

2010 Michigan Aging Information System NAPIS Participant and Service Report



Prepared by the
Michigan Office of Services to the Aging

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2010 Michigan NAPIS Participant & Service Report

Report Index	Pages
NAPIS Participant and Service Report Overview	1
Participant and Service Summary	2 – 4
Service Expenditure Analysis	5 - 7
Area Plan Administrative Expenditure Analysis	8
In-Home Services - Participant and Service Summary	9 - 11
Nutrition Services - Participant and Service Summary	12 – 18
Community Services – Participant and Service Summary	19
Caregiver Services Summary	20 – 23
Special Reports	
	24
Profile of Home Care Participants	25 – 26
Services to At-Risk In-Home Service Participants	27 – 29
Profile of Participants Living Alone	30
Profile of Community Living Program Participants	31 - 34
Service Targeting	35
Aging Network Waiting Lists	36 – 37
Aging Network Service Provider Profile	38 – 39
Michigan and the National Aging Network	40 – 41
Expenditure and Service Trends 2005 – 2010	
	42
NAPIS Expenditures Trends	43
NAPIS Service Cost Trends	44
NAPIS Registered Participant Trends	45
NAPIS Home Care Trends	46
NAPIS Service Utilization Trends	47
Attachments	
I. Data Sources and Considerations	I – II
II. NAPIS Service Reporting Matrix	III – IV
III. OSA NAPIS Service Definitions	V – VII
IV. Michigan Planning and Services Areas (PSAs)	VIII

2010 National Aging Program Information System (NAPIS) Participant and Service Report

NAPIS Background

The Michigan Office of Services to the Aging (OSA) is required by the federal 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). In 2005, state units on aging (SUAs) were directed to follow new NAPIS reporting requirements as a result of the 2000 reauthorization of the OAA, and the creation of the federal National Family Caregiver Support Program (NFCSP). AoA requires SUAs to report counts and characteristics of participants, caregivers, services, expenditures, and service providers.

The Aging Network in Michigan

OSA is the state agency with primary responsibility for administering federal and state programs for Michigan's 1.8 million older persons. Along with the Michigan Commission on Services to the Aging, OSA oversees a network of sixteen area agencies on aging (AAAs) that partner with 1,149 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).

OSA's Aging Information System

OSA developed its secure Internet-based NAPIS software on the state's Aging Information System (AIS) beginning in late 2001. NAPIS is crucial to OSA'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 OSA'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.

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.

FY 2010 Participant and Service Executive Summary

Participants Served

131,090 older adults registered services participants³
 114,505 nutrition services participants
 68,148 older adults in community-based services
 20,931 in-home services participants
 6,090 caregivers in registered services

Fig. 1 Demographic Profile of Participants and Caregivers

Registered Participants	Registered Caregivers	Non-Registered Participants
61% age 75 or older	44% under age 65	27% low-income
66% female	72% Female	26% minority (race/ethnicity)
43% lived alone	44% Rural	11% low-income & minority
46% rural	34% daughters/daughters-in-law	9% rural
32% low-income ⁴	30% low-income	
18% minority (race/ethnicity)	19% minority (race/ethnicity)	

Difficulties with Common Daily Activities (61,890 home care participants)⁵

73% reported difficulty shopping and/or cooking meals
 56% had difficulty doing laundry, cleaning, climbing stairs, using private transportation, and/or walking
 32% reported difficulty taking medications and/or handling finances
 78% had difficulty with three or more common daily activities

Services Provided

- Offered 50 different types of access, in-home, community, caregiver, and nutrition services.
- Served 10,755,146 million congregate and home-delivered meals.
- Provided 695,307 hours of care management, case coordination & support, chore, homemaker, home health aide, personal care, and other in-home services.
- Delivered 538,810 hours of counseling, disease prevention, elder abuse prevention, health screening, home repair, home injury control, information & assistance, legal services, medication management, outreach, transportation, and other community services.
- Supported caregivers with 805,423 hours of respite care, adult day care, counseling, training, support groups, caregiver training, and other caregiver services.

Expenditures

In 2010, the aging network spent \$95.8 million serving older adults and caregivers. About 45% came from the federal government, 28% from state government, and 26% from local sources.

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.

NAPIS Participant and Service Trends

The unduplicated count of registered participants in 2010 was 131,090. This total represents a decrease of approximately 0.5% from 2009. Increases in registered participants were reported for nutrition services (0.1%). Counts of in-home service participants (-1.2%) and registered caregivers (-17.2%) decreased from 2009 to 2010.

NAPIS service levels decreased from 13.1 million units in 2009 to 12.8 million in 2010. Decreased service units were reported for all service categories: in-home services (-1.0%), community services (-4.4%), and caregiver services (-9.6%).

The 2010 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 2000 Census (figure 4). The demographic profile of NAPIS participants for 2010 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.

Fig. 2 Participant and Unit Counts by Service Category

Service Category	Participants	Unit Count	Service Category	Participants	Unit Count
IN-HOME SERVICES			COMMUNITY-BASED SERVICES		
Care Management	3,941	32,227	Outreach	NA	84,362
Case Coordination & Support	9,049	55,711	Personal Emergency Response	1,090	5,186
Chore	3,218	33,625	Wellness Centers (AAA Regional)	2,270	4,674
Homemaker	6,660	317,395	Senior Center Staffing	25,146	45,477
Personal Care	4,390	256,349	Transportation	4,228	102,640
NUTRITION SERVICES			Vision Services	2,454	4,819
Congregate Meals	64,902	2,925,738	SERVICES TO CAREGIVERS		
Home-Delivered Meals	49,603	7,829,823	Counseling Services	140	570
Nutrition Education	726	726	Support Groups	1,040	8,212
COMMUNITY SERVICES			Caregiver Training	1,147	10,235
Assisted Transportation	1,663	15,145	Adult Day Care	1,433	493,405
Counseling	140	479	Home-Delivered Meals	7	765
Disease Prevention	9,360	40,144	Homemaker/Personal Care	76	2,916
Elder Abuse Prevention	4,184	7,484	In-Home Respite Care	1,772	181,676
Friendly Reassurance	341	43,320	Kinship Respite Care	209	6,992
Health Screening	1,208	1,144	Other Respite Care	113	19,464
Hearing Impaired Services	1,908	4,306	Out of Home Respite Care	40	19,329
Home Repair	189	2,214	Volunteer Respite Care	509	37,503
Home Injury Control	1,429	4,238	Supplemental Services	83	166
Information & Assistance	NA	106,296	Access Services	NA	22,011
Legal Assistance	10,130	45,759	Information Services	NA	2,179
Medication Management	1,108	8,057			

Fig. 3 Participants by Service Category⁶

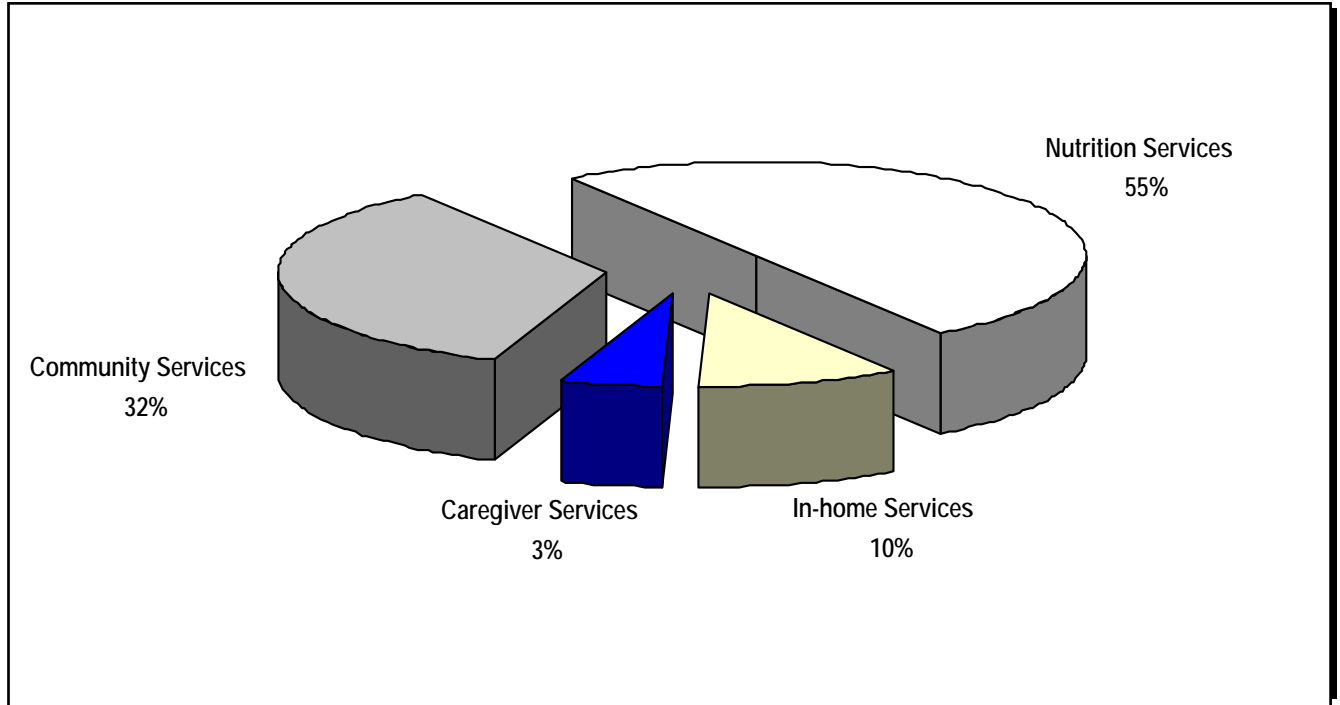
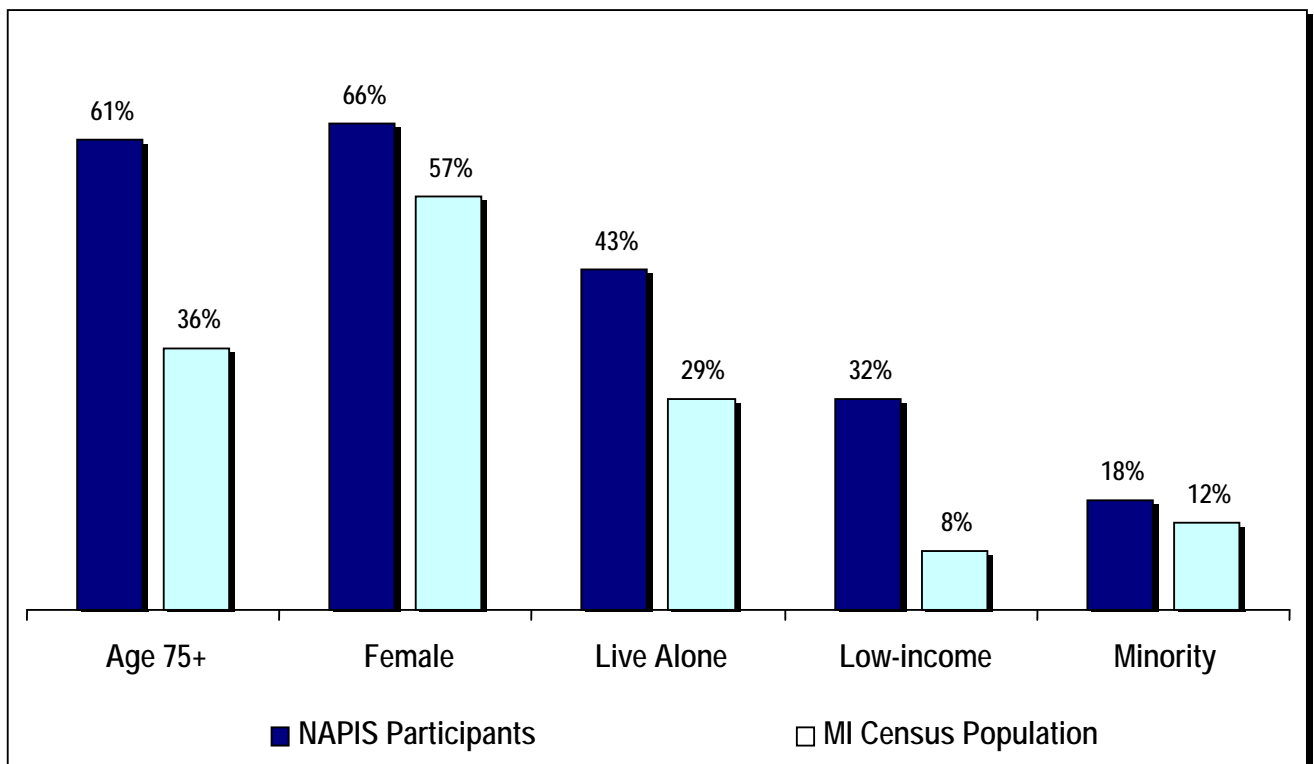


Fig. 4 Registered Participants and Michigan's 2000 U.S. Census 60+ Population by Selected Characteristics⁷



⁶ Data on caregiver, in-home and nutrition services based on unduplicated participant registration 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.

FY 2010 Service Expenditure Analysis⁸

Overall expenditures for services in 2010 totaled \$95,792,659, a decrease of 1.2% from 2009.⁹ In-home service expenditures decreased (-5.0%), as did nutrition services (-0.5%) and caregiver services (-3.7%). Expenditure totals for community services increased by 6.6% from 2009 to 2010.

American Reinvestment and Recovery Act (ARRA) nutrition funds available in 2010 limited the overall decrease in service expenditures. ARRA-related nutrition expenditures totaled \$3,444,880, or about 3.6% of total expenditures.¹⁰ When ARRA expenditures are factored out, overall expenditures of federal, state, and local funds for services totaled \$92,347,778 - a decrease of 4.7% from 2009 levels. Similarly, without ARRA funding, federal OAA and state aging funds expenditures for nutrition services in 2010 decreased by nearly 7% from 2009 totals. Figure 5 provides expenditure totals from federal, state, and local sources reported for 2010.

Fig. 5 Total Expenditures for Selected Services

Service Category	Expenditures	% of Total	Service Category	Expenditures	% of Total
Home-Delivered Meals	\$32,461,852	34.0%	Medication Management	\$234,025	0.2%
Congregate Meals	\$14,840,114	15.5%	Caregiver Support Group	\$227,225	0.2%
<i>Home-Delivered Meals – ARRA</i>	<i>1,122,674</i>	<i>1.2%</i>	Elder Abuse Prevention	\$212,319	0.2%
<i>Congregate Meals – ARRA</i>	<i>\$2,322,206</i>	<i>2.4%</i>	Assisted Transportation	\$204,849	0.2%
Care Management	\$8,232,829	8.6%	Other Respite Care	\$191,262	0.2%
Homemaker	\$5,523,687	5.8%	Home Injury Control	\$175,870	0.2%
Adult Day Care	\$5,181,538	5.4%	Vision Services	\$163,556	0.2%
Personal Care	\$4,769,232	5.0%	Personal Emergency Response	\$149,133	0.2%
In-Home Respite	\$4,276,691	4.5%	Caregiver Case Management	\$147,046	0.2%
Outreach	\$2,252,731	2.4%	Caregiver Supplemental Services	\$123,834	0.1%
Program Development	\$2,026,182	2.1%	Caregiver Transportation	\$108,172	0.1%
Information & Assistance	\$1,913,589	2.0%	Asst to Hearing Impaired	\$99,311	0.1%
Case Coordination & Support	\$1,322,518	1.4%	Overnight/Out Home Respite Care	\$98,740	0.1%
Ombudsman	\$1,056,776	1.1%	Health Screening	\$96,741	0.1%
Legal Assistance	\$966,977	1.0%	Caregiver Health Education	\$63,061	0.1%
Transportation	\$915,895	1.0%	Caregiver Counseling	\$60,651	0.1%
Senior Center Staffing/Operations	\$777,991	0.8%	Home Repair	\$56,395	0.1%
Chore Service	\$704,309	0.7%	Other Caregiver Services	\$46,804	0.05%
Caregiver Training	\$665,632	0.7%	Friendly Reassurance	\$36,495	0.04%
AAA Regional - Wellness Centers	\$596,071	0.6%	Counseling	\$31,974	0.03%
Volunteer Respite Care	\$433,036	0.5%	Home Health Aide	\$21,785	0.02%
Kinship Respite Care	\$326,414	0.3%	AAA Other Caregiver Services	\$15,634	0.02%
Disease Prevention/Health Promotion	\$270,012	0.3%	Respite Home-Delivered Meals	\$3,269	0.003%
AAA Other Services	\$264,861	0.3%	Nutrition Education	\$690	0.001%

⁸ Totals include reported expenditures of federal, state and local resources for 2010. 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 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.

¹⁰ See pages 17-18 for a discussion of ARRA expenditures and ARRA-supported services.

Service Expenditure Patterns and Funding Sources

Service expenditures in 2010 were consistent with spending patterns for the last several years. Nutrition services accounted for one-half of all expenditures. About one-half of non-nutrition expenditures supported In-home services and the remainder supported community and caregiver services.

Increased expenditures were reported for federal funds (7.3%) and program income (1.6%) in 2010 compared to 2009. Expenditures of state and local matching funds decreased by 8.6% and 10.8%, respectively, from 2009 totals. Federal funds were the largest source of funding for nutrition and community services, and state funds were the largest source for in-home services. More than one-half of all local funds were expended on nutrition services, including more than three-quarters of reported program income. Figure 6 describes expenditures by service category. Figures 7 through 10 describe expenditures by service category and source of funds.

