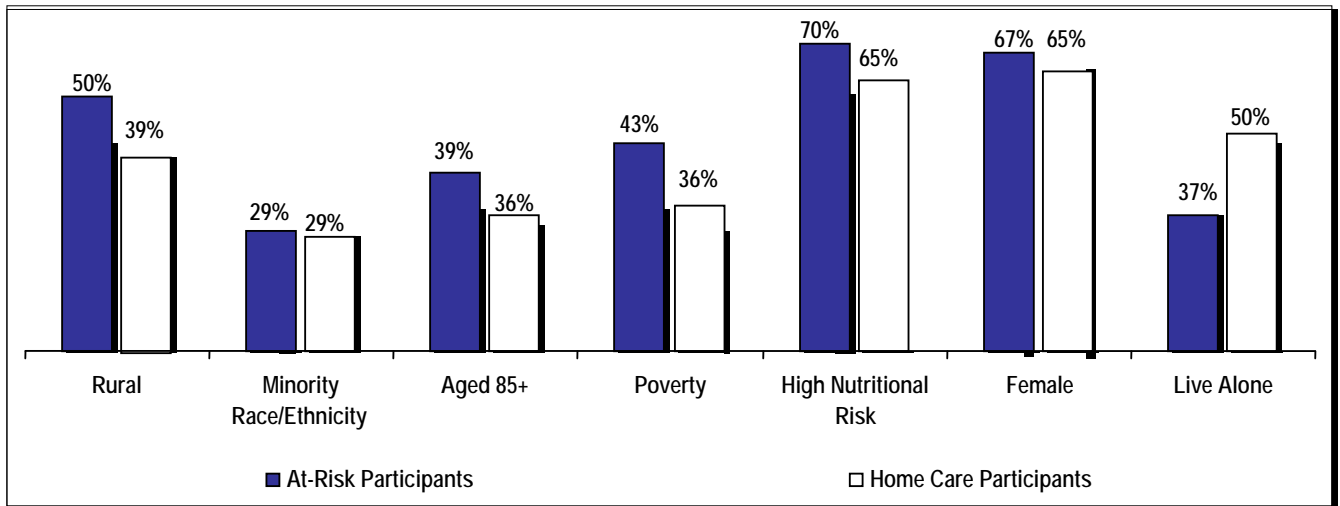
Services to *At-Risk* In-Home Service Participants in FY 2014

At-risk participants are a subset of the home care population comprised of individuals who have specific daily activity limitations that are consistent with a nursing facility level of care.¹⁶ In 2014, 4,000 at-risk older adults received 78,771 hours/units of home care and 441,677 home-delivered meals.

Profile of At-Risk Participants

- 71% were 75 years of age or older; and 39% were 85 years of age or older
- 70% were at high nutritional risk
- 67% were female
- 43% were low-income
- 37% lived alone
- 29% were minority by race and/or ethnicity
- 50% resided in rural areas

Table 34. At-Risk and Home Care Participants by Selected Characteristics



Expenditures for At-Risk Participants

In 2014, more than \$5.3 million was expended providing in-home services and home-delivered meals to at-risk older adults. Table 35 describes expenditures, services, and average participant costs.

Table 35. Expenditures and Service Levels to At-Risk Participants

Service	Expenditures	Service Units	At-Risk Participants
Care Management	\$2,282,683	819	6,503
Case Coordination & Support	\$51,393	317	2,017
Chore	\$48,980	141	2,517
Home-Delivered Meals	\$1,996,380	2,930	441,677
Homemaker	\$317,473	521	28,835
Personal Care	\$646,501	474	38,899
Totals	\$5,343,412	4,000	520,448

Services Provided to At-Risk Participants

Service data for 2014 indicated that at-risk participants received in-home services at a greater proportion than this group represented in the home care population, and home-delivered meals at about the same proportion (Tables 36 and 37). This suggests that participant characteristics are important factors in the delivery of services. This supports the aging network goal of targeting services to those *most* in need within the overall mission of serving as many older adults as possible.

Table 36. At-Risk and Home Care Participants Served

Total Home Care Participants	At-Risk Participants	At-Risk % of Total Home Care Participants
59,378	4,000	6.7%

Table 37. Services to At-Risk Participants

Service Category	Service Units All Home Care Participants	Service Units At-Risk Participants	At-Risk Service Units % of Total
Personal Care	195,663	38,899	19.9%
Homemaker	351,794	28,835	8.2%
Care Management	26,339	6,503	24.7%
Chore	40,502	2,517	6.2%
Home-Delivered Meals	7,702,633	441,677	5.7%
Case Coordination & Support	68,752	2,017	2.9%
Totals	8,385,683	520,448	6.2%

State Aging Network Services Funding in 2014

The Michigan aging network received \$1.1 million dollars in *State Aging Network Services (SANS)* funding in 2014 to support in-home, caregiver and certain access services. SANS funding was appropriated in the AASA budget under the Community Services line item in Public Act 200 of 2012 reads follows:

“[f]rom the funds appropriated in part 1 for community services, \$1,100,000.00 shall be allocated to area agencies on aging for locally determined needs.”

To this end, SANS funding was integrated into existing aging network service providers and service delivery for locally determined in-home, caregiver and access services.

In 2014 a total of \$1.1 million in SANS funds were expended for services. Additionally, SANS funds leveraged an additional \$235,837 in local program income and matching funds. In total, \$1.3 million in state and local SANS-related funds were expended for services in 2014. Local resources accounted for 21% of total SANS-related expenditures.

SANS funding in 2014 supported nearly 1,400 older adults and caregivers with in-home, caregiver and access services. Table 38 below describes services levels for SANS services in 2014.

Table 38. State Aging Network Services-related services costs and levels

Service Category	State SANS Expenditures	State SANS & Related Local Expenditures	SANS Service Participants	SANS Service Units
Adult Day Care	\$16,023	\$7,217	4	1,308
Assistive Devices & Technologies	\$16,202	\$4,325	65	597
Care Management	\$230,610	\$24,684	98	657
Case Coordination & Support	\$60,307	\$14,897	311	2,367
Homemaker	\$127,927	\$23,144	256	11,622
In-Home Respite Care	\$18,822	\$2,859	13	1,096
Information & Assistance	\$183,253	\$44,594	NA	16,938
Medication Management	\$38,366	\$11,589	486	1,013
Outreach	\$254,510	\$51,778	NA	17,739
Personal Care	\$153,980	\$50,750	161	9,265
Totals:	\$1,100,000	\$235,837	1,394	62,602

Service Targeting in FY 2014

The Older Americans Act of 1965, as amended, emphasizes targeting services to those older adults with greatest economic and/or social need, including low-income minority individuals and older individuals residing in rural areas. Table 39 describes NAPIS service levels to selected target populations based on selected population data for Michigan included in the 2010 Census.

Table 39. Service Data for Selected Target Populations

OLDER ADULTS SERVED IN GREATEST SOCIAL AND GREATEST ECONOMIC NEED¹⁷			
	Michigan 60+ Population	% of Michigan 60+ Population	% of Total NAPIS Service Population
Total Population 60+	1,930,341		
White (non-Hispanic)	1,675,109	86.8%	81.9%
African American	199,887	10.4%	15.5%
Asian/Pacific Islander	25,559	1.3%	0.8%
American Indian/Alaskan	7,627	0.4%	0.7%
Hispanic (of any race)	30,319	1.6%	4.5%
Below Poverty	80,803	7.9%	33.7%
Rural	564,721	33.7%	50.0%
CAREGIVERS SERVED IN GREATEST SOCIAL AND GREATEST ECONOMIC NEED¹⁸			
	Michigan 18+ Population	% of Michigan 18+ Population	% of Total NAPIS Service Population
Total Population 18+	7,539,572		
White (non-Hispanic)	6,105,164	79.0%	76.4%
African American	1,007,295	13.4%	19.5%
Asian/Pacific Islander	178,281	2.4%	2.3%
American Indian/Alaskan	44,739	0.6%	0.5%
Hispanic (of any race)	264,511	3.5%	1.9%
Below Poverty	956,358	12.7%	31.0%
Rural	1,929,959	25.6%	43.0%

Aging Network Waiting Lists in FY 2014

Under AASA requirements, area agencies on aging are required to submit waiting list reports for home-delivered meals and in-home services. The reports include the number of individuals that are likely to be eligible for service, but cannot be served due to limitations on program resources. Additionally, these reports describe the length of stay for individuals on the lists, service alternatives offered to individuals while on the waiting list, and factors contributing to waiting lists.