Fig. 6 Expenditures by Service Category

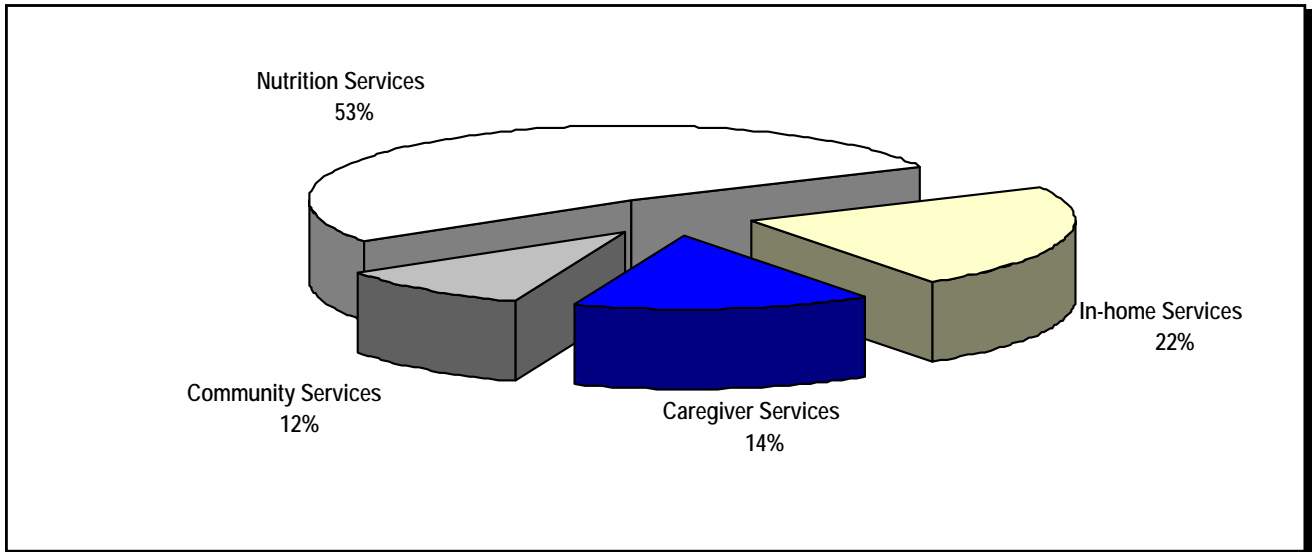


Fig. 7 Service Expenditures by Source of Funds

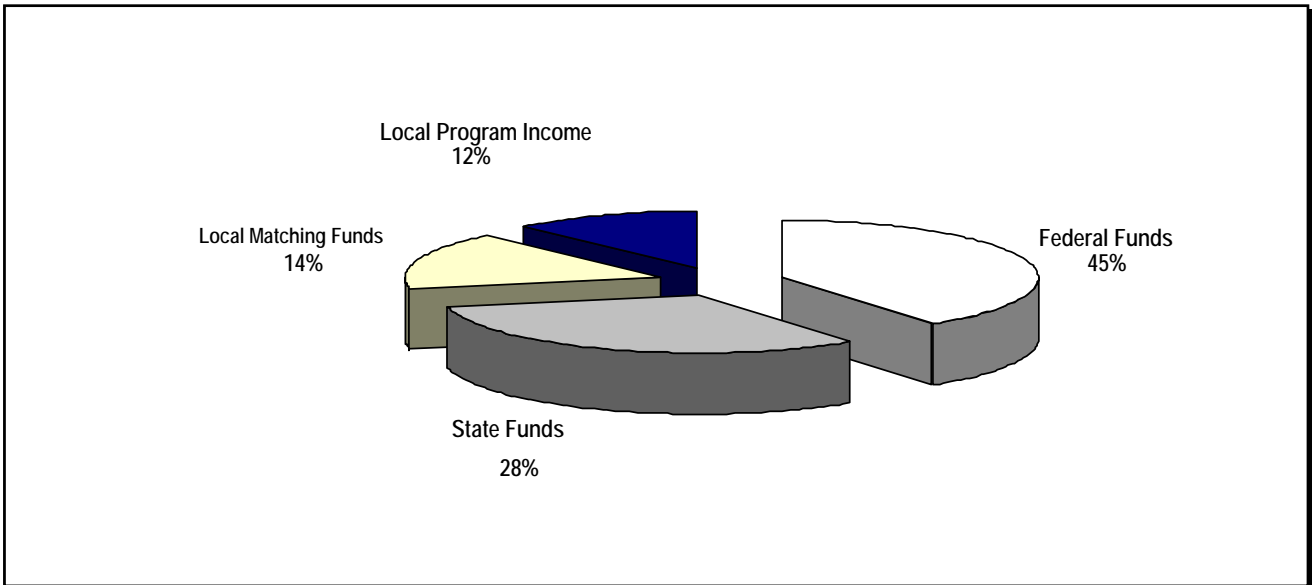


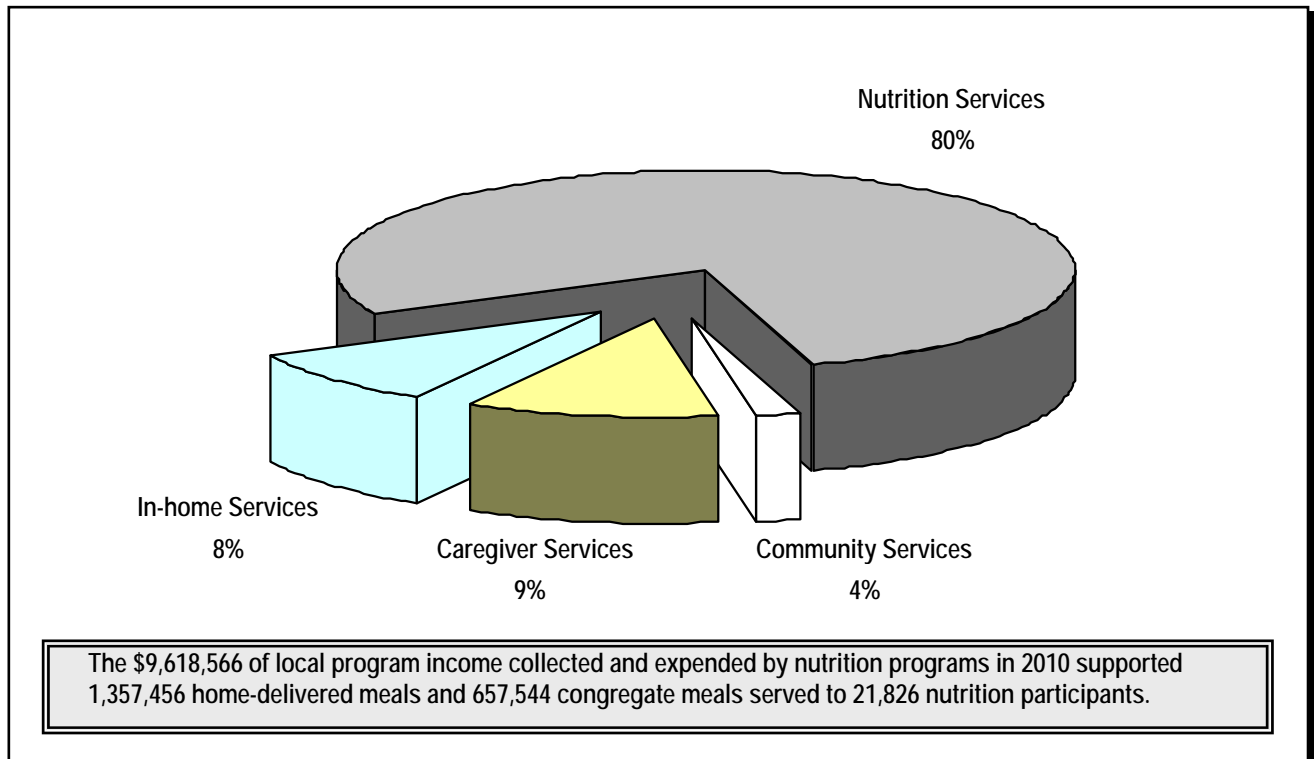
Fig. 8 Expenditures by Service Category and Source of Funds

Service Category	Total Expenditures	% Federal OAA Funds	% Federal ARRA Funds	% State Funds	% Local Program Income	% Local Matching Funds	% Total
In-Home Services	\$20,574,360	18%	0%	59%	5%	18%	100%
Nutrition Services	\$50,746,847	48%	5%	18%	19%	9%	100%
Community Services	\$11,222,156	66%	0%	10%	2%	21%	100%
Caregiver Services	\$13,249,296	34%	0%	34%	8%	24%	100%
Totals	\$95,792,659	42%	3%	28%	13%	15%	100%

Fig. 9 Expenditures of Local Funds by Service Category

Service Category	Total Expenditures of Local Funds by Service Category ¹¹	% of Total Local Funds by Service Category
In-Home Services	\$4,644,221	18%
Nutrition Services	\$14,412,658	55%
Community Services	\$2,778,578	11%
Caregiver Services	\$4,188,957	16%
Totals	\$26,024,414	100%

Fig. 10 Local Program Income Expenditures by Service Category



¹¹ Local Funds include reported expenditures of program income, cash matching funds, and In-kind matching funds

FY 2010 Administrative Expenditure Analysis¹²

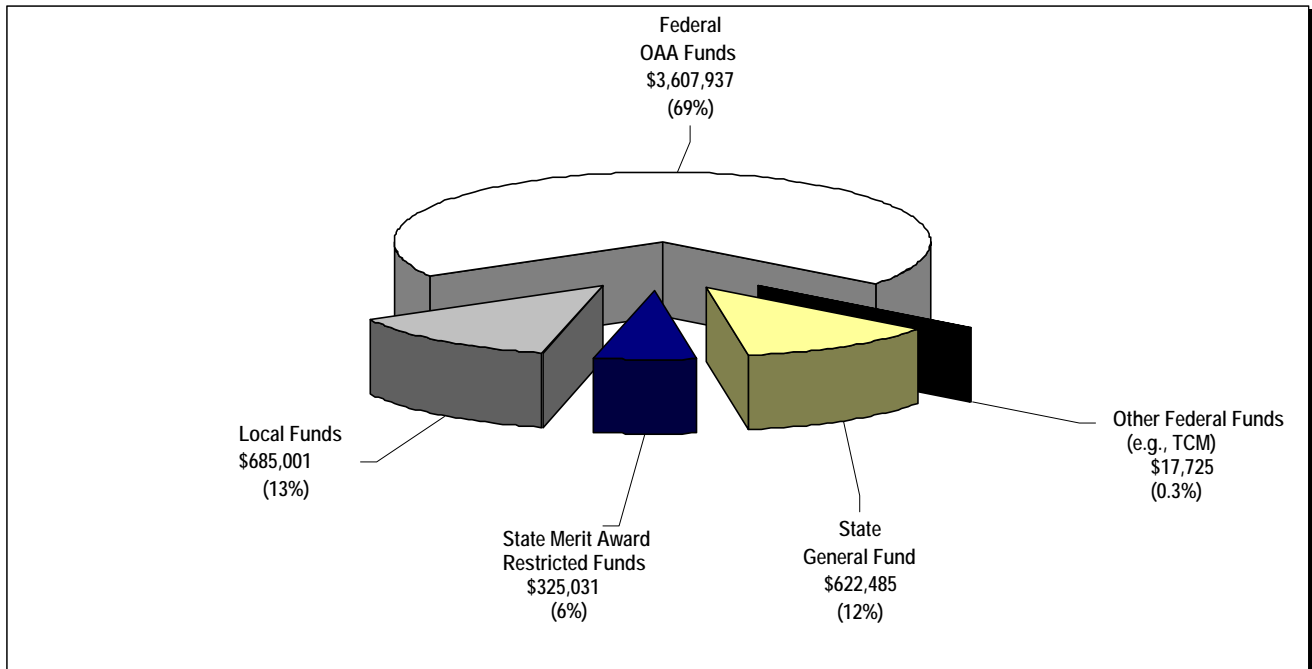
Federal OAA funds for implementing and administering NAPIS-related services are allocated to states based on a state’s relative share of the number of person’s aged 60 and over as determined by the Bureau of the Census.¹³ Of the total federal funds allotted to a state for OAA Titles III B, C-1 and C-2, an amount determined by the state, but not more than 5 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 that 10 percent, is made available to pay up to 75% of the cost of administration of AAA area plans. OSA also receives allotments of state funds to support administration of the state plan and area plans.

Federal and state administrative allotments do not completely fund all AAA administrative activities. AAAs typically utilize federal, state and local funding from multiple sources to pay for agency operations. Figures 11 and 12 describe the amount of funds expended on services, administration of area plans, and the sources of administrative funding.

Fig.11 AAA Area Plan Administrative and Service Expenditures by Source of Funds

Source	Administrative Expenditures	Services Expenditures	Total Expenditures	Administrative Expenditures as % of Total Expenditures
Federal Funds	\$3,625,662	\$42,878,854	\$46,504,516	7.8%
State Funds	\$947,516	\$26,889,391	\$27,836,907	3.4%
Local Funds	\$685,001	\$26,024,414	\$26,709,415	2.6%
Totals	\$5,258,179	\$95,792,659	\$101,050,838	5.2%

Fig. 12 AAA Area Plan Administrative Expenditures by Source Detail



¹² Totals include federal, state and local expenditures reported for 2010 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.

¹³ "OAA-related services" include those services provided under OSA's state plan and AAA area plans. In Michigan these services are reported in NAPIS and are funded by the federal, state and local funds described in this report.

FY 2010 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 2010, 20,931 older adults were served by the care management, case coordination and support, chore, homemaker, home health aide, and personal care programs.

Profile of Registered In-Home Service Participants

72% were 75 years of age or older; and 36% were 85 years of age or older
 72% were female
 57% lived alone
 53% resided in rural areas
 38% started service five or more years ago¹⁴
 28% were low-income
 13% 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 (figure 14). The most frequently reported activity limitations were cooking, cleaning, shopping, climbing stairs, and walking. Figure 15 describes in-home participants by initial NAPIS registration date.

Expenditures

In 2010, nearly \$20.6 million was spent providing in-home services. Figure 13 describes expenditures by service category and average costs per participant and service unit.

Fig. 13 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 ¹⁵	\$8,232,829	See footnote 12	See footnote 12
Homemaker	\$5,523,687	\$829	\$17.40
Personal Care	\$4,769,232	\$1,086	\$18.61
Case Coordination and Support	\$1,322,518	\$146	\$23.74
Chore	\$704,309	\$219	\$20.95
Home Health Aide	\$21,785	NA	NA
Totals	\$20,574,360	\$983	\$29.59
Hours of in-home service per day in 2010 (statewide average):¹⁶			2,674

¹⁴ Based on initial service start date for any NAPIS service for which a participant is registered.

¹⁵ Care Management service units are calculated as 1 unit for each month or partial month that a participant is active in the program. In 2010 the average annual cost per care management participant was \$2,089 and the average cost per participant month was \$255.46.

¹⁶ Based on 260 services days in 2010 (5 days per week by 52 weeks).

Fig. 14 In-Home Service and Registered NAPIS Participants by Selected Characteristics

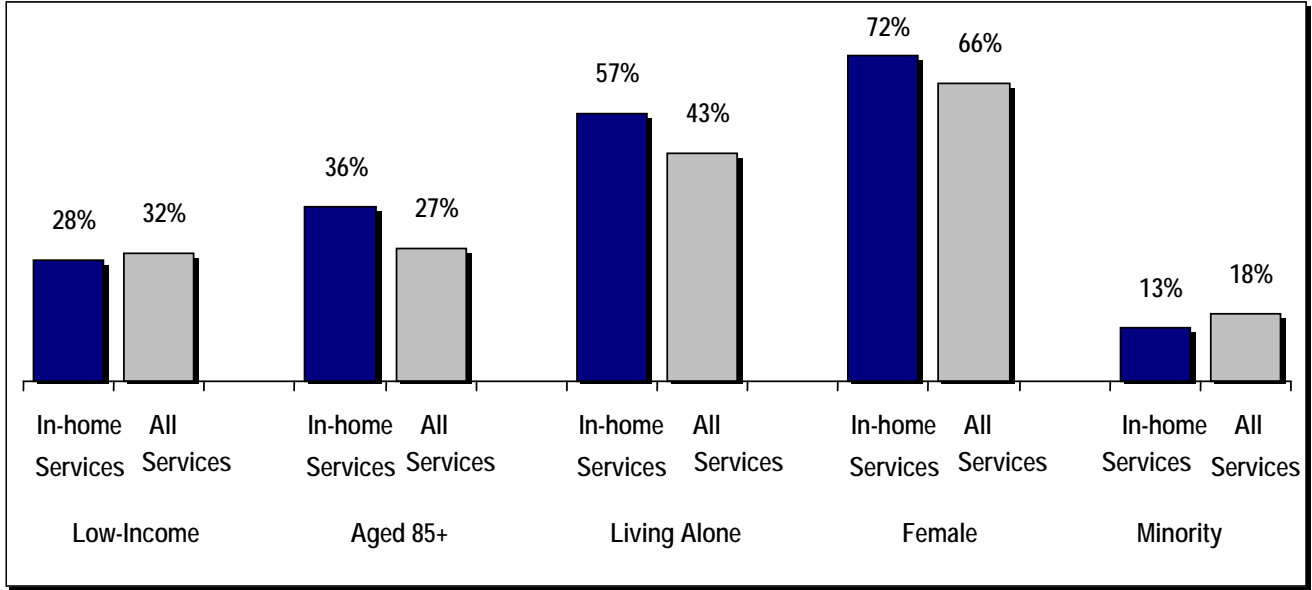


Fig. 15 In-Home Service Participants by Initial Service Intake Date

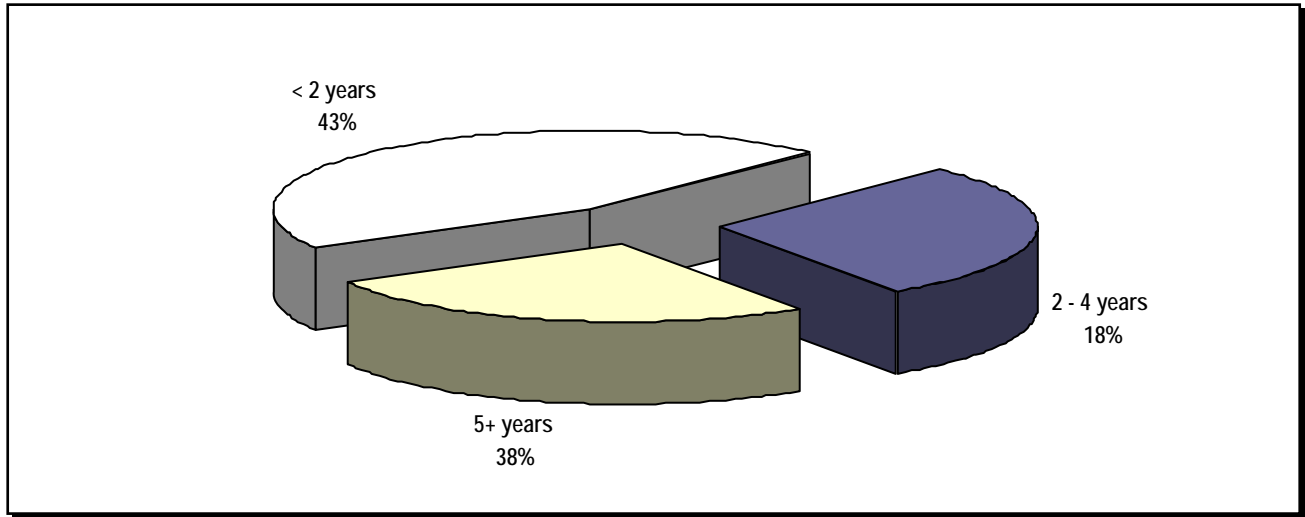


Fig. 16 In-Home Service Participants by Most Frequently Reported ADL & IADL Limitations

Daily Activity Limitations (ADLs & IADLs)	% of Participants w/ Reported ADL or IADL Limitation
Shopping	69%
Cleaning	65%
Cooking Meals	64%
Using Private Transportation	57%
Stair Climbing	57%
Doing laundry	57%
Walking	54%
Participants w/ 3 or more ADLs and/or IADLs	77%

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 2000 Census (Figure 17). Census information for Michigan on individuals requiring assistance to perform common daily activities is consistent with ADL and IADL data collected in NAPIS.¹⁷ Larger percentages of in-home participants reported *ambulatory*, *self-care*, and *independent living* difficulties compared to Michigan’s older adult population (figure 18).