Table 40 describes the in-home services and home-delivered meals waiting lists as of September 30, 2014. Table 41 provides a count of individuals awaiting service broken out by the number of days on the waiting list. Table 42 describes factors contributing to waiting lists in 2014. Table 21 describes waiting list totals since 2005. Table 43 provides a description of the service alternatives offered to individuals placed on waiting lists in 2014.

Table 40. Home-Delivered Meals and In-Home Services Waiting Lists

	Home-Delivered Meals	In-Home Services
Total count of individuals on waiting list:	410	3,238
Count of individuals on waiting list 180+ days:	6	1,286

Table 41. Home-Delivered Meals and In-Home Services Waiting Lists by Number of Days on List

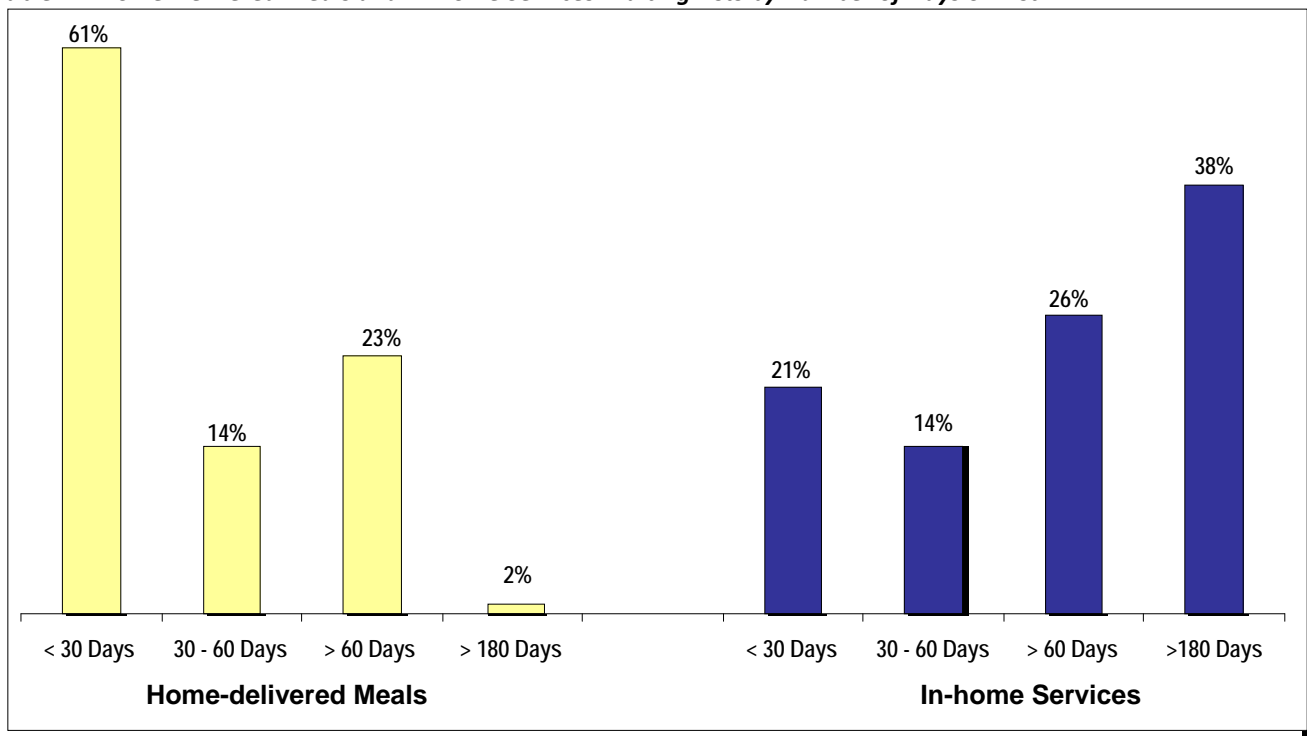


Table 42. Regional Waiting List Factors

Local Factors Contributing to Waiting Lists by Program and AAA Region		
<i>Demand exceeds service availability due to:</i>	HDM	In-Home
Limited funding for services	56%	100%
Limited service area/service delivery availability	31%	31%
Driver/worker shortage	31%	50%
Participant choice	13%	38%

Table 43. Waiting List Totals 2005-2014

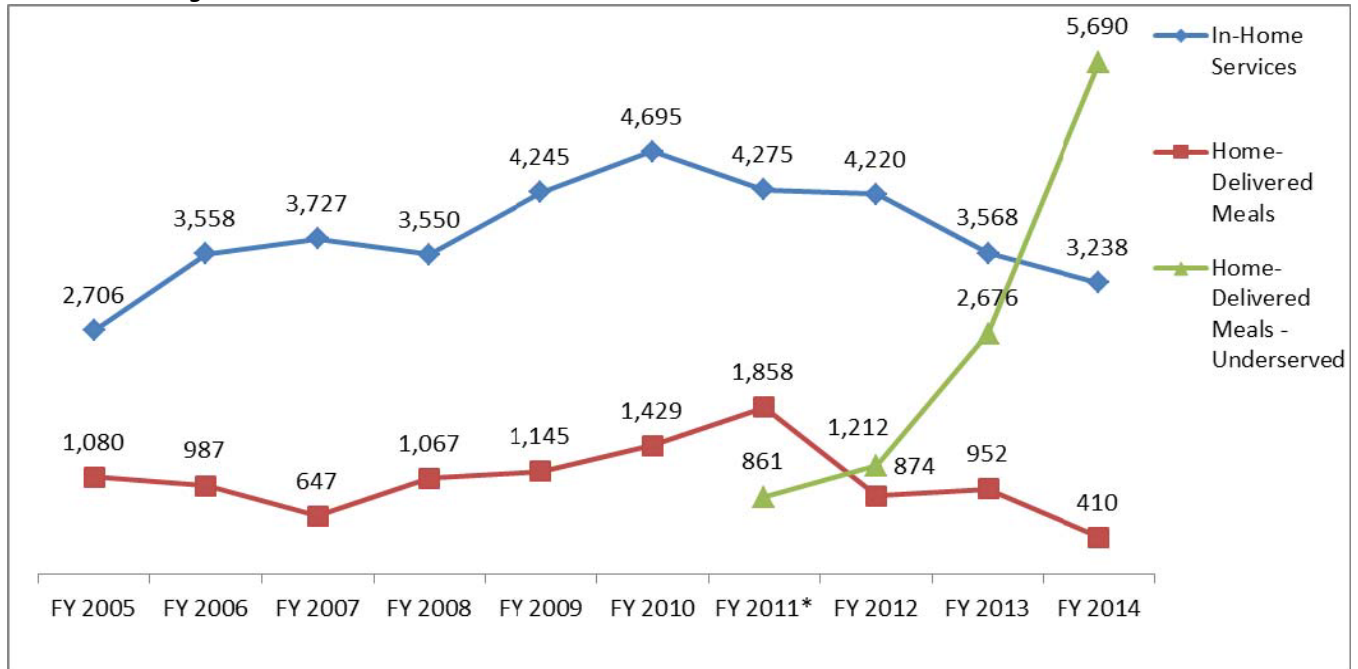


Table 44. Service Alternatives Offered to Waiting List Participants

Percentage of AAAs that provided assistance or referrals to other service programs for individuals on waiting lists:	HDM Waiting List	In-Home Services Waiting List
Local food assistance program (e.g., MiCafe, WIC, Senior Project FRESH)	44%	75%
Local food bank or pantry shelf	50%	75%
Department of Human Services office	38%	94%
MiChoice Home & Community-based Waiver Program	50%	88%
ADRC/Community Living Program (e.g., service options counseling)	13%	44%
Private pay service programs	38%	88%
Other community assistance options	25%	50%

AASA and the National Aging Network in FY 2012¹⁹

AASA, AAAs, service providers, families, caregivers, and volunteers in Michigan are part of a national network of federal, state, and local agencies, federally-recognized Indian tribes, and individuals across the country that support older adults and caregivers. In 2012 the national aging network planned, coordinated, and delivered services to more than 10 million individuals. AASA is one of 57 state units on aging (SUAs). Tables 45 through 49 provide a snapshot of participants, services, expenditures, and staffing for Michigan and several other states with comparable numbers of adults aged 60 and older.²⁰

Table 45. NAPIS Participant Counts and Profiles for Selected States (2012)

State	Age 60+ Population	% Age 60+	Registered Services	% of 60+ Population	% Minority	% Rural	% Low-income
Illinois	2,404,032	18.7%	121,237	5.0%	30.8%	22.2%	32.8%
Ohio	2,411,171	20.9%	89,355	3.7%	18.5%	35.6%	26.9%
Michigan	2,051,396	20.8%	120,656	5.9%	16.3%	46.3%	24.6%
North Carolina	1,911,852	19.6%	56,270	2.9%	33.9%	42.0%	43.2%
New Jersey	1,747,646	19.7%	79,035	4.5%	25.4%	0.0%	29.9%

Table 46. SUA Service Expenditures for Selected States (2011)

State	OAA Title III Expenditures	Total Service Expenditures	% OAA Title III of Total Service Expenditures
Ohio	\$37,463,839	\$112,930,385	33.2%
Michigan	\$40,619,446	\$94,463,828	43.0%
Illinois	\$35,260,071	\$87,034,229	40.5%
North Carolina	\$29,966,267	\$69,194,866	43.3%
New Jersey	\$29,571,413	\$73,683,890	40.1%

Table 47. Service Units by Selected SUA by and Selected Service Categories (2011)

Service Category	Michigan	Ohio	Illinois	N. Carolina	New Jersey
Personal Care	238,806	192,995	0	1,016,254	3,279
Homemaker	311,196	152,710	0	15,693	57,131
Chore	36,179	11,273	52,858	327,576	29,959
Home-Delivered Meals	7,761,048	5,492,102	6,701,603	2,871,059	3,574,420
Case Management	91,893	17,716	0	1,526	31,902
Assisted Transportation	17,346	9,823	17,268	0	30,588
Congregate Meals	2,554,178	1,981,404	2,516,744	1,932,516	1,722,429
Transportation	133,725	859,910	517,169	823,925	458,183
Legal Assistance	37,494	14,197	35,253	18,006	24,893
Information and Assistance	148,556	83,502	834,750	157,617	224,569
Outreach	89,903	2,220	13,762	0	32,016
Caregiver Counseling/ Support Groups/Training	19,372	13,686	37,955	5,316	10,973
Caregiver Respite	713,865	432,053	100,191	96,762	195,896
Caregiver Access Assistance	6,246	13,798	81,715	48,423	35,653

Table 48. Staffing for Selected State Units on Aging (2012)

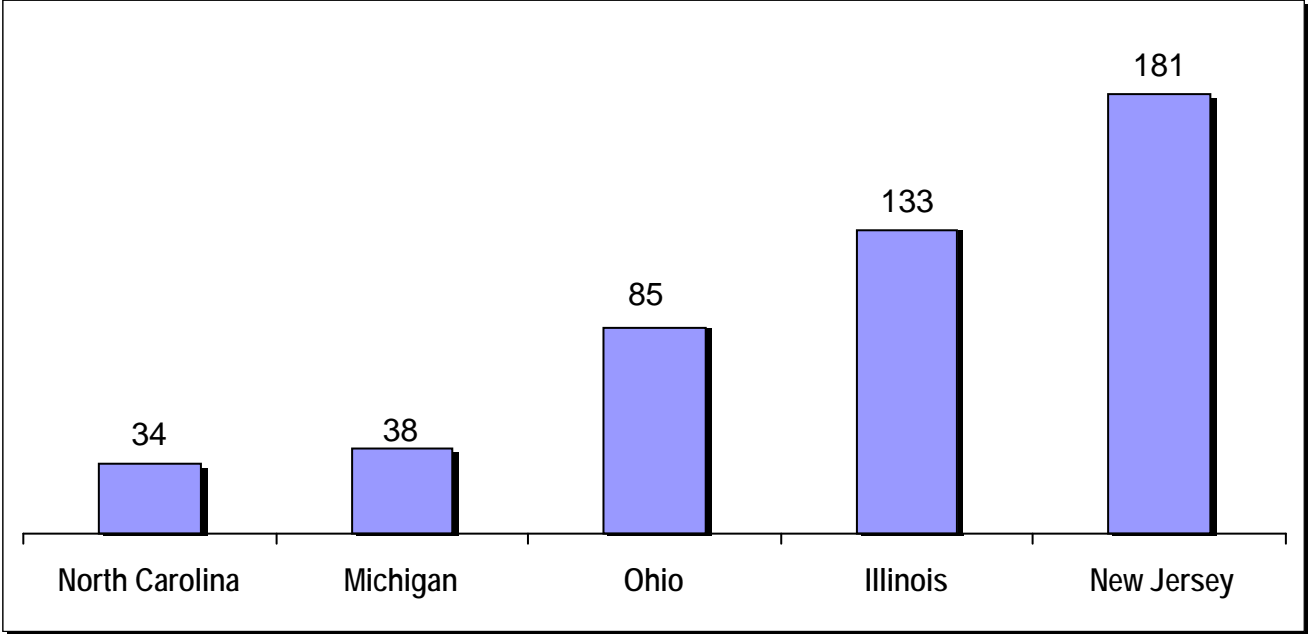
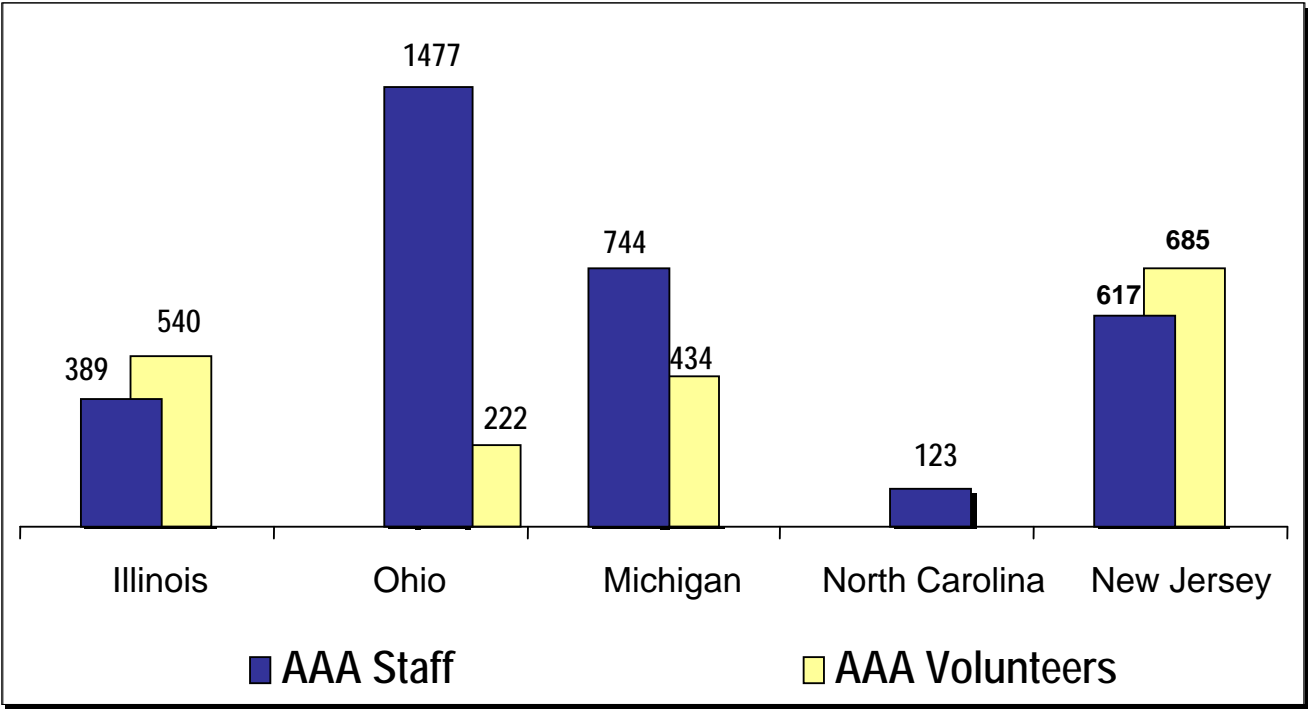