Fig. 17 In-Home Service Participants and Michigan’s 2000 U.S. Census 60+ Population by Selected Characteristics¹⁸

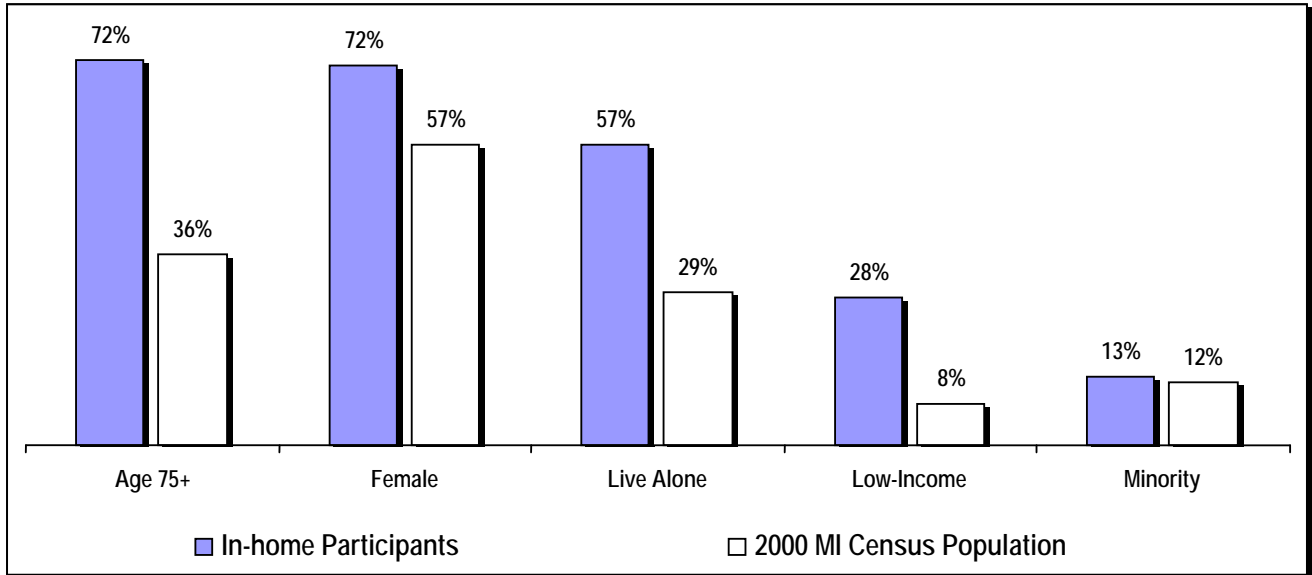
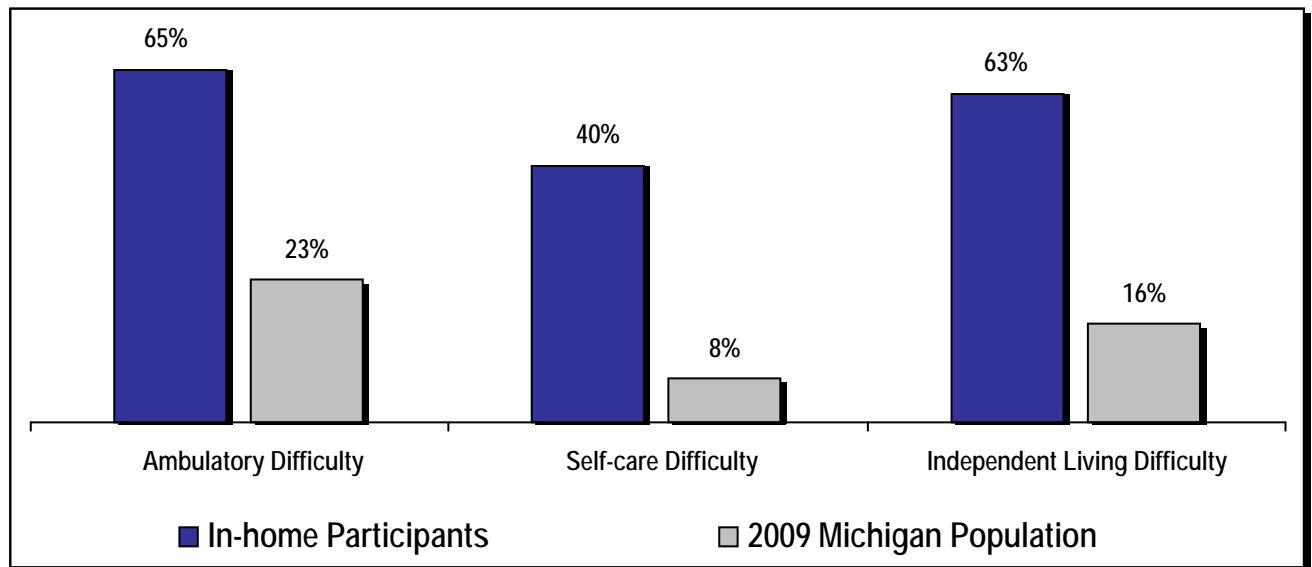


Fig. 18 In-Home Service Participants and Michigan’s 2000 Census Population by Daily Activity Difficulties¹⁹



¹⁷ Source: U.S. Census, 2009 American Community Survey (ACS)

¹⁸ Age, gender, and minority data for individuals aged 60 and older. Income and living alone data for individuals aged 65 and older.

¹⁹ 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.

FY 2010 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 2010, 49,603 home-delivered meal participants received 7,829,823 meals and 64,902 congregate meal participants received 2,925,738 meals.

Fig. 19 Profile of Registered Home-Delivered Meal and Congregate Meal Participants

Home-Delivered Meal Participants	Congregate Meal Participants
71% were age 75 or older; 37% were 85 or older	53% were age 75 or older; 18% were 85 or older
66% were female	66% were female
51% lived alone	34% lived alone
36% resided in rural areas	52% resided in rural areas
38% were low-income	27% were low-income
66% were at high nutritional risk	12% were at high nutritional risk
25% were minority by race and/or ethnicity	12% were minority by race and/or ethnicity
23% started service five or more years ago ²⁰	32% 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. Nearly 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 (figure 22).

Expenditures

In 2010, nearly \$51 million was expended on nutrition services. Figure 20 describes expenditures, costs per meal and participant, and average service levels.

Fig. 20 Nutrition Program Expenditures and Average Costs and Meals

Service Category	Expenditures	Avg. Meals / Participant	Avg. Cost / Participant	Avg. Cost/Meal	Avg. Statewide Meals/Day ²¹
Home-Delivered Meals	\$34,877,479	158	\$676	\$4.28	30,114
Congregate Meals	\$16,107,182	45	\$261	\$5.79	11,253
Nutrition Education	\$690	NA	NA	NA	NA
Totals	\$50,985,351	94	\$441	\$4.69	41,367

²⁰ Based on initial service start date for any NAPIS service for which a participant has a NAPIS registration.

²¹ Based on 260 day service delivery (5 service days per week by 52 weeks)

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

In 2010, the profile of home-delivered meal participants differs from congregate meal participants. Larger percentages of home-delivered meal participants were aged 85 or older, low-income, and minority by race or ethnicity (figure 21). Similarly, larger percentages of home-delivered meal participants were aged 75 or older, female, lived alone, and low-income compared to Michigan’s 2000 Census population (figure 23).

Fig. 21 Nutrition and Registered Service Participants by Selected Characteristics

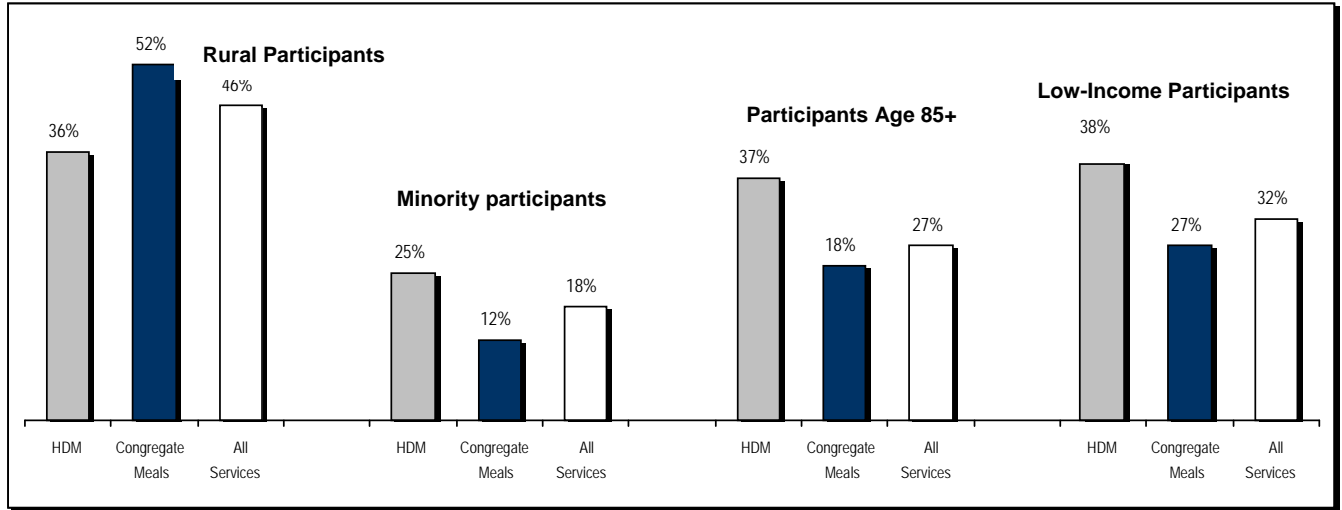
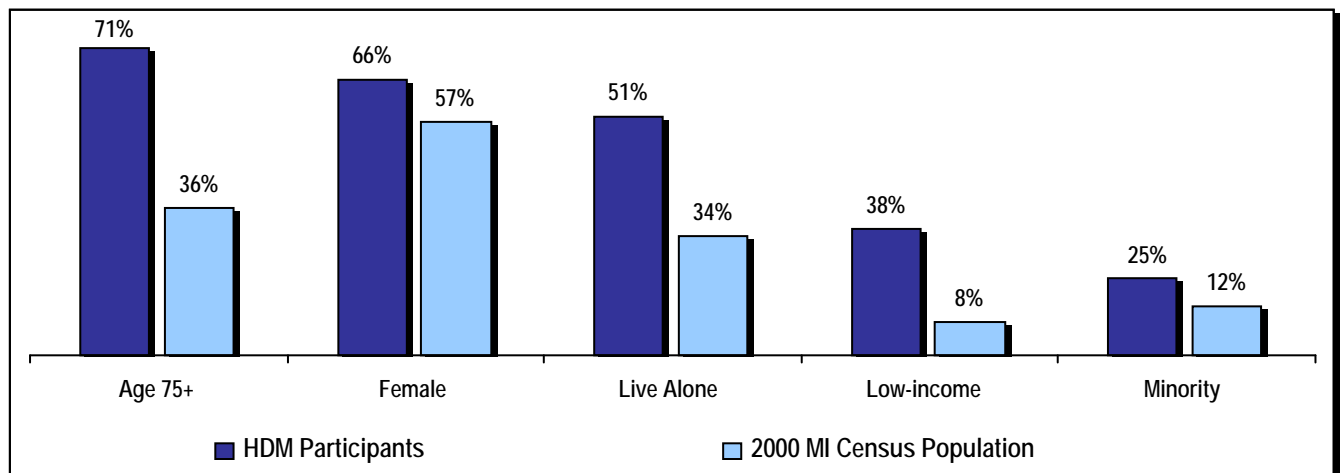


Fig. 23 Home-Delivered Meal Participants by Most Frequently Reported Daily Activity Limitations

Most Frequently Reported Daily Activity Limitations (ADL and IADLs)	% of Participants w/ ADL or IADL Limitation
Cooking Meals	82%
Shopping	77%
Doing Laundry	64%
Using Private Transportation	63%
Cleaning	59%
Stair Climbing	59%
Participants w/ 3 or more ADLs and/or IADLs	82%

Fig. 21 Home-Delivered Meal Participants and Michigan’s 2000 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 2010 had been registered for NAPIS service(s) for five or more years (see footnote 14). This compared to 32% of those in the congregate program. A similar distribution was found for those registered between two and four years: 22% of home-delivered participants and 16% for congregate meals participants. A smaller disparity in initial service start dates was found for those registered for NAPIS service for less than two years. About one-half of both home-delivered participants and congregate participants were registered for service since 2009. Figure 24 describes nutrition program participants by initial NAPIS registration.

More than two-thirds of home-delivered meals served in 2010 were hot meals (figure 25). Most of the remaining meals were cold meals (17%) or liquid meals (9%). The 136,524 Nutrition Services Incentive Program (NSIP)-only meals served in 2010 was an increase of 0.7% from 2009. NSIP-only meals meet all federal OAA requirements, but are not supported by OAA or state funds from OSA. These locally-funded meals expand service delivery and are included in Michigan’s annual NAPIS meal count. AoA utilizes the NAPIS meal count to allocate federal NSIP funds to SUAs. In 2010 the NSIP allocation represented nearly 15% of total nutrition expenditures.

Fig. 24 Home-Delivered Meal Participants by Initial Service Intake Date

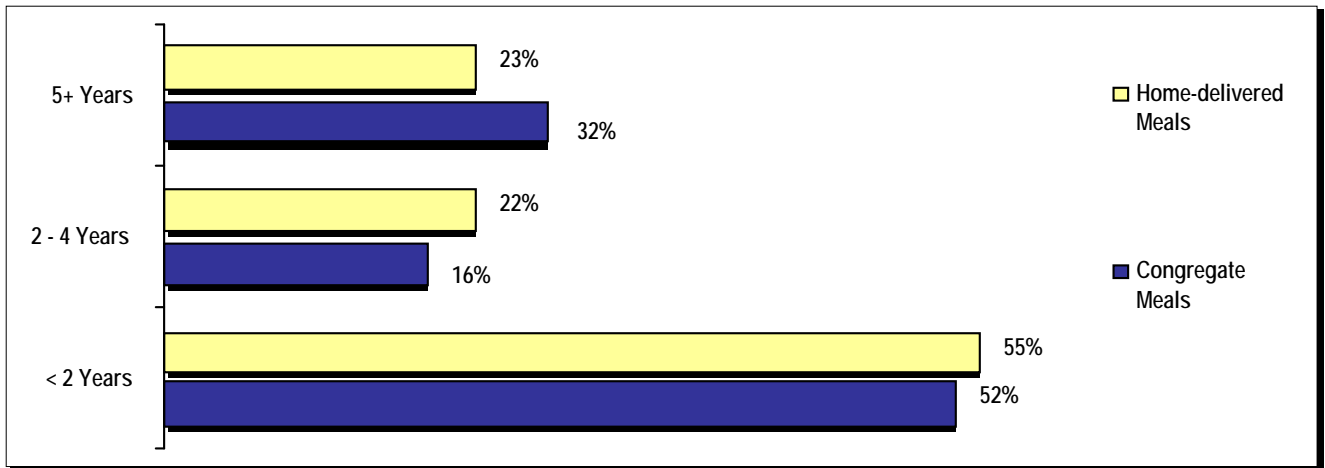
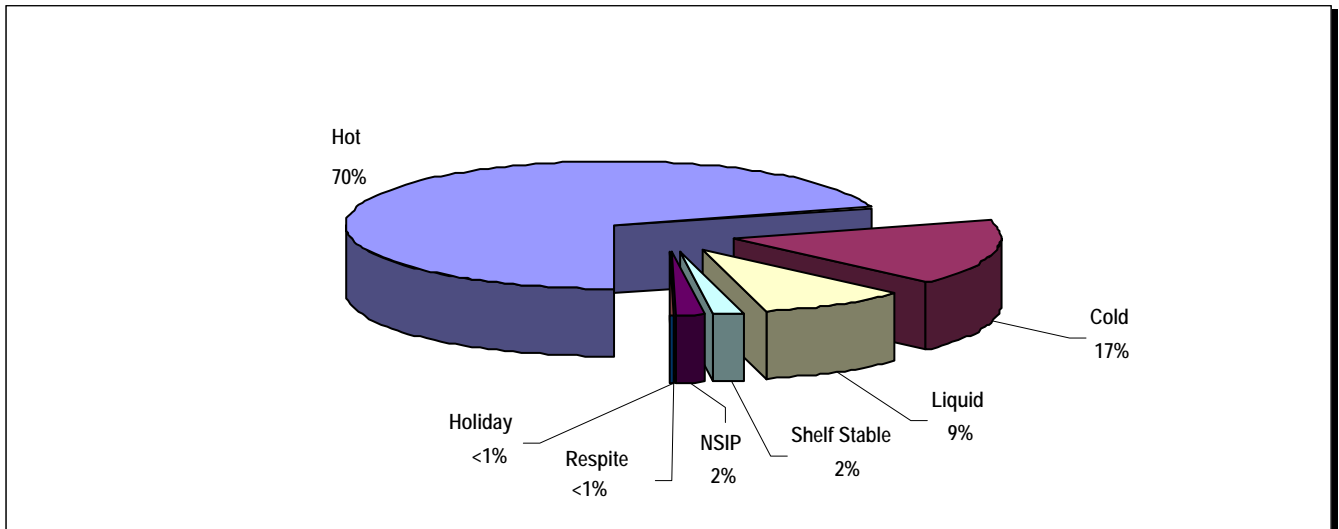


Fig. 25 Home-Delivered Meals by Meal Type



Profile of Congregate Meal Sites and Type of Meals Served

At the end of 2010 there were 625 congregate meal sites operating across Michigan. A total of 14 sites closed during 2010 and 11 sites opened. Most congregate sites (66%) served meals four to six days per week. Most of the remaining sites serve up to three days per week. About 40% of congregate sites also operated a home-delivered meal program out of the same facility.

More than 94% of the 2.9 million congregate meals in 2010 were served in congregate settings. A small number of congregate meals (45,098) 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. The 116,627 NSIP-only meals served was a 63% increase compared to 2009 totals. NSIP-only programs meet all OAA requirements, but are locally funded and do not receive any AoA or OSA nutrition funding. Figures 26 and 27 describe congregate meal service patterns and congregate meal types.

Congregate sites were often located in senior centers and other community locations. Sites were evenly split between urban and rural areas, and a significant number were located in areas with concentrations of minority elders and older adults in poverty. Figures 28 and 29 describe congregate meal sites in 2010.