Table 49. Area Agency on Aging Staffing for Selected States (2012)



FY 2014 Aging Network Service Provider Profile

Aging network NAPIS services are delivered through a coordinated network of sixteen AAAs and more than 1,000 service providers across the state. AAAs are regional public, non-profit or governmental organizations defined under the Older Americans Act that plan, coordinate, and administer services in sixteen planning and service areas (PSAs) that cover the state. Michigan’s population of aging network service providers includes a variety of public and private non-profit, for-profit, and public organizations that range from small single-service agencies to large multi-service corporations. Tables 50 through 53 describe the characteristics, services, and service area of aging network service providers in 2014.

Table 50 Aging Network Service Providers by Selected Characteristics

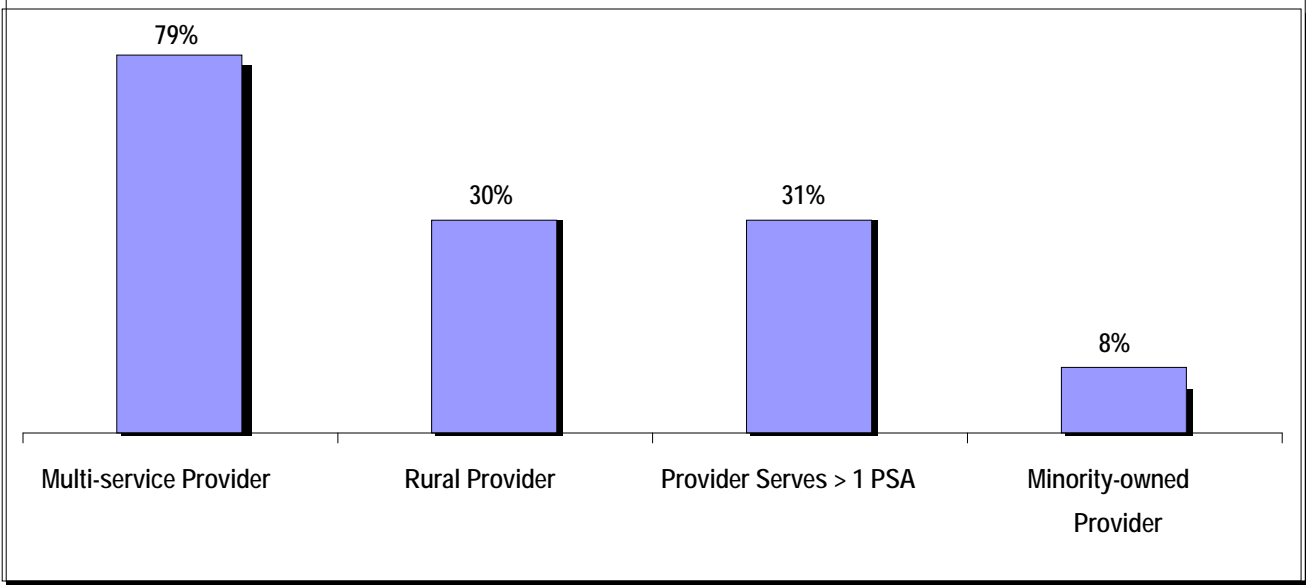


Table 51 Aging Network Service Providers by Service Category

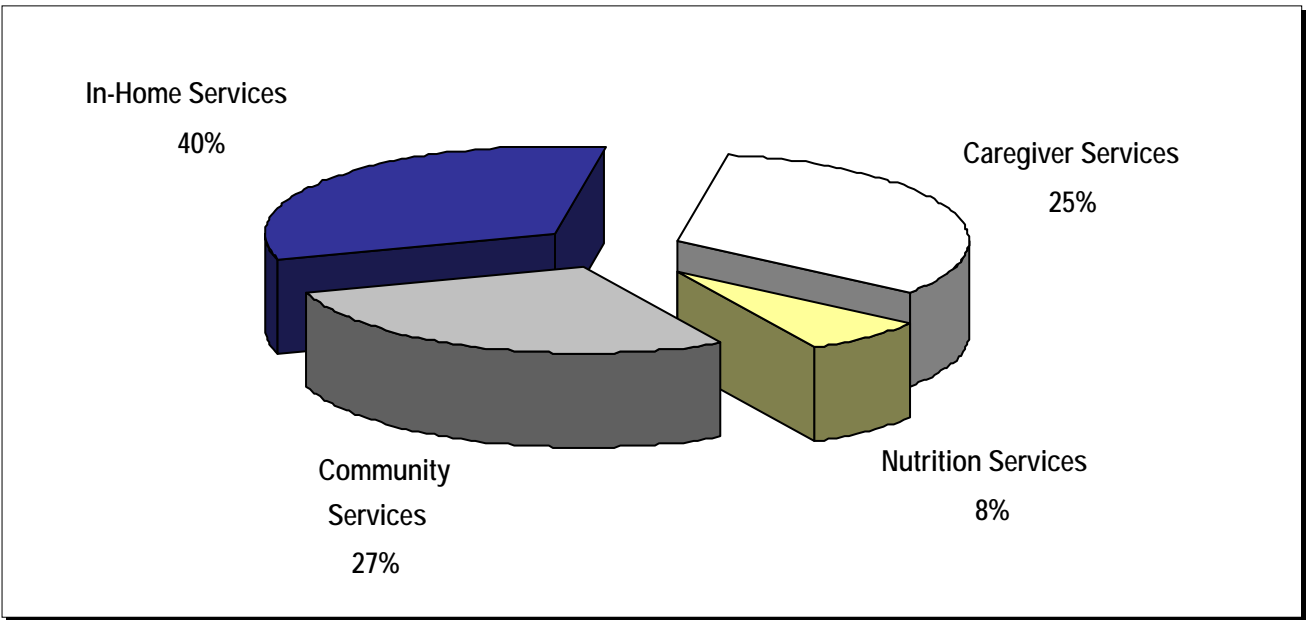


Table 52 Aging Network Service Providers by Selected Services ²¹

Service Provider by Characteristics	Count of Providers	Service Provider by Characteristics	Count of Providers
Homemaker	507	Outreach	61
Personal Care	499	Caregiver Training	45
In-Home Respite Care	487	Caregiver Support Group	44
Transportation	262	Nutrition Counseling/Education	44
Chore Services	217	Kinship Respite Care	42
Medication Management	190	Elder Abuse Prevention	33
Adult Day Care	158	Home Injury Control	31
Other Respite Care (out-of Home, volunteer overnight, etc.)	142	Home Repair	23
Home-Delivered Meals	121	Congregate Meals - NSIP-only Sites	21
Care Management	113	Congregate Meals - Voucher Programs	18
Senior Center Operations/Staffing	113	Friendly Reassurance	16
Congregate Meals	99	Assistive Devices & Technologies	15
Disease Prevention/Health Promotion	87	Legal Assistance	12
Case Coordination & Support	79	Crisis Services Energy Assistance	10
Counseling	76	Assistance to Hearing Impaired	8
Home Health Aide	76	Wellness Center Support	8
Information & Assistance	63	Gap Services/Special Needs	5