Fig. 26 Congregate Meal Sites by Service Delivery Pattern

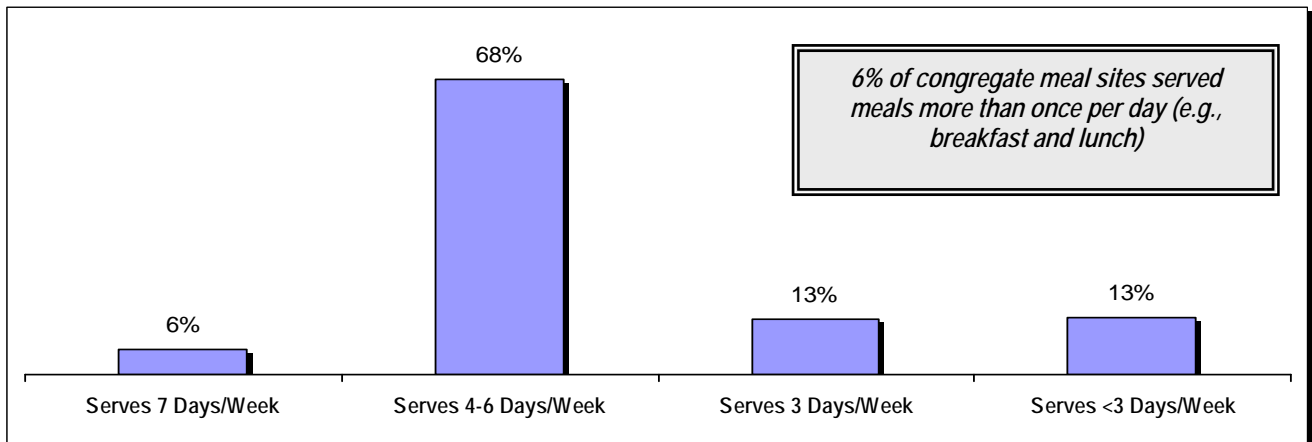


Fig. 27 Congregate Meals Served by Meal Type

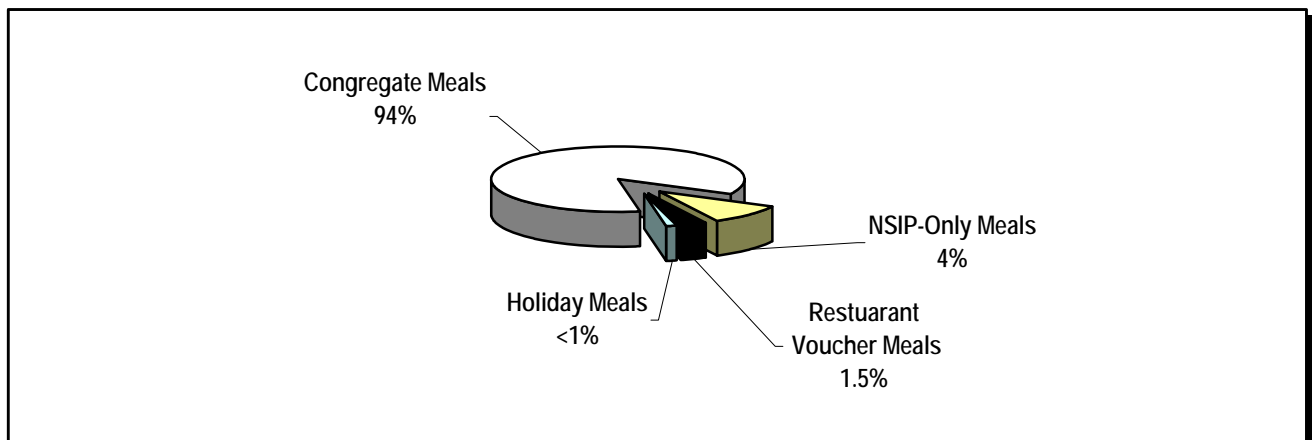


Fig. 28 Congregate Meal Sites by Facility Characteristics²²

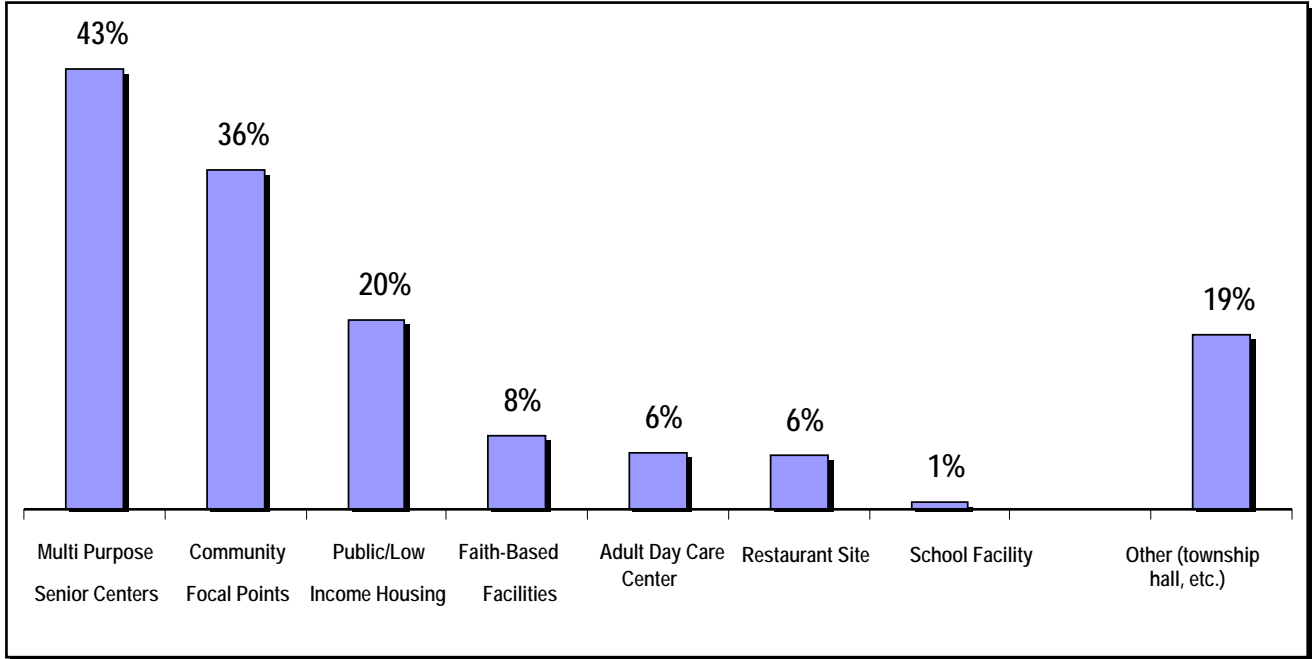
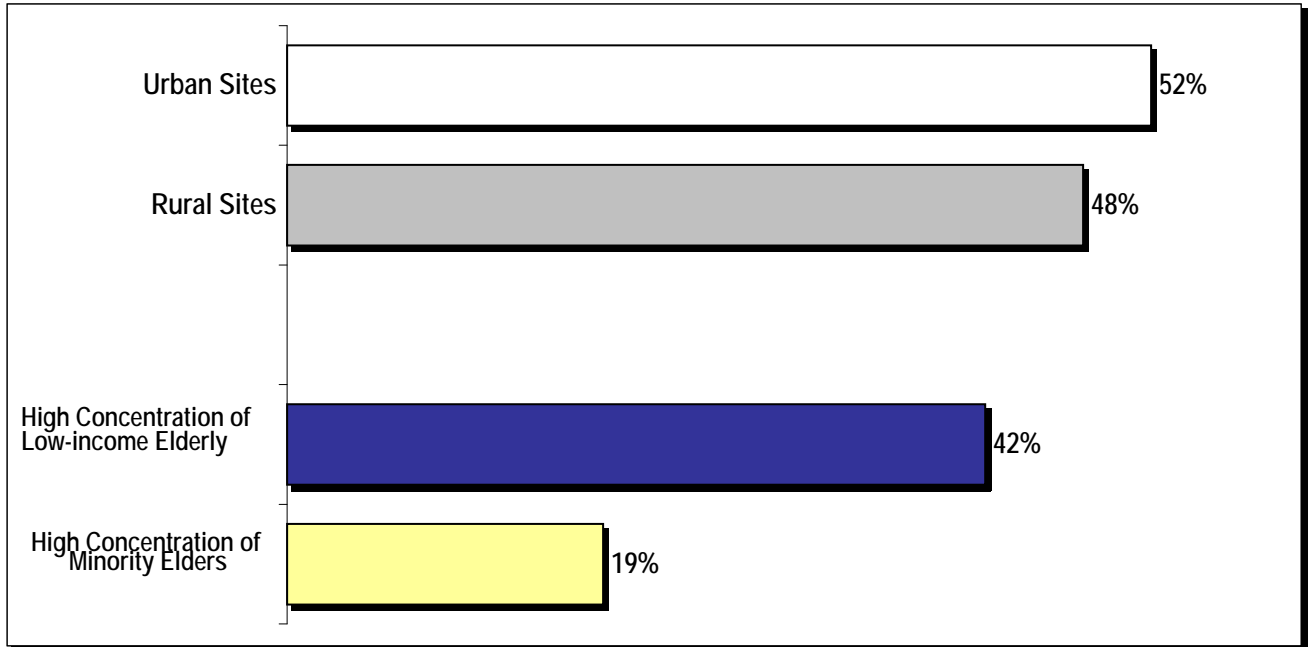


Fig. 29 Congregate Meal Sites by Location Characteristics



²² Totals for Figure 28 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.

Michigan ARRA Nutrition Grants in 2010

Michigan received federal funding from the American Recovery and Reinvestment Act (ARRA) for nutrition services beginning in April 2009. According to an April 2009 AoA fact sheet, ARRA funds were intended to, “assist communities and the national aging services network hit hard by rising food costs at a time when demand for services is increasing due to the economic downturn and the growing number of older adults. The funds will provide meals to seniors in need of food [and] restore nutrition services that have been cut.”²³ ARRA grant funds were integrated into existing aging network nutrition service providers and delivery for both home-delivered and congregate meals. The grant period for Michigan ARRA funding concluded in March of 2011.

In 2010 a total of \$2,728,671 in federal ARRA grant funds were expended for nutrition services across the state. Additionally, ARRA funds leveraged an additional \$716,209 in local program income and matching funds. All told, \$3,444,880 in federal and local ARRA-related funds were expended for nutrition services in 2010. Local resources accounted for 21% of total ARRA-related expenditures.

Based on a federal allocation formula, two-thirds ARRA grant funds were directed to congregate programs. Congregate program ARRA expenditures totaled \$1,828,487 (67%) while \$900,184 was expended for home-delivered meals. ARRA grants to Michigan AAAs were allocated using the same interstate funding formula that governs the allocation of federal OAA and state aging funds. When local program income and match funds are factored in, congregate meal expenditures totaled \$2,322,206 and home-delivered meal expenditures totaled \$1,122,674. Figure 30 below describes expenditure levels for ARRA nutrition services.

ARRA-related funding in 2010 provided 546,156 congregate meals and 272,507 home-delivered meals. A total of 11,494 older adults were served ARRA-supported congregate meals and 5,098 participated in the Home-Delivered program. Figure 31 below describes services levels for ARRA nutrition services.

Fig. 30 ARRA Nutrition Expenditures by Service and Fund Source

ARRA Grant Congregate Meal Expenditures	ARRA Grant Home-Delivered Meal Expenditures	Total ARRA Grant Expenditures	ARRA Local Program Income	ARRA Local Matching Resources	Total ARRA Expenditures (all sources)
\$1,828,487	\$900,184	\$2,728,671	\$274,812	\$441,397	\$3,444,880

Fig. 31 ARRA Nutrition Expenditures by Service and Fund Source

ARRA Congregate Meals	ARRA Home-Delivered Meals	Total ARRA Meals Served	NAPIS Congregate Meals	NAPIS Home-Delivered Meals	Total NAPIS Meals Served	% ARRA Congregate Meals	% ARRA HDM Meals	ARRA Meals % of Total NAPIS Meals
546,156	272,507	818,663	2,925,738	7,829,823	10,755,561	19%	3%	8%

²³ www.aoa.gov/AoARoot/Press_Room/News/.../ARRA_NutritionFAQFIN.doc

Impact of ARRA Funding on Michigan Nutrition Services

The availability of federal ARRA funding for nutrition in 2010 had a significant impact on the ability of the aging network to maintain service levels despite flat federal OAA funding and reductions in state funds. While overall nutrition expenditures dropped by 0.5% from 2009 levels, this reduction would have been more pronounced without ARRA funding. Non-ARRA expenditures of federal OAA, state, and local funds for nutrition services decreased by more than \$3.4 million (7%) between 2009 and 2010.

ARRA funding for meals also mitigated, to a degree, service reductions in the nutrition program. Overall, meals served in 2010 were down compared to 2009. Including ARRA supported meals, total meals served were down by 202,395 (1.9%) - from 10,957,956 in 2009 to 10,755,561 in 2010. ARRA funded meals accounted for nearly 8% of all meals served in 2010. Factoring out ARRA meals, the total meals served would have been down across the state by 1.02 million, or 9.3%, from 2009 to 2010 (figure 32).

The allocation formula for ARRA funds resulted in an additional \$2.3 in funding for congregate meals and \$1.1 million for home-delivered meals. However, ARRA funding did not entirely offset reductions of state and federal funds. While the addition of ARRA funding increased expenditures for congregate meals by \$1.1 million over 2009 levels, total expenditures for home-delivered meals dropped by nearly \$1.3 million. Without ARRA funds, federal OAA, state and local expenditures for congregate meal and home-delivered meals would have declined by nearly \$1.3 million and \$2.4 million, respectively. Figures 33 and 34 describe the impact of federal ARRA grants on nutrition services.

Fig. 32 ARRA Funding and Nutrition Service Levels

Service Category	2010 - Total Meals Served	2009 - Total Meals Served	2010 ARRA Meals	2010 vs. 2009 w/ ARRA	% Change	2010 vs. 2009 w/out ARRA	% Change
Home-Delivered Meals	7,829,823	8,144,414	272,507	-314,591	-3.9%	-587,098	-7.2%
Congregate Meals	2,925,738	2,813,542	546,156	112,196	4.0%	-433,960	-15.4%
Totals	10,755,561	10,957,956	818,663	-202,395	-1.9%	-1,021,058	-9.3%

Fig. 33 ARRA Nutrition Expenditures by Service w/ ARRA Funding

Service Category	Total Expenditures - Including ARRA Funding			
	Total 2010 Expenditures	Total 2009 Expenditures	2010 Expenditures vs. 2009	% Change
Home-Delivered Meals	\$33,584,527	\$34,877,479	-\$1,292,952	-3.7%
Congregate Meals	\$17,162,320	\$16,107,182	\$1,055,138	6.6%
Totals	\$50,746,847	\$50,984,661	-\$237,814	-0.5%

Fig. 34 ARRA Nutrition Expenditures by Service w/out ARRA Funding

Service Category	Total Expenditures - No ARRA Funding			
	Total 2010 Expenditures	Total 2009 Expenditures	2010 Expenditures vs. 2009	% Change
Home-Delivered Meals	\$32,461,852	\$34,877,479	-\$2,415,627	-6.9%
Congregate Meals	\$14,840,114	\$16,107,182	-\$1,267,068	-7.9%
Totals	\$47,301,966	\$50,984,661	-\$3,682,695	-7.2%

FY 2010 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 2010, 68,148 older adults received 538,810 hours/units of community services.

Profile of Community Services Participants

27% were low-income
 26% were minority by race and/or ethnicity
 11% were low-income and minority by race and/or ethnicity
 9% 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 2010, nearly \$9.2 million was spent providing community services. Figure 35 describes expenditures and average costs for selected community services.

Fig. 35 Community Service Expenditures and Average Annual Cost per Participant and Service Unit for Selected Services

Service Category	Expenditures	Avg. Cost / Participant	Avg. Cost / Unit
Assisted Transportation	\$204,849	\$123	\$13.53
Counseling	\$31,974	\$228	\$66.72
Disease Prevention	\$270,012	\$29	\$6.73
Elder Abuse Prevention	\$212,319	\$51	\$28.37
Friendly Reassurance	\$36,495	\$107	\$0.84
Health Screening	\$96,741	\$80	\$84.60
Hearing Impaired Services	\$99,311	\$52	\$23.06
Home Injury Control	\$175,870	\$123	\$41.50
Home Repair	\$56,395	\$298	\$25.47
Information & Referral	\$1,223,168	NA	\$11.51
Legal Assistance	\$966,977	\$95	\$21.13
Medication Management	\$234,025	\$211	\$29.05
Outreach	\$1,662,865	NA	\$19.71
Personal Emergency Response	\$149,133	\$137	\$28.76
Senior Center Operations	\$777,991	\$31	\$17.11
Transportation	\$915,895	\$217	\$8.92
Vision Services	\$163,556	\$67	\$33.94

FY 2010 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 2010, 6,090 caregivers were supported by 805,423 hours of adult day care, respite care, counseling services, and supplemental care.

Profile of Registered Caregivers

72% were female

44% were younger than 65 years of age

44% resided in rural areas

33% of caregivers were daughters or daughters-in-law; 28% of caregivers were spouses

30% were low-income

19% were minority by race and/or ethnicity

Fig. 36 Profile of Caregiving

Profile of Caregiving	
74%	provided daily, hands-on care
73%	have been caregiving for more than one year; 51% for three or more years
58%	lived with the individual(s) that they care for; 33% travel up to one hour to provide care
40%	Indicated that there were "no other family members willing or able" to help provide care
33%	were employed full or part-time
30%	described their health as "fair" or "poor"
14%	were kinship caregivers (e.g., caregiving for grandchildren)

Expenditures

In 2010, the aging network spent more than \$13.2 million to support caregivers. Figure 37 describes expenditures and average costs per caregiver and service unit for caregiver services.

Fig. 37 Caregiver Service Expenditures and Average Cost per Participant and Service Unit

Service Category	Expenditures	Avg. Cost / Caregiver	Avg. Cost / Unit
Respite Services	\$10,510,950	\$2,722	\$13.79
Counseling Services	\$953,508	\$410	\$50.14
Supplemental Services	\$123,834	\$1,492	\$745.99
Information and Access Services	\$1,661,004	\$207	\$68.66
Totals	\$13,249,296	\$916	\$16.45
Hours of Caregiver Services Per Day in 2010 (statewide average).²⁴			3,004

²⁴ Based on 260 services days in 2010 (5 days per week by 52 weeks)

Characteristics of Caregivers by Age

The characteristics of caregivers differ when viewed by the age of the caregiver. Caregivers under age 60 were more likely to be a daughter or daughter-in-law, travel to provide care, and to be employed. Older caregivers were more likely to be a spouse, live with the care recipient, and to report fair or poor health. Figures 38 through 40 describe characteristics, services, and service costs for caregivers aged 60 and older and those under age 60.

Fig. 38 Registered Caregivers by Age Group

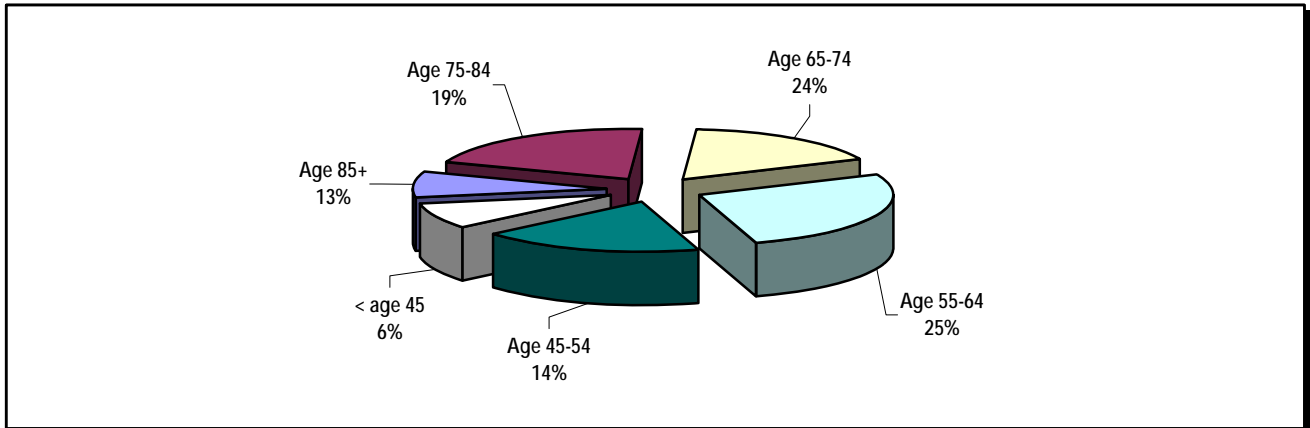
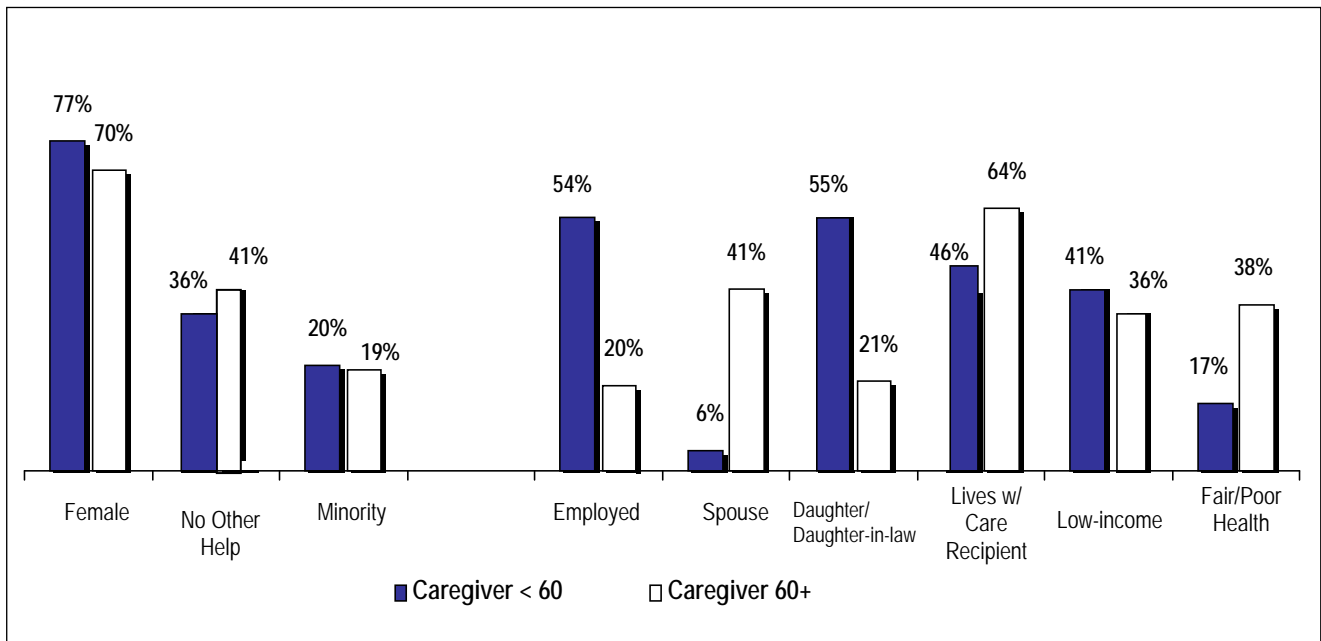


Fig. 39 Registered Caregivers By Age, Service Levels, and Service Costs

	% of Total Caregivers	Hours of Service (Registered Services)	% of Total Service Units	Service Cost
Caregivers < Age 60	33%	313,735	42%	\$4,282,587
Caregivers Aged 60+	67%	426,250	58%	\$6,458,485

Fig. 40 Registered Caregivers by Age and Selected Characteristics



Characteristics of Caregivers by How Long They Have Been Providing Care

The characteristics of caregivers differ depending how long the caregiver has been providing care. Caregivers that have been providing care for 3 years or longer were more likely to live with the care recipient, to be low-income, and to indicate fair or poor health. Those that have not been caregiving as long were younger, a daughter or daughter-in-law, more likely to travel to provide care, and more likely to be employed. Figures 41 through 43 describe characteristics, services, and service costs for caregivers based on how long they have been providing care.

Fig. 41 Registered Caregivers by Length of Time Providing Care

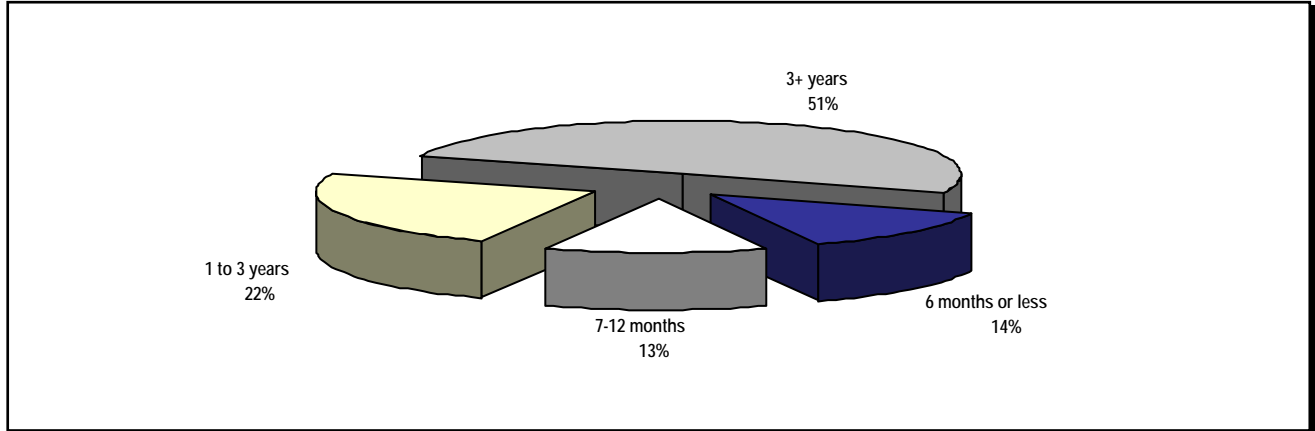
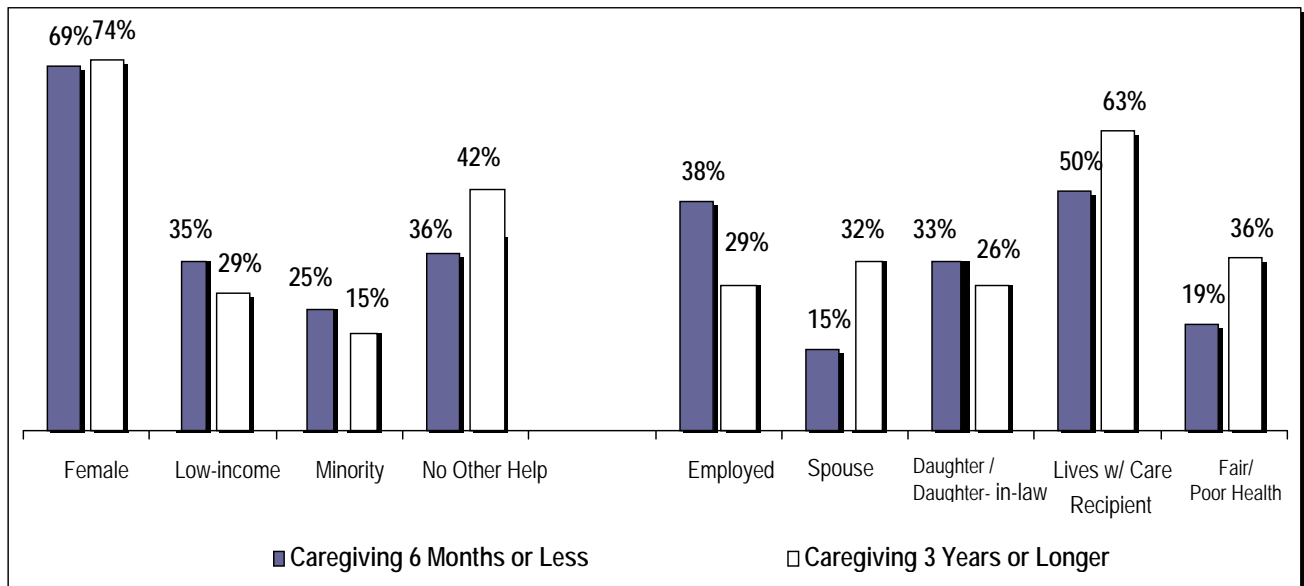


Fig. 42 Registered Caregivers by Length of Time Caregiving, Service Levels, and Service Cost.

	% of Total Caregivers	Hours of Service	% of Total Service Units	Service Cost
Caregiver 6 Months or Less	14%	59,856	7%	\$947,586
Caregiver 3+ Years	51%	344,929	43%	\$4,852,983

Fig. 43 Registered Caregiver Characteristics by Length of Time Providing Care



Characteristics of Caregivers by How Far They Travel to Provide Care

The characteristics of caregivers differ if the caregiver lives with the care recipient or travels to provide care. Those that live with the care recipient were more likely to be a spouse, to indicate “no other help,” and to be low-income. Those that travel were younger, more likely to be a daughter or daughter-in-law, identify themselves as a minority by race and/or ethnicity, and to be employed. Figures 44 through 46 describe characteristics and services for caregivers based on the need to travel to provide care.

Fig. 44 Registered Caregivers by Travel Time to Provide Care

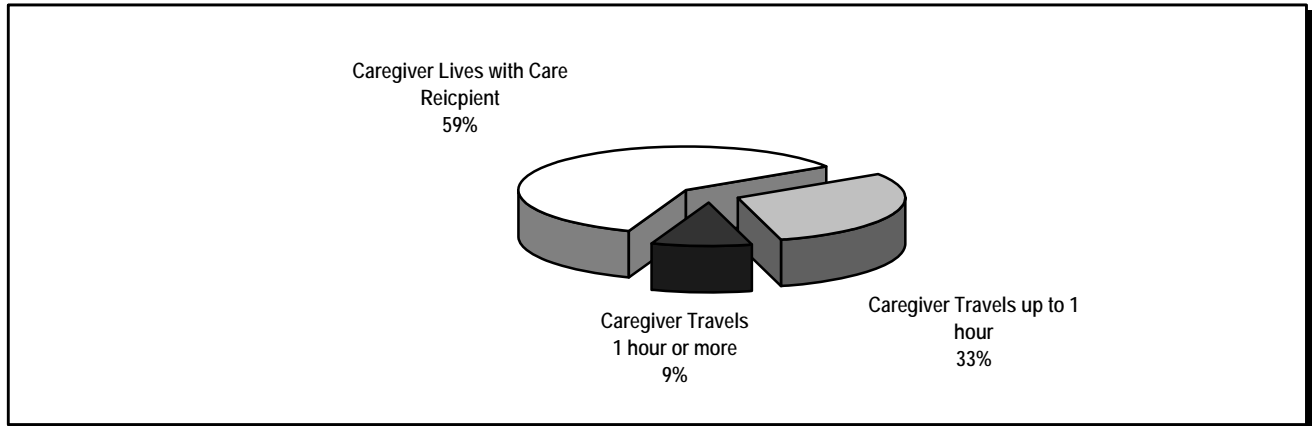
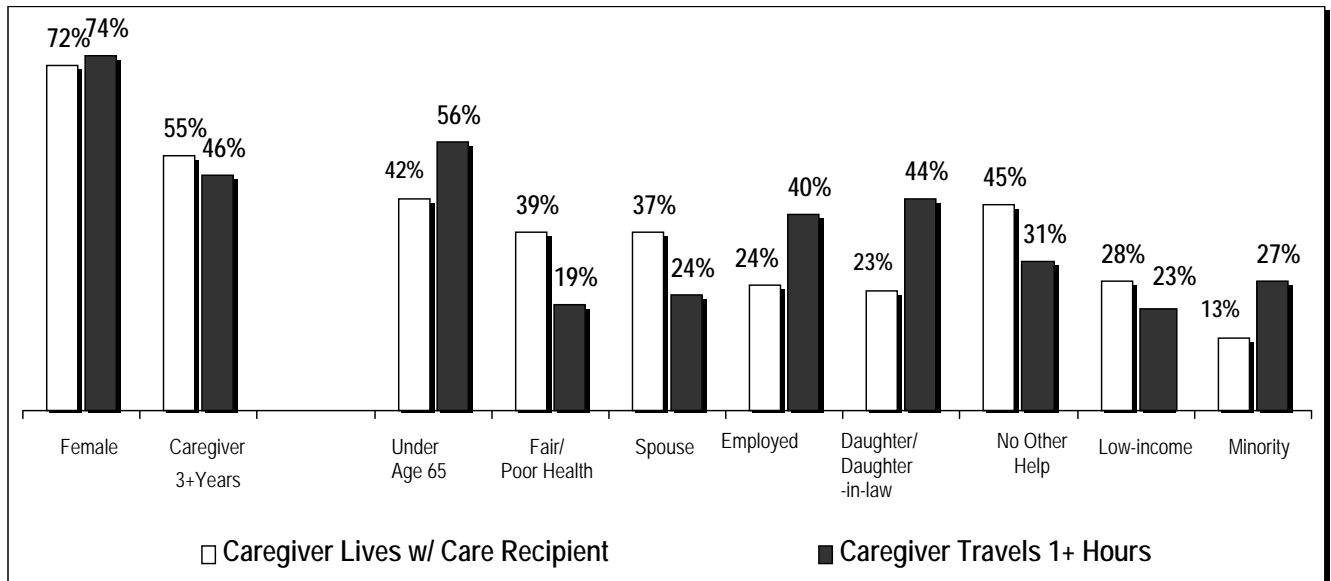


Fig. 45 Registered Caregivers by Travel Time, Service Levels, and Service Cost.

	% of Total Caregivers	Hours of Service	% of Total Service Units	Service Cost
Caregiver Lives w/ Care Recipient	48%	353,919	44%	\$5,357,351
Caregiver Travels 1+ Hours	7%	133,576	17%	\$ 1,541,288

Fig. 46 Registered Caregiver Characteristics by Travel Time to Provide Care



FY 2010 NAPIS Special Reports



Profile of Home Care Participants in FY 2010

Home care totals include participants that received in-home services and home-delivered meals. In 2010, 61,890 participants received 695,307 hours of home care and 7,829,823 home-delivered meals.

Figure 47 compares home care participants by selected characteristics, including age, service history, activity limitations, race, and rurality. Percentages for participants with characteristics that differ by 8% or more from the overall home care population are shown in shaded, bold text. Data from 2010 suggests that participants that had an initial NAPIS service intake five or more years ago, at-risk participants, and minority participants differed the most from the overall home care population.²⁵

Figure 48 compares service levels for home care participants with selected characteristics to levels for all home care participants. Participants with characteristics that differed by 8% or more from the overall home care population are shown in shaded, bold text. Service levels from 2010 indicate that participants with three or more ADLs or IADLs received more home-delivered meals than this group represented in the home care population. To a lesser degree this was also the case for rural participants and those with an initial NAPIS service intake five or more years ago for in-home services. Conversely, minority participants received a smaller percentage of in-home services than this group represented in the home care population.

Fig. 47 Home Care Participants by Selected Characteristics

Participant Characteristics	All Participants	Service 5+ Years	Live Alone	3+ ADLs or IADLs	At-Risk	Minority Race / Ethnicity	Rural	Aged 85+
Unduplicated Participants	61,890	13,257	31,083	48,535	5,992	13,408	23,480	22,608
Rural	39%	53%	39%	38%	34%	5%		39%
Minority	23%	12%	25%	23%	45%		3%	19%
Age 85+	37%	42%	39%	39%	40%	30%	37%	
Poverty	36%	30%	40%	36%	56%	69%	28%	31%
High Nutritional Risk	60%	51%	63%	70%	80%	67%	53%	60%
Female	67%	73%	73%	68%	70%	69%	66%	71%
Live Alone	52%	58%		53%	44%	56%	52%	56%

Fig. 48 Home Care Participants by Selected Characteristics and Service Levels

	All Home Care Participants	Service 5+ Years	Live Alone	3+ ADLs or IADLs	At-Risk	Minority Race / Ethnicity	Rural	Aged 85+
Participant Count	61,890	13,257	31,083	48,535	5,992	13,408	23,480	22,608
Hours of In-Home Services	695,307	286,391	382,368	566,056	93,055	104,284	349,004	263,728
Home-Delivered Meals	7,829,823	1,938,824	4,069,271	6,955,336	807,272	1,621,038	2,886,583	2,811,429
% of Total Participants		21%	50%	78%	10%	23%	38%	37%
% of Total In-Home Service Hours		41%	55%	81%	13%	15%	50%	38%
% of Total Home-Delivered Meals		25%	52%	89%	10%	21%	37%	36%

²⁵ See footnote 26 for a definition of *at-risk* participants.

Home Care Participants Receiving Multiple Home Care Services in 2010

A total of 17,982 home care participants received two or more NAPIS home care services during 2010 (e.g., a participant received personal care and home-delivered meals). Multi-service participants represented nearly one-third of the 61,890 participants receiving home care in 2010.

Fig. 49 Profile of Home Care Participants by Number of Services Received

Home Care Participants Receiving 1 Service	Home Care Participants Receiving 2 Services	Home Care Participants Receiving 3+ Services
70% were aged 75 or older	72% were aged 75 or older	74% were aged 75 or older
67% were female	68% were female	76% were female
50% lived alone	56% lived alone	62% lived alone
36% resided in rural areas	42% resided in rural areas	55% resided in rural areas
38% were low-income	34% were low-income	27% were low-income
25% were minority (race/ethnicity)	22% were minority (race/ethnicity)	12% were minority (race/ethnicity)

Characteristics of Multi-service Home Care Participants

Larger percentages of multi-service home care participants were female, rural, and lived alone as compared to single-service participants. Smaller percentages of multi-service participants were low-income and minority by race and/or ethnicity. About three-quarters of both single-service and multi-service participants were aged 75 or older at the end of 2010.

Service Levels

Home care participants that received a single service type in 2010 represented more than two-thirds of the total home care population. These participants received in-home services home and/or delivered meals at service levels below the percentage that the group represented in the overall home care population. *Single-service* participants received about one-third of the in-home services and two-thirds of the home-delivered meals provided in 2010. This reflects the predominance of home-delivered meals in terms of program funding and availability as compared to in-home services.

Home care participants receiving 2 or more services in 2010 were supported by 496,463 hours of home care and 3,278,730 home-delivered meals. These participants had higher service levels for in-home services and home-delivered meals compared to their representation in the overall home care service population. Figure 50 describes services to home care participants based on the number of services they received in 2010.

Fig. 50 Service Levels to Home Care Participants by Number of Services Received

Home Care Participants	Participant Count	% Home Care Participants	In-Home Service Hours	% In-Home Hours	Home-Delivered Meals	% Home-Delivered Meals
Participants with 1 Service	43,907	71%	198,573	28%	4,547,193	58%
Participants with 2 Services	15,030	24%	248,870	36%	2,770,543	35%
Participants with 3+ Services	2,952	5%	247,864	36%	508,187	7%

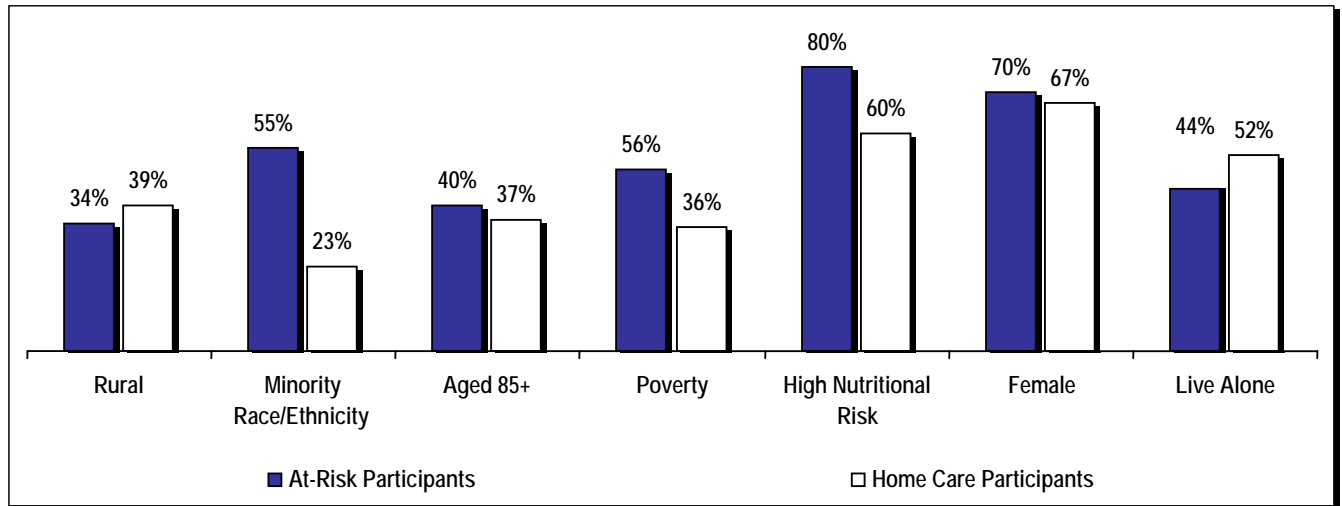
Services to *At-Risk* In-Home Service Participants in FY 2010

At-risk participants are a subset of the home care population comprised of individuals that have specific daily activity limitations that are consistent with a nursing facility level of care.²⁶ In 2010, 5,992 at-risk older adults received 93,055 hours/units of home care and 807,272 home-delivered meals.