Table 53 Aging Network Service Providers by PSA Region ²²

AAA	Counties/Communities in AAA PSA	Providers	% of Total
1A	Cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, & Highland Park	116	8.5%
1B	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw	263	19.3%
1C	Wayne (excluding areas served by AAA 1A)	164	12.0%
2	Jackson, Hillsdale, Lenawee	43	3.2%
3A	Kalamazoo	55	4.0%
3B	Barry & Calhoun	79	5.8%
3C	Branch & St. Joseph	33	2.4%
4	Berrien, Cass, Van Buren	54	4.0%
5	Genesee, Lapeer, & Shiawassee	106	7.8%
6	Clinton, Eaton, & Ingham	53	3.9%
7	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	63	4.6%
8	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola	95	7.0%
9	Alcona, Arenac, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	26	1.9%
10	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	92	6.7%
11	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	36	2.6%
14	Muskegon, Oceana, Ottawa	85	6.2%

NAPIS Expenditure and Service Trends



NAPIS Expenditures Trends

Overall service expenditures decreased by 3.3% from 2007 through 2014 (Table 54). This trend differed depending upon the source of funding. Federal funds increased by nearly \$1 million from 2007 to 2014. State funds decreased by nearly \$2.4 million from 2007 to 2014. This continues a mostly downward trend in expenditure levels. Expenditures of local funds decreased by \$1.6 million from 2007 to 2014 - continuing a general upward trend. More recent trends for 2012 through 2014 indicate increased expenditures of state funds and decreased expenditures of federal funds and local funds. From 2012 through 2014, a \$2.6 million increase in state funds nearly offset reductions in federal and local expenditures (Table 55).

Table 54. Service Expenditures by Fund Source 2007-2014

	2007	2008	2009	2010	2011	2012	2013	2014	Change 2007 vs. 2014
Federal Funds	\$38,334,289	\$38,572,086	\$39,421,103	\$42,878,854	\$40,187,029	\$40,450,982	\$37,838,917	\$39,251,166	2.4%
State Funds	\$30,311,294	\$30,462,937	\$29,426,140	\$26,889,391	\$25,338,348	\$25,214,924	\$28,886,650	\$27,816,830	-8.2%
Local Funds	\$28,410,451	\$26,557,371	\$27,516,382	\$26,024,414	\$28,938,451	\$28,425,010	\$29,919,308	\$26,800,992	-5.7%
Total Expenditures	\$97,056,034	\$95,592,394	\$96,363,625	\$95,792,659	\$94,463,828	\$94,090,916	\$96,644,875	\$93,868,988	-3.3%

Table 55. Service Expenditures by Fund Source 2012 through 2014

	2012	2014	Change	% Change
Federal Funds	\$40,450,982	\$39,251,166	-\$1,199,816	-3.0%
State Funds	\$25,214,924	\$27,816,830	\$2,601,906	10.3%
Local Matching Resources	\$16,056,790	\$14,781,973	-\$1,274,817	-7.9%
Local Program Income	\$12,368,220	\$12,019,019	-\$349,201	-2.8%
Totals	\$94,090,916	\$93,868,988	-\$221,926	-0.2%

NAPIS Service Cost Trends

Average costs for both participants and service units have increased since 2005. Statewide costs increased by nearly 9% for service units and % for participants (Tables 56 and 57). Costs for caregiver programs increased the most between 2006 and 2013, increasing by an average of more than 30% for services units and 7% participants. Increase costs were also noted for average costs for the in-home services and nutrition programs.

A decrease in the average service unit cost was reported for community services. Expenditures for community services decreased from \$14.7 million in 2005 to \$11.3 million in 2014. The loss of state senior center funding in 2006 is an important factor in the average cost trend for community services. This service made up a large percentage of community service expenditures and service costs compared to other community services. The loss of state and related local funding for this service significantly lowered the overall expenditures for community services.

In the case of caregiver services, average service costs increased for both service units and participants since 2005. New federal reporting instructions issued for FY 2005 represented very different requirements from prior years. Prior to 2005, all information and assistance and outreach activities were reported under community services. After 2005, expenditures, participants, and service units for these services were reported under caregiver services when a caregiver was the primary service recipient. These changes impacted expenditures and average costs for both caregiver and community services.

Table 56. Average Cost Per Unit of Service by Service Category 2005 and 2014

Average Cost per Unit of Service	2005	2014	Change	% Change
In-Home Services (Hours)	\$26.21	\$27.68	\$1.47	5.6%
Nutrition Services (Meals)	\$4.52	\$4.92	\$0.40	8.9%
Community Services (Hours/Contacts)	\$21.47	\$15.17	-\$6.30	-29.3%
Caregiver Service (Hours)	\$13.88	\$18.18	\$4.30	31.0%
Totals	\$7.26	\$7.88	\$0.62	8.5%

Table 57. Average Cost Per Participant by Service Category 2005 and 2014

Average Cost per Participant	2005	2014	Change	% Change
In-Home Services	\$872.81	\$948.64	\$75.83	8.7%
Nutrition Services	\$440.83	\$467.00	\$26.17	5.9%
Registered Caregiver Services	\$1,690.90	\$1,804.80	\$113.90	6.7%
Totals	\$674.19	\$716.66	\$42.47	6.3%

NAPIS Registered Participant Trends

Registered participant totals dropped by 4.9% from 2009 to 2014. This decline was driven largely by reductions in nutrition and in-home service participants. Generally declining service registrations were also reported for caregiver services. Table 58 describes registered participant and caregiver trends for 2009 through 2014.

The profile of registered NAPIS participants has remained relatively stable over the last several years. A comparison of participant data from 2005 and 2014 indicated increases in the percentage of minority participants, rural participants, and low-income participants in the NAPIS service population. Decreases were noted for percentages of participants aged 75 or older, females, and for participants living alone. Table 59 below describes participant and caregiver characteristics for 2005 and 2014.

Table 58. Registered Participants by Service Category 2009 - 2014

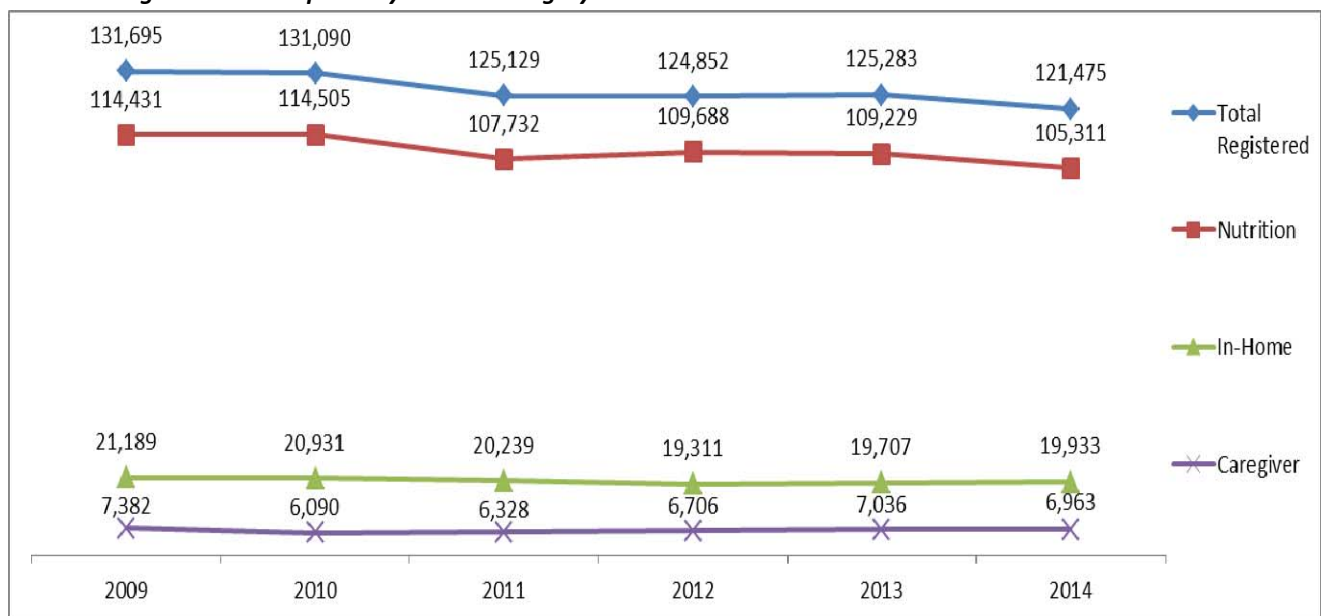


Table 59. Registered NAPIS Participants by Selected Characteristics for 2005 and 2014

Registered Older Adult Participants	2005	2014	% Change
Age 75 or older	65%	58%	-7%
Female	67%	65%	-2%
Lived alone	47%	42%	-5%
Resided in a rural area	46%	50%	4%
Low-income	29%	34%	5%
Minority (race/ethnicity)	15%	18%	3%
Registered Caregiver Participants	2005	2014	% Change
Under age 65	48%	45%	-3%
Female	72%	70%	-2%
Resided in a rural area	41%	43%	2%
Daughter/daughter-in-law	37%	29%	-8%
Low-income	24%	31%	7%
Minority (race/ethnicity)	20%	24%	4%

NAPIS Service Utilization Trends

Service unit totals have fallen by nearly one million, or about 8%, from 2007 to 2014. This decline was reported across most service categories. Over the last eight years community services, in-home services, and nutrition services have declined. Conversely, registered caregiver services increased by 5.2%. Table 60 describes service unit trends for 2007 through 2014.

A review of average annual service hours by participant over the last eight years indicates a mix of increases and decreases. Since 2007, the average number of service hours for in-home participants has fluctuated, averaging about 34 hours. Home-delivered meals participants received an average of three more meals in 2014 compared to 2007. Service levels to caregivers have fluctuated from 2007 to 2014. Congregate meal participants received 8 fewer meals on average in 2014 compared to 2007. Tables 61 and 62 describe service trends by service category.

Table 60. Service Units by Service Category 2007-2014

Service Category	2007	2008	2009	2010	2011	2012	2013	2014	% Change 2007 vs. 2014
In-Home Service Hours	766,182	724,135	700,874	695,307	657,350	678,064	750,143	683,050	-10.9%
Home-Delivered Meals	7,900,724	7,994,627	8,144,414	7,829,823	7,786,774	7,761,048	7,886,265	7,705,650	-2.5%
Congregate Meals	2,922,179	2,902,690	2,813,542	2,925,738	2,613,429	2,554,178	2,459,499	2,292,445	-21.6%
Community Services	655,341	586,665	552,215	538,810	518,204	594,270	541,393	563,218	-14.1%
Caregiver Services	724,494	838,837	820,775	805,423	657,350	784,548	821,632	762,048	5.2%
Totals	12,968,920	13,046,954	13,031,820	12,795,101	12,233,107	12,372,108	12,458,932	11,978,722	-7.6%

Table 61. Average Annual Participant Service Units by Service Category 2007-2014

Service Category	2007	2008	2009	2010	2011	2012	2013	2014	Unit Change 2007-14
In-Home Service Hours	34	32	33	33	33	35	38	34	0
Home-Delivered Meals	159	158	164	158	164	157	154	162	+3
Congregate Meals	47	46	44	45	43	42	43	40	-7
Caregiver Service Hours	91	102	111	132	104	117	117	109	18

Table 62. Average Annual Participant Service Units by Service Category 2005 and 2014

Service Category	2005	2014	Statewide Impact <i>Compared to 2005, in 2014 on an average service day there were:</i>
In-Home Service Hours	3,236	2,628	608 fewer hours of in-home care provided statewide
Home-delivered Meals	31,814	29,638	2,176 fewer home-delivered meals served to program participants
Congregate Meals	12,577	8,817	3,760 fewer congregate meals served
Community Service Units	2,636	2,167	469 fewer community service hours/units provided
Caregiver Service Hours	2,837	2,931	94 more hours of caregiver support
All Services	53,099	46,074	7,025 fewer service units provided statewide

Report End Notes

1. See Attachment IV for a map of AAA Planning and Service Areas (PSAs) in Michigan.
2. See Attachment III for a complete list of NAPIS-reportable services and service unit definitions.
3. "Registered" participants are enrolled in a service for which a NAPIS registration form was completed. Registered participant counts are unduplicated.
4. "Low-income" is defined as participant income below the annual federal poverty level.
5. See Attachment I for activity of daily living (ADL) and instrumental activity of daily living (IADL) limitation definitions.
6. Data on caregiver, in-home and nutrition services based on unduplicated participant counts. Community services data based on aggregate counts.
7. Age, gender, and minority status data for individuals aged 60 and older. Income and living alone data for individuals aged 65 and older. 2010 Census data is available from the US Census Bureau (www.census.gov).
8. Totals include reported expenditures of federal, state and local resources for 2014. This analysis does not include local resources that support NAPIS-reportable services where those local resources are not reported as local match or local program income. Minor discrepancies may exist between reported expenditures at the time of this analysis and final expenditures after corrections and/or adjustments. This analysis does not include funding for non-NAPIS services, including the senior volunteer programs, OAA Title V, and other special service programs.
9. Expenditures include outlays for service activities supported by federal, state and/or local sources. Local reporting includes required matching funds and program income generated as a result of federal or state program support. Totals include federal, state and local expenditures reported for 2014 for NAPIS-related services. This analysis does not include funding for services that are not reportable in NAPIS, including senior volunteer programs, OAA Title V, and other special programs and grants. Minor discrepancies may exist between reported expenditures at the time of this analysis and final expenditures after corrections and/or adjustments.
10. Expenditures include outlays for service activities supported by federal, state and/or local sources. Local reporting includes required matching funds and program income generated as a result of federal or state program support.
11. "Registered" participants are enrolled in a service for which a NAPIS registration form was completed. Most AASA-funded caregiver, in-home and nutrition services are registered services. Participant counts for registered services are unduplicated. Most community services (e.g., disease prevention, home injury control, vision services, elder abuse prevention, etc.) are non-registered. Non-registered participant counts are reported in the aggregate and may not be unduplicated.
12. Age, gender, and minority data for individuals aged 60 and older. Income and live alone for individuals aged 65 and older.
13. Data on NAPIS participants by daily activity limitations for individuals aged 65 and older. Based on U.S. Census ACS definitions: "ambulatory difficulty" includes difficulty walking or climbing stairs; "self-care difficulty" includes difficulty dressing or bathing; and "independent living difficulty" includes difficulty using transportation or keeping appointments.
14. Based on initial service start date for any NAPIS service for which a participant has a NAPIS registration.
15. Totals for Table 29 are not unduplicated. A meal site may be both a senior center and designated as a PSA community focal point and would be calculated into the percentages for both senior centers and community focal points.
16. "At-Risk" includes in-home participants that require assistance with daily toileting, transferring, and mobility. These ADLs were selected based on Scoring Door 1 for the Michigan Medicaid Nursing Facility Level of Care Determination in MSA 04-15.
17. Michigan population data source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 (www.census.gov). Totals are for NAPIS participants in registered services. Counts and percentages are based on participants with reported race/ethnicity, poverty status, and rural status. Totals do not include clients with un-reported race/ethnicity, poverty status, and rural status and non-registered participants due to duplication in the aggregate reporting of non-registered services. Census data on poverty status is for individuals aged 65 and older.
18. (Tables 20a and 20b) Michigan population data source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 (www.census.gov). Totals are for NAPIS caregivers in registered services. Counts and percentages are based on participants with reported race/ethnicity, poverty status, and rural status. Totals do not include clients with un-reported race/ethnicity, poverty status, and rural status and non-registered participants due to duplication in the aggregate reporting of non-registered services. Census data on poverty status is for individuals aged 18 and older.
19. Source: Administration on Aging (<http://www.agid.acl.gov/StateProfiles/Profile/Pre/?id=109&topic=1&years=2012>). States included in this analysis have similar 60+ populations in the 2010 US Census.
20. Service units based on AoA-defined NAPIS registered services as reported in FY 2012 NAPIS SPR state tables.
21. Totals for Table 52 are not unduplicated. A provider agency may provide more than one service and would be included in the total for both services.
22. Totals for Table 53 are not unduplicated. An agency may provide service in more than one PSA region and would be calculated into the percentage for both AAAs.