Profile of At-Risk Participants

74% were 75 years of age or older; and 40% were 85 years of age or older
 80% were at high nutritional risk
 70% were female
 56% were low-income
 44% lived alone
 55% were minority by race and/or ethnicity
 34% resided in rural areas
 20% started service 5 or more years ago

Fig. 51 At-Risk and Home Care Participants by Selected Characteristics



Expenditures for At-Risk Participants

In 2010, nearly \$6.8 million was expended providing in-home services and home-delivered meals to at-risk older adults. Figure 52 describes expenditures, services, and average participant costs.

Fig. 52 Expenditures and Service Levels to At-Risk Participants

Service	Expenditures	Service Units	At-Risk Participants	Cost / Participant
Care Management	\$1,735,876	6,795	756	See footnote 15
Case Coordination & Support	\$84,914	3,577	508	\$167
Chore	\$64,325	3,071	257	\$250
Home-Delivered Meals	\$3,462,822	807,272	4,843	\$715
Homemaker	\$623,348	35,818	577	\$1,080
Personal Care	\$814,871	43,794	543	\$1,501
Totals	\$6,786,156	900,327	5,992	\$1,133

²⁶ "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.

Services Provided to At-Risk Participants

Service data for 2010 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 (figures 53 and 54). 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.

The at-risk participant subset tended to have more recent service start dates compared to the overall home care population. A larger percentage of at-risk participants started NAPIS service within the last two years, and a lower percentage had an initial service start date five or more years ago. Despite these variations, in-home services and home-delivered meals help support significant numbers of home care participants, including those in the at-risk subset, in their homes for three or more years. Figure 55 describes length of service for the home care population in 2010.

Fig. 53 At-Risk and Home Care Participants Served

Total Home Care Participants	At-Risk Participants	At-Risk % of Total Home Care Participants
61,890	5,992	10%

Fig. 54 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	256,349	43,794	17%
Homemaker	317,395	35,818	11%
Care Management	32,227	6,795	21%
Chore	33,625	3,071	9%
Home-Delivered Meals	7,829,823	807,272	10%
Case Coordination & Support	55,711	3,577	6%
Totals	8,525,130	900,327	11%

Fig. 55 At-Risk and Home Care Participants by Initial NAPIS Service Start Date

	2 Years or Less	3 – 4 Years	5+ Years
In-Home Service Participants	43%	18%	38%
At-Risk Participants	58%	21%	20%

Service Levels and Service Utilization by At-Risk Participants

At-risk participants received more service on average in 2010 than the average for the overall home care population. The average number of meals per at-risk participant was 167 meals - higher than the average of 158 for all home-delivered meal participants. Similarly, at-risk participants received an average of 53 hours of in-home care compared to 33 hours for all home care participants. About one-half of all at-risk participants that received meals were served 150 or more meals (figure 56). Most at-risk participants received about the average of 50 hours in-home care, with smaller percentages receiving more in-home service hours (figure 56).

At-risk participants that started NAPIS service five or more years ago had higher service levels for in-home services and home-delivered meals compared to those that started service more recently (figure 57). Nearly two-thirds of participants receiving 150 or more meals had been registered in NAPIS for five or more years. Similarly, a larger percentage of at-risk participants that received 75 or more hours of in-home care were registered for a service for five or more years ago compared to those registered in the last two years.

Fig. 56 At-Risk Participants by Service Utilization

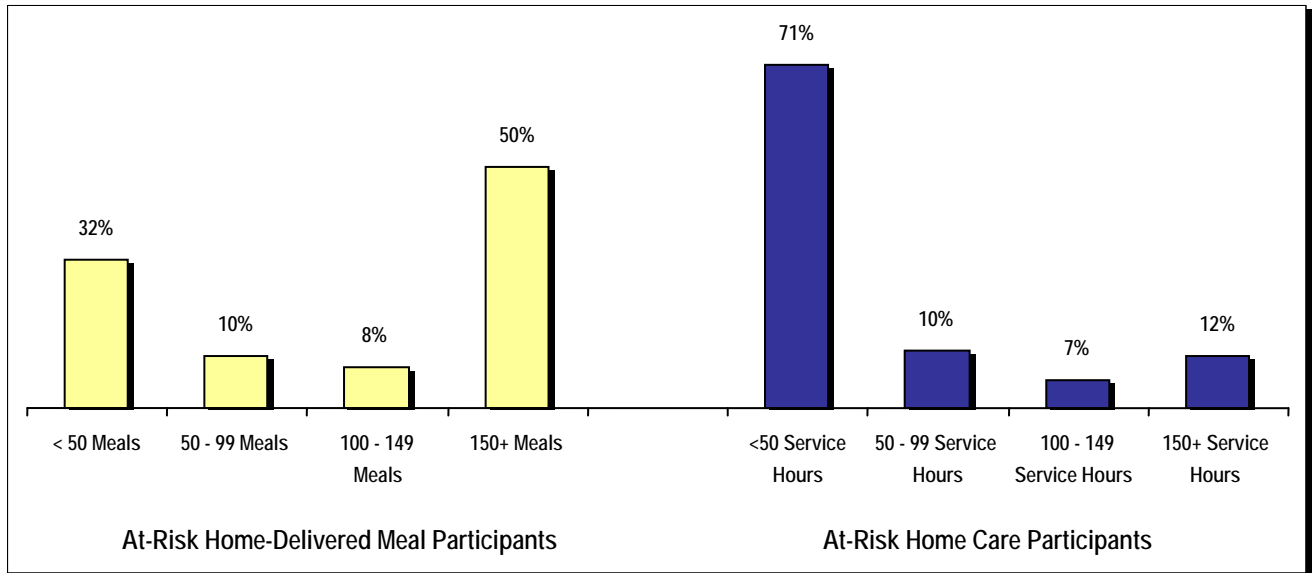
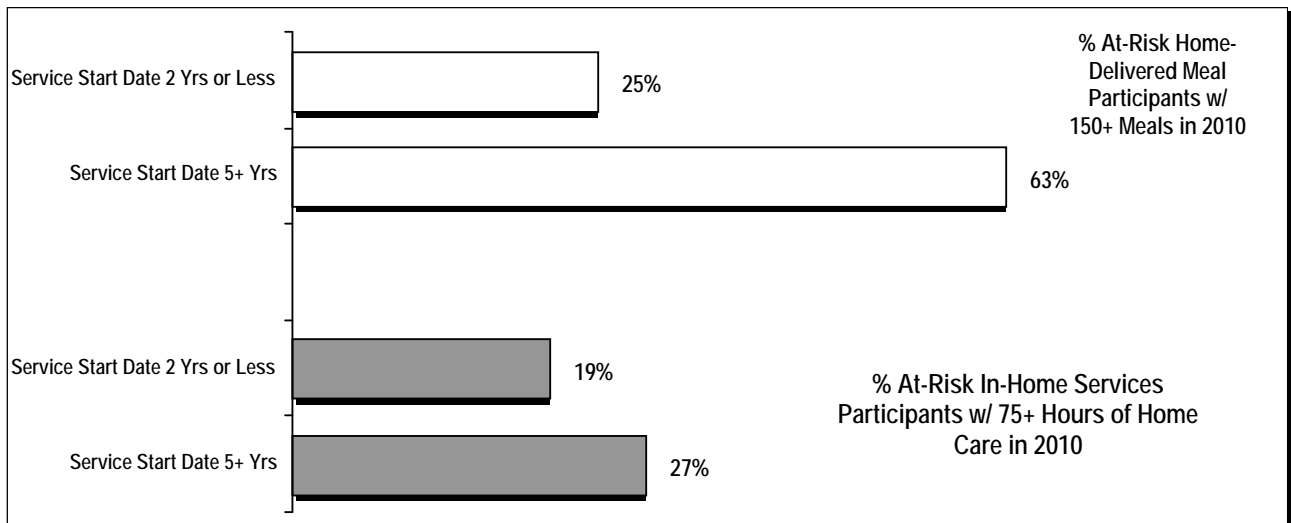


Fig. 57 At-Risk Participant Service Levels by Initial NAPIS Service Intake Date



Profile of Participants “Living Alone” in FY 2010

A total of 52,977 older adults registered in NAPIS indicated that they lived alone in 2010. This number represented 43% of the registered NAPIS service population. Participants living alone are of special interest to program planners and service providers as *living alone* can be an important consideration in maintaining both formal aging network services and informal supports.

Profile of Registered Participants Living Alone

66% were 75 years of age or older; and 34% were 85 years of age or older

74% were female

45% resided in rural areas

40% were low-income

21% were minority by race and/or ethnicity

Characteristics of Participants Living Alone

Participants living alone tended to be older, and larger percentages were female, low-income, and minority by race or ethnicity compared to all registered NAPIS participants. About the same percentage resided in rural areas.

Service Levels

In 2010, 31,081 participants living alone were supported by 382,370 hours of home care and 4,069,205 home-delivered meals. The remaining 21,896 participants received congregate meals and other community services.²⁷

Participants living alone represented a large percentage of the home care service population, including more than one-half of all case coordination, personal care, and home-delivered meal participants, and nearly two-thirds of those receiving homemaker services. For most of these services, participants that lived alone received services at about the same percentage as the group made up of the overall home care population (figure 58).

Fig. 58 Service Levels to Participants Living Alone by Selected Services

Service Category	% of Total Home Care Participants	Service Units	% of Total Service Units
Care Management	36%	12,267	38%
Case Coordination and Support	56%	32,583	59%
Chore	50%	15,101	45%
Homemaker	63%	189,682	60%
Personal Care	54%	132,736	52%
Home-Delivered Meals	51%	4,069,205	52%
Totals	50%	4,451,574	52%

²⁷ Under AoA NAPIS reporting requirements, service units are collected at the participant level for in-home services and home-delivered meals. Units of service for congregate meals and community services are reported in the aggregate.

Profile of Community Living Program Participants in 2010

Michigan was awarded federal funding from the Administration on Aging for the Community Living Program (CLP) beginning in 2008. The Michigan CLP project was intended to assist individuals who are at risk of nursing facility (NF) placement and Medicaid spend-down to continue to live in their communities. This initiative supported flexible and person-centered funding and service delivery options. The OSA CLP grant also undertook an effort to working with the Veterans Administration (VA) to serve at-risk veterans. OSA’s final CLP report to AoA described several outcomes of Michigan’s CLP grant:²⁸

- *Development of targeting criteria to identify individuals at risk of nursing home placement.*
- *Development of a policy and service delivery structure to support implementation of CLP initiatives, and integration of CLP initiatives into AAA area plans and service delivery.*
- *Facilitate culture change that supports person centeredness through training opportunities.*

OSA CLP grants were administered through AAAs in collaboration with service providers and other stakeholders. The grant period for Michigan CLP funding concluded on September 30, 2010.

Profile of CLP participants in 2010

Data collected in 2010 provided a profile of the 629 individuals that participated in CLP services. Most participants reported themselves as non-minority by race and/or ethnicity and indicated English as their primary language. More than one-half of CLP participants were aged 80 or older and/or female, and nearly one-half reported themselves as widowed. Most participants lived in their own home or apartment and nearly one-half lived alone. Figures 59 and 60 describe CLP participants in 2010.

Fig. 59 CLP Participants by Selected Characteristics

CLP Participants by Demographics /Characteristics	
Female	57%
Non-minority by Race and/or Ethnicity	85%
Primary language: English	99%
High school or some college education	71%
Married / Partner / Significant Other	36%
Widowed	47%
Reside in private home or apartment	96%
Lived alone	42%
CLP VA Participant	20%

Fig. 60 CLP Participants by Age

CLP Participants by Age Group	
80+	64%
60 – 79	34%
< 60	3%
3 Participants Aged 100+	

²⁸ State of Michigan – Office of Services to the Aging , Community Living Program Final Report (December 31, 2010)

Income and Asset Profile of CLP Participants

The development of targeting criteria to identify individuals at “imminent risk” of nursing facility placement or Medicaid spend-down included a focus on an individual’s income and assets. The rationale was that those with more limited income and assets may be more likely to be at risk as they would exhaust their financial resources more quickly than those with greater income and/or assets. Figures 61 and 62 describe reported income and asset levels for CLP participants in 2010.

Fig. 61 CLP Participants by Monthly Income

CLP Participants by Reported Monthly Income	
\$4,000 - \$6,067	3%
\$3,000 - \$3,999	6%
\$2,000 - \$2,999	21%
\$1,000 - \$1,999	51%
\$1 - \$999	13%
0	6%
Total Reported Income	\$504,140
Average Participant Monthly Income (Mean)	\$1,675

Fig. 62 CLP Participants by Reported Assets

CLP Participants by Reported Assets	
\$400,000+	<1%
\$200,000 - \$399,999	4%
\$100,000 - \$199,999	7%
\$55,000 - \$99,999	5%
\$20,000 - \$54,999	27%
\$10,000 - \$19,999	7%
\$5,000 - \$9,999	4%
\$1,000 - \$4,999	14%
\$1 - \$999	10%
0	21%
Total Reported Assets	\$9,547,285
Mean Assets/Participant	\$35,624

Informal Care and Support to CLP Participants

Data collected on CLP participants included the level of informal care provided to these individuals. This emphasis reflects the importance of informal support networks and caregivers in maintaining older adults in the setting of their choice. Informal care may include assistance from a spouse or partner, children, other relatives, or non-relatives. About one-half of the informal care was provided by a child or child-in-law. This support ranged from 10 hours or less to more than 50 of informal care in the three days prior to data collection. Most participants received between 20 and 40 hours of informal care, with an average of 19 hours of informal care. Figures 63 and 64 describe informal care to CLP participants in 2010.

Fig. 63 Informal Care for CLP Participants

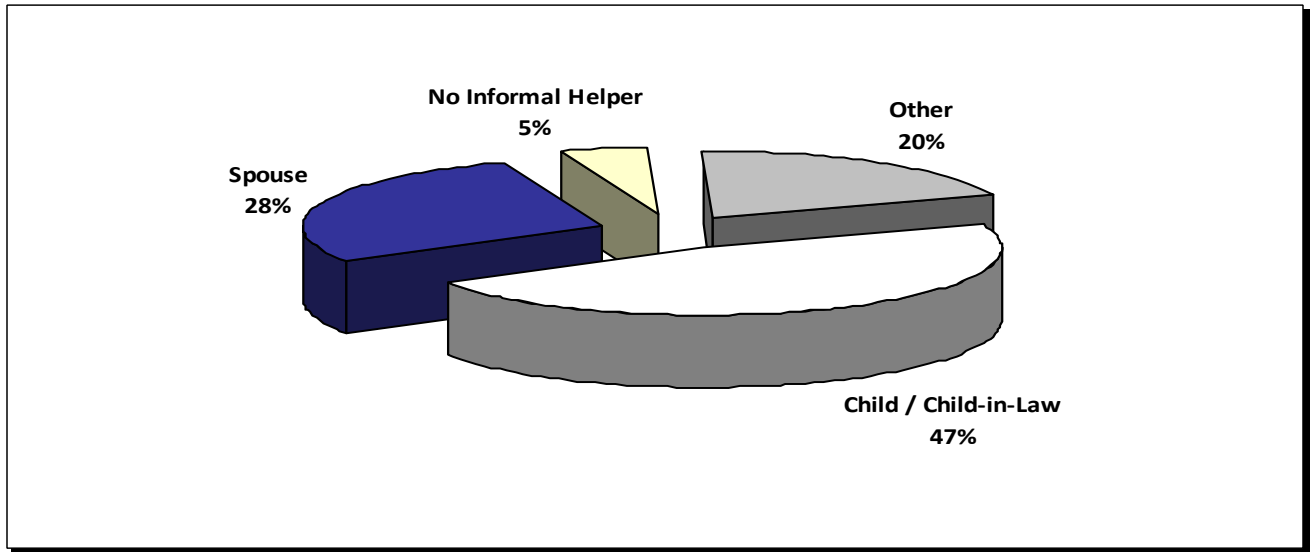


Fig. 64 Informal Support Hours and Caregiver Profile

Hours of Informal Care (last 3 days)	
40+	21%
20 – 39	28%
10 – 19	22%
< 10 Hours	29%
Total Hours of Informal care	7,799
Avg. Hours of Informal care	19
Informal Caregiver Profile	
Informal Helper Provides ADL and or IADL Help	91%
Informal Helper Lives w/ CLP Participant	49%
Informal Helper Expresses Feelings of “Distress”	22%
Informal Helper is “Unable to Continue Caregiving”	15%

Aging Network Services and Service Costs for CLP Participants

CLP participants received a variety of in-home and community services through the aging network in 2010. CLP support and service consultation, personal care, homemaker and respite care were the most widely utilized services. Figures 65 and 66 describe services, service levels, and average services costs for CLP and VA participants in 2010.