ATTACHMENT I

Data Sources and Considerations

Data Sources:

National Aging Program Information System

Michigan is required by the federal Administration for Community Living (ACL)/Administration on Aging (AoA) to submit an annual state-level report of activities carried out under Title III and Title VII of the OAA. This information is submitted in the National Aging Program Information System State Program Report (NAPIS SPR).

Federal NAPIS SPR requirements group services into “clusters” and into “registered” and “non-registered” services. NAPIS data collection requirements vary according to service cluster and registration requirements. Participant registration is required for cluster I, II, and IV services. Clusters III and V services are non-registered. Registration data collected on cluster I, II, and IV participants includes demographic and service enrollment information. Cluster I participant data also includes information on Impairments in Activities of Daily Living (ADLs) and Impairments in Instrumental Activities of Daily Living (IADLs). Cluster I and IV service unit data are participant-specific. Cluster II service unit information is reported in the aggregate. Cluster III and V participant data and service unit information is reported in the aggregate. A breakout of NAPIS service cluster and a description of registered versus non-registered services is shown in Attachment II.

Data Considerations:

Scope of Report

This analysis summarizes the reporting of participant and service-related information from source data for Michigan’s NAPIS SPR for FY 2014. Data presented in this report is aggregated differently and service information is broken out more precisely than the more general requirements of the NAPIS SPR. Minor modifications/updates have been made to the source data since the 2014 NAPIS SPR was generated and submitted to AoA in January 2015.

Most participant and service data for federal OAA and state-funded aging programs are collected in AASA’s NAPIS software and reported in the NAPIS SPR. This is because a mix of federal, state and local resources support most AASA-administered aging programs and services in Michigan. Federal requirements indicate that NAPIS is designed to provide information on all participants, service units and expenditures for services that are funded *in whole or in part* by OAA funding. Information on participants, providers, and units related to a service is reported as a "whole" in the SPR, even if the OAA funding is one of several funding sources used to support the service. This is based on an assumption that all service units and participants are attributable to the presence of OAA funding.

Reporting Period

The reporting period for this analysis was October 1, 2013 through September 30, 2014 (Fiscal Year 2014).

Impairments in Activities of Daily Living (ADLs)

The AoA definition of ADL impairment used for OAA reporting purposes is: "the inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking."

Impairments in Instrumental Activities of Daily Living (IADLs)

The AoA definition for IADL impairments used for OAA reporting purposes is: the inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability.

Service Unit & Reporting Definitions

AASA service standards and Federal NAPIS SPR definitions vary in the way in which service information is aggregated, reported, and defined. Attachment III provides a list of NAPIS-reportable services and instructions and definitions for AASA service standard compliance and NAPIS SPR reporting.

ATTACHMENT II

NAPIS Service Cluster	NAPIS Service Name (1)	Participant Type for Service Enrollment	Participant Registration Required (2)	Units Reporting Requirement (3) & (4)
I	Care Management	Care Recipient	Yes	Participant-Level
I	Case Coordination & Support	Care Recipient	Yes	Participant-Level
I	Chore Services	Care Recipient	Yes	Participant-Level
I	Home-Delivered Meals	Care Recipient	Yes	Participant-Level
I	Home Health Aide	Care Recipient	Yes	Participant-Level
I	Home Support	Care Recipient	Yes	Participant-Level
I	Homemaker	Care Recipient	Yes	Participant-Level
I	Personal Care	Care Recipient	Yes	Participant-Level
II	Assist Transportation	Care Recipient	Yes	Aggregate
II	Congregate Meals	Care Recipient	Yes	Aggregate
II	Nutrition Counseling	Care Recipient	Yes	Aggregate
III	Counseling	Care Recipient	No	Aggregate
III	Disaster Advocacy & Outreach	Care Recipient	No	Aggregate
III	Disease Prevention/Health Promotion	Care Recipient	No	Aggregate
III	Elder Abuse Prevention	Care Recipient	No	Aggregate
III	Friendly Reassurance	Care Recipient	No	Aggregate
III	Health Screening	Care Recipient	No	Aggregate
III	Hearing Services	Care Recipient	No	Aggregate
III	Home Injury Control	Care Recipient	No	Aggregate
III	Home Repair	Care Recipient	No	Aggregate
III	Information & Referral	Care Recipient	No	Aggregate
III	Legal Assistance	Care Recipient	No	Aggregate
III	Medication Management	Care Recipient	No	Aggregate
III	Nutrition Education	Care Recipient	No	Aggregate
III	Other	Care Recipient	No	Aggregate
III	Outreach	Care Recipient	No	Aggregate
III	Personal Emergency Response	Care Recipient	No	Aggregate
III	Senior Center Operations	Care Recipient	No	Aggregate
III	Senior Center Staffing	Care Recipient	No	Aggregate
III	Transportation	Care Recipient	No	Aggregate
III	Vision Services	Care Recipient	No	Aggregate
IV	Adult Day Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Counseling - Other	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Defined Supplemental	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Defined Supplemental - Direct Payment	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Defined Supplemental - Other	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Defined Supplemental - PERs	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Individual Counseling	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Support Group	Caregiver	Yes	Participant-Level (Caregiver)
IV	Caregiver Training	Caregiver	Yes	Participant-Level (Caregiver)
IV	Chore Services - Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Home-Delivered Meals - Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Home Health Aide - Respite Care	Caregiver	Yes	Participant-Level (Caregiver)

NAPIS Service Cluster	NAPIS Service Name	Participant Type for Service Enrollment	Participant Registration Required (1)	Units Reporting Requirement (2) & (3)
IV	Home Modification	Caregiver	Yes	Participant-Level (Caregiver)
IV	Homemaker – Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	In-Home Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Kinship Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Medical Equip/Supplies	Caregiver	Yes	Participant-Level (Caregiver)
IV	Other Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Out of Home Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Overnight Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Personal Care - Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Respite Care - Direct Payment	Caregiver	Yes	Participant-Level (Caregiver)
IV	Specialized Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
IV	Volunteer Respite Care	Caregiver	Yes	Participant-Level (Caregiver)
V	Caregiver Case Management	Caregiver	No	Aggregate (3)
V	Caregiver Health Education	Caregiver	No	Aggregate
V	Caregiver Information & Assistance	Caregiver	No	Aggregate
V	Caregiver Nutrition Counseling	Caregiver	No	Aggregate
V	Caregiver Nutrition Education	Caregiver	No	Aggregate
V	Caregiver Outreach	Caregiver	No	Aggregate
V	Caregiver Transportation	Caregiver	No	Aggregate
V	Other Caregiver Services (Non-Registered)	Caregiver	No	Aggregate

NOTES
1) Some services that appear on the chart above are not included on the current NAPIS participant registration form. This is most often because they have been combined into more comprehensive service standard; they are seldom or no longer used; and/or they originate from a AAA regional service definition.
2) Participant registration is defined as the requirement that an attempt is made to collect information contained on the NAPIS participant registration form. This information then entered into the NAPIS 2.0 software application for each individual participant.
3) Service units are either reported at the participant-level (defined as entering service units for individual participant records in the NAPIS 2.0 software application) or in the aggregate (defined as entering aggregate unit counts at the service and vendor-level).
4) Aggregate Cluster V caregiver units are entered for caregivers caring for <i>care recipients</i> (i.e., non-grandchildren and/or individuals age 18 and older) or for caregivers caring for <i>grandchildren</i> or those under age 19.