Fig. 65 Service Levels and Average Service Costs for CLP Participants by Selected Service

SERVICE Category	Total Units	Total Cost	Avg. Cost / Unit	Participant Count	Avg. Cost / Participant
Community Living Supports (CLS)	52,023	\$642,102	\$12.34	109	\$5,891
In-Home Respite Care	13,175	\$204,644	\$15.53	33	\$6,201
Care Management	237	\$146,128	\$615.92	65	\$2,248
Personal Care	7,913	\$124,219	\$15.70	52	\$2,389
Homemaker	5,347	\$76,250	\$14.26	53	\$1,439
Fiscal Intermediary	302	\$42,758	\$141.58	52	\$822
Specialized Respite Care	2,262	\$34,079	\$15.07	18	\$1,893
CLS Goods & Services	65	\$21,204	\$326.21	43	\$493
Adult Day Care	1,893	\$20,036	\$10.58	7	\$2,862
Assessment/Care Plan Development	7	\$15,051	\$2,150.14	17	\$885
Care Consultation	16	\$12,036	\$752.25	16	\$752
Home-Delivered Meals	937	\$5,121	\$5.47	15	\$341
Medical Management	99	\$3,912	\$39.52	1	\$3,912
Personal Emergency Response	170	\$3,753	\$22.08	40	\$94
Out-of-Home Respite	5	\$2,415	\$460.00	1	\$2,415
Private Duty Nurse	57	\$2,253	\$39.52	1	\$2,253
Home Health Aide	1	\$1,620	\$3,240.62	2	\$810
Chore Services	15	\$1,370	\$92.88	5	\$274
Transportation	980	\$780	\$0.80	9	\$87
Assistive Devices and Technologies	17	\$585	\$34.41	7	\$84
Congregate Meals	16	\$310	\$20.00	1	\$310
Medical Alert Bracelet	1	\$300	\$239.90	1	\$300
Home Injury Control	6	\$234	\$38.98	4	\$59
Totals:	85,543	\$1,361,159	\$15.91	552	\$2,466

Fig. 66 Service Levels to CLP and VA CLP Participants

Participant Cost by Participant Type		
Participants by Type (w/ Reported Services)	% Service Expenditures	% Participants
VA CLP Participants	73%	29%
Non-VA Participants	27%	71%

Service Targeting in FY 2010

The Older Americans Act of 1965, as amended, emphasizes targeting services to those with greatest economic and/or social need, including low-income minority individuals and older individuals residing in rural areas. Figures 67 and 68 describe NAPIS service levels to selected target populations based on the 2000 Census for Michigan.²⁹

Fig. 67 Service Data for Selected Target Populations

OLDER ADULTS SERVED IN GREATEST SOCIAL AND GREATEST ECONOMIC NEED				
	Michigan 60+ Population ³⁰	% of Michigan 60+ Population	60+ Total Served in NAPIS 2010	% of Total NAPIS Service Population ³¹
Total Population 60+	1,596,162	100.0%	131,096	100.0%
White (non-Hispanic)	1,400,703	87.7%	98,140	81.8%
African American	160,741	10.0%	18,790	15.6%
Asian/Pacific Islander	12,298	0.8%	1,294	1.1%
American Indian/Alaskan	4,658	0.3%	632	0.5%
Hispanic (of any race) ³²	18,653	1.2%	1,611	1.3%
Below Poverty ³³	96,116	6.0%	31,773	31.8%
Rural	427,733	26.7%	57,316	45.6%

Fig. 68 Caregiver Service Data for Selected Target Populations

CAREGIVERS SERVED IN GREATEST SOCIAL AND GREATEST ECONOMIC NEED				
	Michigan 18+ Population ³⁴	% of Michigan 18+ Population	Total Caregivers Served in 2010 ³⁵	% of Total NAPIS Service Population
Total Population	7,239,684	100.0%	6,083	100.0%
White (non-Hispanic)	6,028,037	83.3%	4,350	80.7%
African American	958,883	13.2%	786	14.6%
Asian/Pacific Islander	130,599	1.8%	158	2.9%
American Indian/Alaskan	39,991	0.6%	21	0.4%
Hispanic (of any race) ³⁶	200,496	2.7%	102	2.2%
Below Poverty	668,670	9.2%	1,313	29.8%
Rural	2,518,920	25.3%	2,485	43.5%

²⁹ The 2000 US Census is the data source for final reporting purposes for 2010.

³⁰ Source: 2000 U.S. Census (www.census.gov).

³¹ Totals are for participants in registered services. Counts and percentages are based on participants with reported race/ethnicity, poverty status, and rural status. Totals do not include non-registered participants due to duplication in the aggregate reporting of non-registered services.

³² Hispanic data is based on individuals aged 18 and older in Michigan reporting Hispanic status and one or more race.

³³ Census data on poverty status is for individuals aged 65 and older.

³⁴ Source: 2000 U.S. Census. Race totals for individuals aged 60 and older reporting Hispanic status and one or more race.

³⁵ Totals are for caregivers in registered services. Percentages are based on counts of caregivers with known race/ethnicity, poverty status, and rural status. Totals do not include non-registered caregivers due to duplication in the aggregate reporting of non-registered services.

³⁶ Hispanic data is based on individuals aged 18 and older in Michigan reporting Hispanic status and one or more race.

Aging Network Waiting Lists in FY 2010

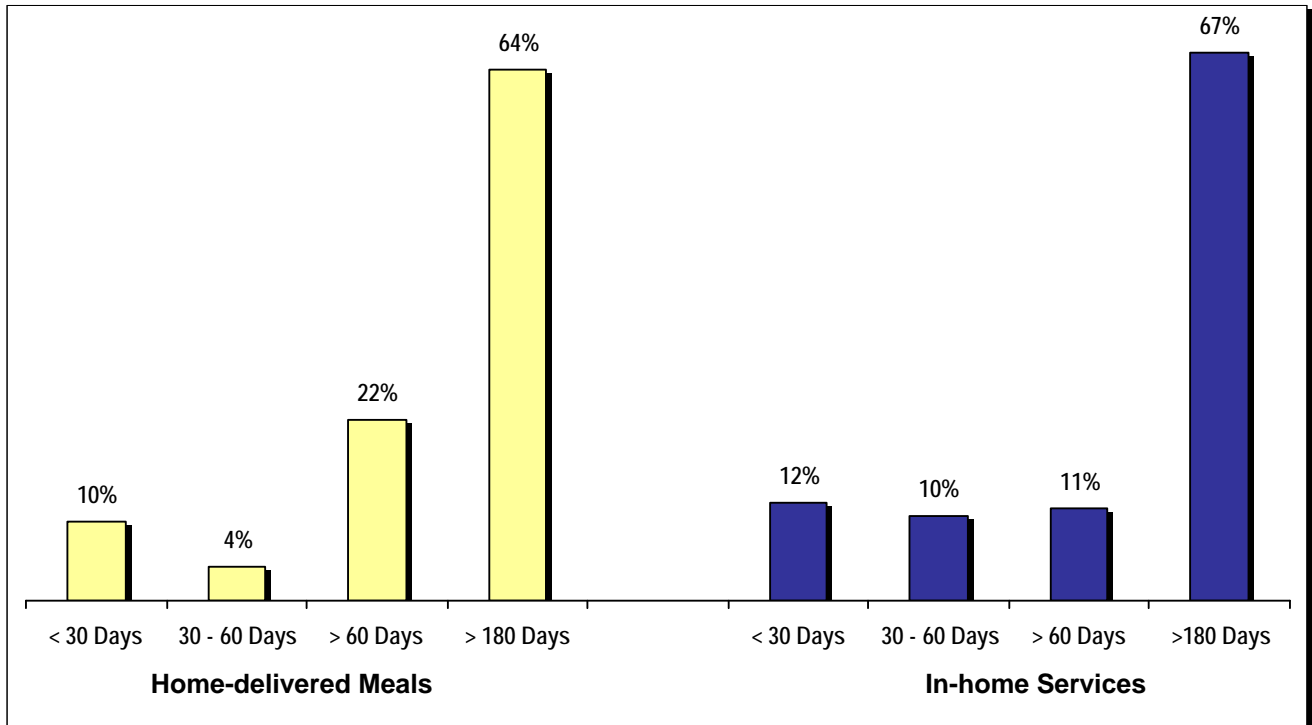
Under OSA requirements, area agencies on aging are required to submit waiting list reports for home-delivered meals and in-home services. The reports include the number of individuals that are likely to be eligible for service but cannot be served due to limitations on program resources. Additionally,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

Figure 69 describes the in-home services and home-delivered meals waiting lists as of September 30, 2010.³⁷ Figure 70 provides a count of individuals awaiting service broken out by the number of days on the waiting list. Figure 72 describes waiting list totals since 2005. Figure 73 provides a description of the service alternatives offered to individuals placed on waiting lists in 2010.

Fig. 69 Home-Delivered Meals and In-Home Services Waiting Lists

	Home-Delivered Meals	In-Home Services
Total count of individuals on waiting list:	1,429	4,695
Percentage Increase from FY 2005:	32%	74%

Fig. 70 Home-Delivered Meals and In-Home Services Waiting Lists by Number of Days on List



³⁷ September 30, 2010 is the last day of fiscal year 2010 and the end of the reporting period for this report.

Fig. 71 PSA Waiting List Factors

Local Factors Contributing to Waiting Lists by Program		
<i>Demand exceeds service availability due to:</i>	HDM	In-Home
Limited funding for services	31%	100%
Limited service area / service delivery availability	6%	19%
Driver/worker shortage	0%	19%
Participant choice	0%	6%

Fig. 72 Waiting List Totals 2005-2010

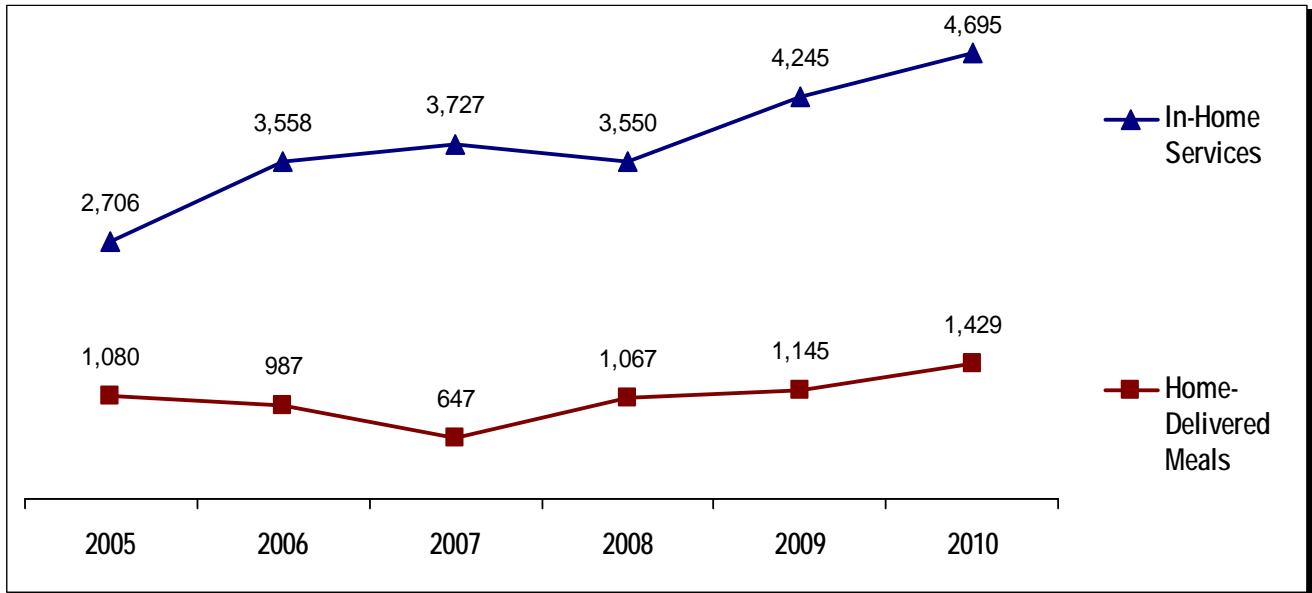


Fig. 73 Service Alternatives Offered to Waiting List Participants

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)	25%	63%
Local food bank or pantry shelf	50%	63%
Department of Human Services office	31%	94%
MiChoice Home & Community-based Waiver Program	19%	88%
Community Living Program (e.g., service options counseling)	6%	44%
Private pay service programs	13%	88%
Other community assistance options	19%	25%

FY 2010 Aging Network Service Provider Profile

Aging network NAPIS services are delivered through a coordinated network of sixteen AAAs and 1,149 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. Figures 74 through 77 describe the characteristics, services, and service area of aging network service providers in 2010.

Fig. 74 Aging Network Service Providers by Selected Characteristics

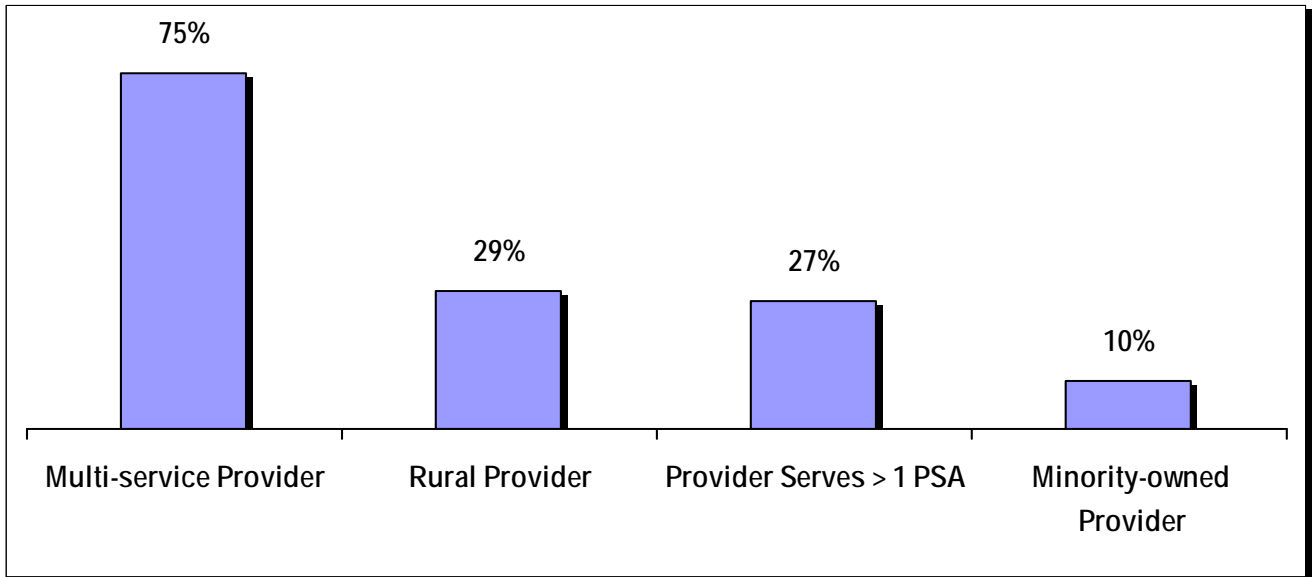


Fig. 75 Aging Network Service Providers by Service Category

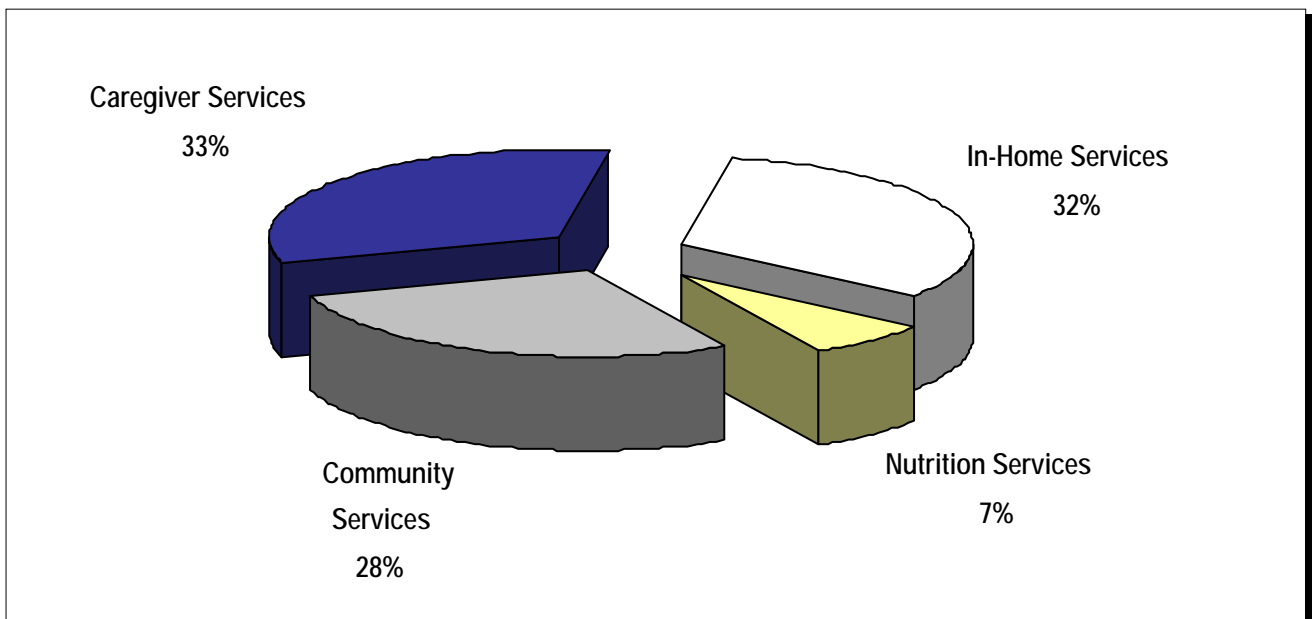


Fig. 76 Aging Network Service Providers by Selected Services³⁸

Service Provider by Characteristics	Count of Providers	Service Provider by Characteristics	Count of Providers
Homemaker	509	Other Respite Care ³⁹	87
Personal Care	485	Disease Prevention / Health Promotion	72
In-Home Respite Care	483	Caregiver Supplemental Services	61
Transportation	230	Information & Assistance	53
Chore	214	Home Injury Control / Repair	51
Adult Day Care	140	Caregiver Transportation	39
Assisted Transportation	129	Caregiver I&A / Outreach	37
Care Management	123	Health Screening	32
Home-Delivered Meals	118	Elder Abuse Prevention	29
Congregate Meals	98	Legal Services	9
Senior Center Staffing	97	Friendly Reassurance	8
Caregiver Counseling / Training	96	Hearing Services	6
Case Coordination & Support	92	Vision Services	4

Fig. 77 Aging Network Service Providers by PSA Region⁴⁰

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	109	8%
1B	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw	232	17%
1C	Wayne (excluding areas served by AAA 1A)	211	15%
2	Jackson, Hillsdale, Lenawee	54	4%
3A	Kalamazoo	55	4%
3B	Barry & Calhoun	72	5%
3C	Branch & St. Joseph	36	3%
4	Berrien, Cass, Van Buren	50	4%
5	Genesee, Lapeer, & Shiawassee	86	6%
6	Clinton, Eaton, & Ingham	96	7%
7	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	59	4%
8	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola	92	7%
9	Alcona, Arenac, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	27	2%
10	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	80	6%
11	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	36	3%
14	Muskegon, Oceana, Ottawa	75	5%

³⁸ Totals for Figure 76 are not unduplicated. A provider agency may provide more than one service and would be included in the total for both services.

³⁹ "Other" respite care includes volunteer respite, overnight respite, out-of-home respite, and specialized respite care.

⁴⁰ Totals for Figure 77 are not unduplicated. An agency may provide service in more than one PSA region and would be calculated into the percentage for both AAAs.

OSA and the National Aging Network in FY 2009⁴¹

OSA, 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 2009 the national aging network planned, coordinated, and delivered services to 10.6 million individuals. OSA is one of 57 *state units on aging* (SUAs). Figures 78 through 82 provide a snapshot of participants, services, expenditures, and staffing for Michigan and several other states with comparable numbers of adults aged 60 and older.⁴²

Fig. 78 NAPIS Participant Counts and Profiles for Selected States (2009)

State	Age 60+ Population	% Age 60+	Registered Participants	% of 60+ Population	% Minority	% Rural	% Low-income
Illinois	2,225,761	17%	144,046	7%	34%	20%	33%
Ohio	2,228,834	19%	94,162	4%	22%	38%	31%
Michigan	1,822,954	19%	125,756	7%	16%	44%	23%
North Carolina	1,695,013	19%	57,463	3%	33%	44%	43%
New Jersey	1,629,487	19%	91,287	6%	22%	0%	29%

Fig. 79 SUA Service Expenditures for Selected States (2009)

State	Total Service Expenditures	OAA Title III Expenditures	% OAA Title III of Total Service Expenditures
Ohio	\$121,196,462	\$38,222,251	32%
Michigan	\$96,126,524	\$31,914,342	33%
Illinois	\$96,080,853	\$34,177,507	36%
North Carolina	\$73,453,490	\$28,198,149	38%
New Jersey	\$76,595,297	\$28,584,801	37%

Fig. 80 Service Units by Selected SUA by and Selected Service Categories (2009)⁴³

Service Category	Michigan	Ohio	Illinois	N. Carolina	New Jersey
Home-Delivered Meals	8,205,973	6,203,714	7,852,114	2,898,578	3,982,318
Congregate Meals	2,813,542	2,362,511	2,562,426	2,022,691	1,863,428
Homemaker	339,629	165,821	4,010	17,587	46,208
Personal Care	248,950	253,676	0	1,012,125	2,846
Transportation	126,314	1,044,751	620,680	968,754	602,321
Information & Assistance	121,827	83,857	739,574	157,343	315,034
Chore	34,457	35,583	60,057	367,328	33,452
Outreach	89,599	6,215	15,213	0	25,685
Respite Services	858,964	209,622	142,404	151,658	182,658
Caregiver Training & Counseling	22,911	9,688	24,445	3,236	6,290
Legal Assistance	43,241	17,746	37,219	18,604	25,214

⁴¹ Fiscal year 2009 is the most current full year data available for state units on aging.