ATTACHMENT III

AASA Service Name	NAPIS Reporting - Service Name & Service Cluster (Per AoA Reporting Requirements)	AASA Unit of Service (Per AASA Service Standards)	NAPIS Reporting - Unit of Service Definition (Per AoA Reporting Requirements)
Access Services			
Care Management (CM)	Case Management (Cluster I Service)	Assessment & ongoing CM of an individual	No AoA NAPIS CM definition Use AASA reporting definition - (Each month participant is active in CM program)
Case Coordination & Support (CCS)	Case Management (Cluster I Service)	One hour of component CCS functions ¹	One hour of allowable activities
Disaster Advocacy & Outreach (DAO)	Reported under Cluster III Other service in AASA's NAPIS Application	Each hour of community education activities	No AoA NAPIS DAO definition Use AASA reporting definition - (Each hour of allowable activities)
Information & Assistance (I&A)	Information & Assistance (Cluster III Service)	One hour of component I&A functions	One Contact
Outreach	Outreach (Cluster III Service)	One hour of outreach service	One Contact
Transportation ⁱⁱ	Transportation (Cluster III Service) Assisted Transportation (Cluster II Service)	Transportation & Assisted Transportation: One, one-way trip per person	<u>Transportation</u> : One, one-way trip (no other activities) <u>Assisted Transportation</u> : One-one way trip to a person who has physical or cognitive difficulties (may include escort)
In-Home Services			
Chore	Chore (Cluster I Service)	One hour of allowable chore tasks	One hour of allowable activities
Home Care Assistance (HCA) ⁱⁱⁱ	Personal Care or Homemaker (Cluster I Services)	One hour of allowable HCA activities	One hour of allowable personal care or homemaker activities
Home Injury Control	Reported under Cluster III Home Injury Control service in AASA's NAPIS Application	Installation/maintenance of one safety device in older adult's residence	NAPIS Cluster III Service Use AASA Definition - (Installation/maintenance of one safety device in residence)
Homemaking	Homemaker (Cluster I Service)	One hour of allowable homemaking activities	One hour of allowable activities
Home Health Aide (HHA)	Reported under Cluster I Home Health Aide in AASA's NAPIS Application	One hour spent performing HHA activities	NAPIS Cluster III Service Use AASA Definition - (One hour of allowable HHA activities)
Medication Management	Reported under Cluster III Medication Management service in AASA's NAPIS Application	Each 15 minutes (.25 hours) of allowable activities	NAPIS Cluster III Service Use AASA Definition - (15 minutes of allowable activities)
Personal Care	Personal Care (Cluster I Service)	One hour spent performing personal care activities	One hour of allowable activities
Personal Emergency Response (PERS)	Reported under Cluster III PERS service in AASA's NAPIS Application	One month of monitoring Participant & each occurrence of equipment installation	NAPIS Cluster III Service Use AASA Definition - (One month/occurrence of allowable activities)
Friendly Reassurance	Reported under Cluster III Friendly Reassurance service in AASA's NAPIS Application	Each contact w/ homebound older person	NAPIS Cluster III Service Use AASA Definition - (One contact w/ older person)

AASA Service Name	NAPIS Reporting - Service Name & Service Cluster (Per AoA Reporting Requirements)	AASA Unit of Service (Per AASA Service Standards)	NAPIS Reporting - Unit of Service Definition (Per AoA Reporting Requirements)
Nutrition Services			
Congregate Meals	Congregate Meals (Cluster II Service)	One meal to an eligible participant	One meal to an eligible participant
Home-Delivered Meals	Home-Delivered Meals (Cluster I Service)	One meal to an eligible participant	One meal to an eligible participant
Nutrition Counseling	Nutrition Counseling (Cluster II Service)	One hour of advice and guidance	One Hour
Nutrition Education	Nutrition Education (Cluster III Service)	One educational session	One education session
Community Services			
Disease Prevention/Health Promotion	Reported under Cluster III Disease Prevention/Health Promotion service in AASA's NAPIS Application	One activity session or hour of related service provision	NAPIS Cluster III Service Use AASA Definition - (One session/hour of allowable activities)
Health Screening	Reported under Cluster III Health Screening service in AASA's NAPIS Application	One complete health screening per Participant, per year (including referral & follow-up)	NAPIS Cluster III Service Use AASA Definition - (One complete screening per Participant, per year)
Assistance to the Hearing Impaired	Reported under Cluster III Services to Hearing Impaired service in AASA's NAPIS Application	One hour of allowable activities or each community session	NAPIS Cluster III Service Use AASA Definition - (One hour/community session of allowable activities)
Home Repair	Reported under Cluster III Home Repair service in AASA's NAPIS Application	One hour of allowable home repair activities	NAPIS Cluster III Service Use AASA Definition - (One hour of allowable activities)
Legal Assistance	Legal Assistance (Cluster III Service)	One hour of an allowable service component	One Hour
Senior Center Operations	Reported under Cluster III Senior Center Operations service in AASA's NAPIS Application	One hour of senior center operation	NAPIS Cluster III Service Use AASA Definition - (One hour of senior center operation)
Senior Center Staffing	Reported under Cluster III Senior Center Staffing service in AASA's NAPIS Application	One hour of staff time worked	NAPIS Cluster III Service Use AASA Definition - (One hour of staff time)
Vision Services	Reported under Cluster III Vision Services in AASA's NAPIS Application	One hour of service provided or one group education session	NAPIS Cluster III Service Use AASA Definition - (One hour/session of allowable activities)
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	Reported under Cluster III Elder Abuse Prevention service in AASA's NAPIS Application	One hour of contact with organizations to develop coordinated, comprehensive services	NAPIS Cluster III Service Use AASA Definition - (One contact for allowable activities)
Counseling Services	Reported under Cluster III Counseling service in AASA's NAPIS Application	One hour of counseling services (including direct Participant contact & indirect Participant support)	NAPIS Cluster III Service Use AASA Definition - (One hour of allowable activities)

AASA Service Name	NAPIS Reporting - Service Name & Service Cluster (Per AoA Reporting Requirements)	AASA Unit of Service (Per AASA Service Standards)	NAPIS Reporting - Unit of Service Definition (Per AoA Reporting Requirements)
Caregiver Services			
Caregiver Education Support & Training	Caregiver Counseling: Individual, Support Group, Training, or Other	One hour of counseling or one session	One hour of counseling or session
Respite Care, Adult Day Care, Dementia Adult Day Care, Specialized Respite Care, & Kinship Respite Care	Respite Care	One hour of care provided per Participant	One hour of care provided per Participant
Caregiver Supplemental Services	Caregiver Supplemental Services	One good or service purchased or each hour or related service provision	One good or service purchased or each hour or related service provision
Caregiver Education Support & Training OR Caregiver Supplemental Services	Non-Registered Caregiver Services: Caregiver Case Management, Health Education, Transportation, Nutrition Counseling/Education, Information & Assistance	One activity session or hour of education, support, and/or training service provision	One activity session or hour of education, support, and/or training service provision

ⁱ“Allowable activities” and “component [service] functions” are described in AASA Operating Standards for Service Programs.

ⁱⁱ AoA NAPIS definitions include both Transportation and Assisted Transportation as separate service definitions. NAPIS “Assisted Transportation” is a “registered” service in NAPIS (i.e., requires Participant NAPIS registration form). NAPIS “Transportation” is a non-registered service (i.e., no Participant registration form). All of the activities allowable under the federal service definitions for “Transportation” and “Assisted Transportation” are allowable under the AASA “Transportation” service definition. AAAs may report units and Participants in NAPIS for one or both federal transportation services based upon the nature of the transportation activities provided.

ⁱⁱⁱ Home care assistance is not an AoA-recognized NAPIS service. Home care assistance Participant and service units are to be reported in NAPIS under the federal personal care and/or homemaker services as appropriate (i.e., per allowable service activities).

ATTACHMENT IV

Michigan Planning and Service Areas

The Michigan Aging and Adult Services Agency works with area agencies on aging (AAAs) to 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. There are 16 AAAs that administer services in 16 Michigan PSAs.