⁴² Source: Administration on Aging (http://www.aoa.gov/AoARoot/Program_Results/SPR/2009/Index.aspx). States included in this analysis have 60+ populations between 2.9% and 4.0% of the total US population in the 2000 US Census.

⁴³ Service units based on AoA-defined NAPIS registered services as reported in FY 2009 NAPIS SPR state tables.

Fig. 81 Staffing for Selected State Units on Aging (2009)⁴⁴

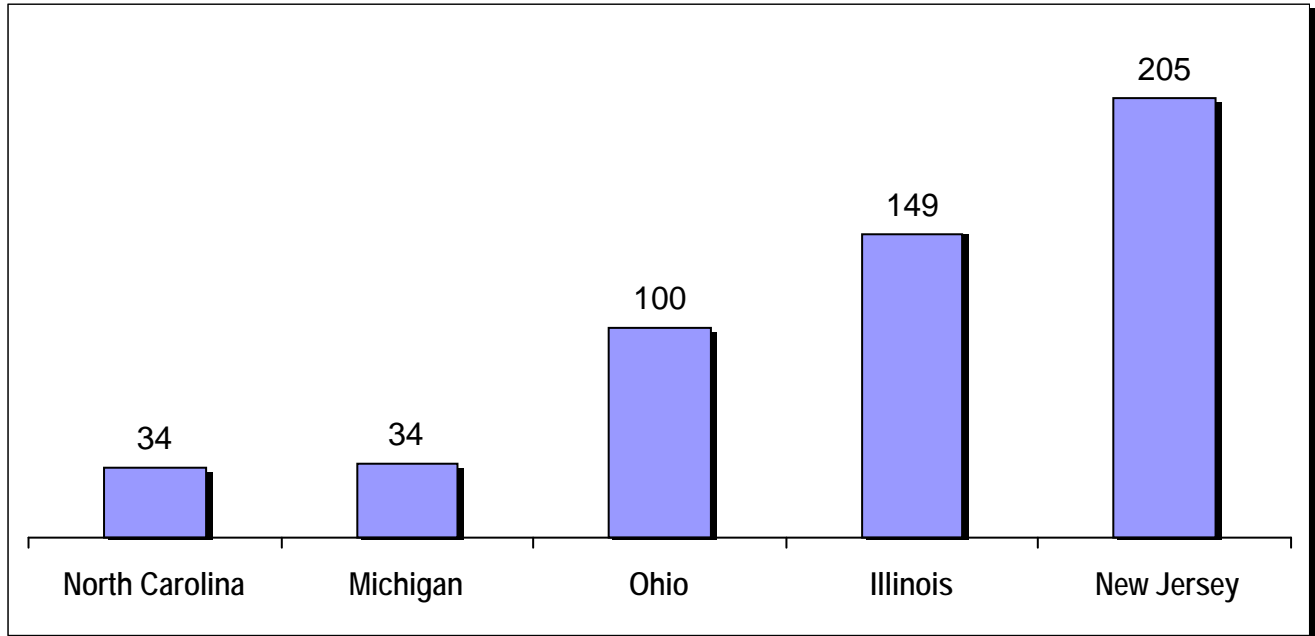
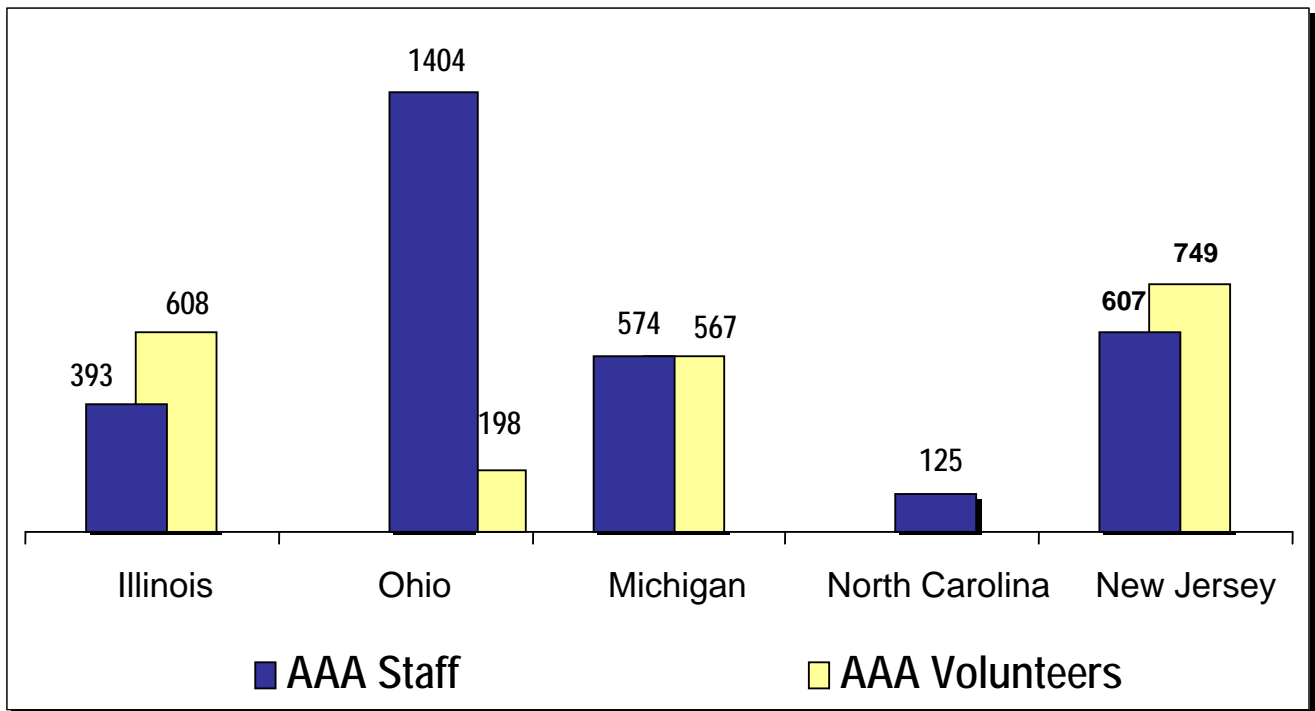


Fig. 82 Area Agency on Aging Staffing for Selected States (2009)



⁴⁴ Staffing totals include reported full-time equivalent staff for selected states as of 9/30/2009.

NAPIS Expenditure and Service Trends FY 2005 - 2010



NAPIS Expenditures Trends⁴⁵

Overall service expenditures dropped by 5.5% from 2005 through 2010 (figure 83). This trend differed depending upon the source of funding. While expenditures of federal funds increased by nearly \$4.2 million since 2005, expenditures of state and local funds declined by nearly \$9.8 million. More recent trends for 2008 through indicate a continued reduction in the expenditure of state funds and increased reliance on federal funds and local program income. From 2008 through 2010 a \$5.2 million increase in federal and program income expenditures offset a \$5.0 million reduction in state funds and local matching resources (figure 84). However, nearly \$2.8 million of the increase in federal expenditures can be attributed to federal ARRA grants that ended in September 2010.

When viewed by service category, the most pronounced reductions since 2005 were those for community services, declining by nearly one-third since (figure 85). This includes the loss of \$1.1 million in state senior center funding in 2006. This reduction, along with related program income and matching funds, made up about one-half of the total reduction in community services expenditures since 2005. Other significant factors impacting community services can be attributed to changes in the reporting of counseling, outreach, and information and assistance services. In-home service and nutrition expenditures also declined by 1.8% and 2.3%, respectively, since 2005. Expenditures for caregiver services increased nearly 12%. Much of this increase can be tied to the expansion of the National Family Caregiver Support Program since 2005.

Fig. 83 Service Expenditures by Fund Source 2005-2010

	2005	2006	2007	2008	2009	2010	Change	% Change
Federal Funds	\$38,683,316	\$37,966,267	\$38,334,289	\$38,572,086	\$39,421,103	\$42,878,854	\$4,195,538	10.8%
State Funds	\$32,391,096	\$30,670,821	\$30,311,294	\$30,462,937	\$29,426,140	\$26,889,391	-\$5,501,705	-17.0%
Local Funds	\$30,321,521	\$27,474,079	\$28,410,451	\$26,557,371	\$27,516,382	\$26,024,414	-\$4,297,107	-14.2%
Total Expenditures	\$101,395,933	\$96,111,167	\$97,056,034	\$95,590,045	\$96,363,625	\$95,792,659	-\$5,603,274	-5.5%

Fig. 84 Service Expenditures by Fund Source 2008 through 2010

	2008	2010	Change	% Change
Federal Funds (Non-ARRA)	\$38,572,086	\$42,878,854	\$1,578,097	4.1%
<i>Federal ARRA Funds</i>	\$0	\$2,728,671	\$2,728,671	
State Funds	\$30,462,937	\$26,889,391	-\$3,573,546	-11.7%
Local Matching Resources	\$15,416,331	\$13,945,381	-\$1,470,951	-9.5%
Local Program Income	\$11,141,040	\$12,079,033	\$937,993	8.4%
Totals	\$95,590,045	\$95,792,659	\$202,614	0.2%

Fig. 85 Service Expenditures by Fund Source 2005-2010

Service Category	Change in Federal Funds 2005 - 2010		Change in State Funds 2005 - 2010		Change in Local Funds 2005 - 2010		Change in Total Expenditures	
In-Home	\$259,872	7.4%	-\$1,614,557	-11.7%	-\$121,604	-2.6%	-1,476,289	-6.7%
Nutrition	\$3,780,607	16.1%	-\$1,931,144	-17.5%	-\$3,307,842	-18.7%	-1,458,379	-2.8%
Community	-\$920,071	-11.1%	-\$992,354	-47.9%	-\$1,580,766	-36.3%	-3,493,191	-23.7%
Caregiver	\$1,075,130	31.3%	-\$963,650	-17.5%	\$713,105	20.5%	824,585	6.6%
Totals	\$4,195,538	10.8%	-\$5,501,705	-17.0%	-\$4,297,107	-14.2%	-5,603,274	-5.5%

⁴⁵ Totals for federal funds include federal ARRA funds (except where noted).

NAPIS Service Cost Trends

Average costs for both participants and service units have increased since 2005. Statewide costs increased by 3.6% for service units and 3.2% for participants (figures 86 and 87).⁴⁶ Costs for caregiver and in-home services increased the most between 2005 and 2010, increasing by an average of more than 10% for services and participants. Smaller increases were noted for average costs per meal and participant for the congregate and home-delivered meals.

Reduced average service unit costs were reported for community services. Expenditures for community services decreased from \$14.7 million in 2005 to \$11.2 million in 2010.⁴⁷ Over that period, the average cost for community services decreased by nearly 3%. 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 and average service costs 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.

Fig. 86 Average Cost Per Unit of Service by Service Category 2005 and 2010

Average Cost per Unit of Service	2005	2010	Change	% Change
In-Home Services (Hours)	\$26.21	\$29.59	\$3.38	12.9%
Nutrition Services (Meals)	\$4.52	\$4.72	\$0.20	4.4%
Community Services (Hours/Contacts)	\$21.47	\$20.83	-\$0.64	-2.9%
Caregiver Service (Hours)	\$13.88	\$16.45	\$2.57	18.5%
Totals	\$7.26	\$7.49	\$0.23	3.2%

Fig. 87 Average Cost Per Participant by Service Category 2005 and 2010

Average Cost per Participant	2005	2010	Change	% Change
In-Home Services	\$872.81	\$982.96	\$110.15	12.6%
Nutrition Services	\$440.83	\$443.18	\$2.35	0.5%
Caregiver Services	\$1,690.90	\$1,902.84	\$211.94	12.5%
Totals	\$674.19	\$698.30	\$24.11	3.6%

⁴⁶ Average cost per participant for registered services.

⁴⁷ Community services totals include service and program development expenditures.

NAPIS Registered Participant Trends

Registered participant totals dropped by 8% from 2005 to 2010. This decline was driven largely by a reduction of 3,920 nutrition participants and 4,333 in-home services participants. Declining service registrations were also reported for caregiver services. Participants registered for caregiver services decreased by 1,258 compared to 2005 totals. Figure 88 describes registered participant and caregiver trends for 2005 through 2010.

The profile of registered NAPIS participants has remained relatively stable over the last several years. A comparison of participant data for 2005 and 2010 indicated small increases in the percentage of minority participants, individuals aged 85 or older, rural participants, and low-income participants in the service population. Small decreases were noted for percentages of participants aged 75 or older and for participants living alone. Figure 89 below describes registered participant and caregiver characteristics for 2005 and 2010.

Fig. 88 Registered Participants by Service Category 2005-2010

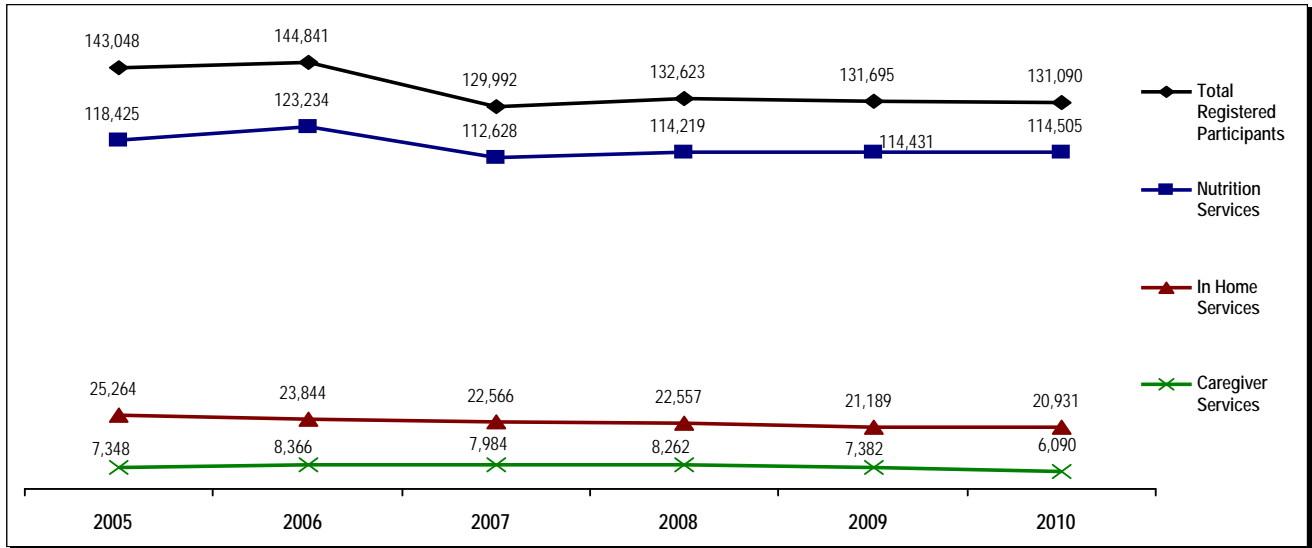


Fig. 89 Registered NAPIS Participants by Selected Characteristics for 2005 and 2010

Registered Older Adult Participants	2005	2010	% Change
Total Registered Participants	143,048	131,090	-8.4%
Age 75 or older	65%	61%	-4.0%
Age 85 or older	25%	27%	2.0%
Female	67%	66%	-1.0%
Lived alone	47%	43%	-4.0%
Resided in a rural area	46%	46%	0%
Low-income	29%	32%	3.0%
Minority (race/ethnicity)	15%	18%	3.0%
Registered Caregiver Participants	2005	2010	% Change
Under age 65	48%	44%	-4.0%
Female	72%	72%	0%
Resided in a rural area	41%	43%	2.0%
Daughter/daughter-in-law	37%	34%	-3.0%
Low-income	24%	30%	6.0%
Minority (race/ethnicity)	20%	19%	-1.0%

NAPIS Home Care Trends

Home care participants represent a significant subset of the NAPIS population in terms participants, service utilization, and expenditures. Data for 2005 and 2010 suggest little variation in the profile of this population over time. Larger percentages of participants in 2010 had been in NAPIS service for 5 or more years, were minority, were at nutritional risk, and were low-income compared to 2005 (figure 90). Similarly, profiles of participants with special characteristics in 2010 differ from 2005 for minority status, age, and high nutritional risk (Figure 91.). Over the same period, expenditures, participants, service levels, and average costs have all trended downward (figure 92).

Fig. 90 Home Care Participants by Selected Characteristics 2005 and 2010

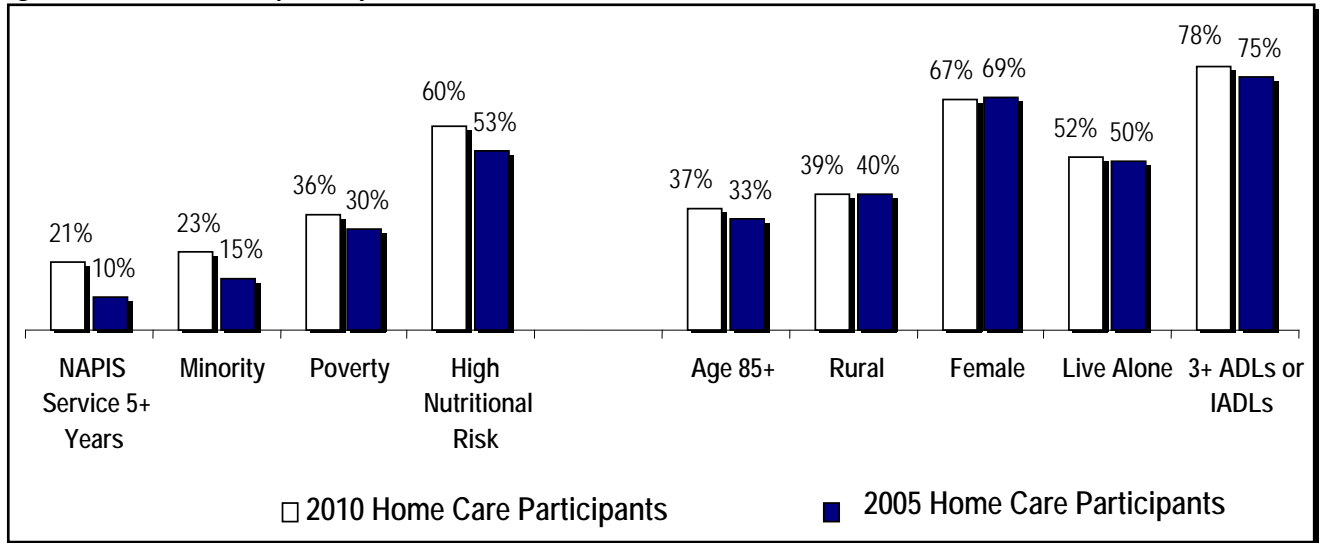


Fig. 91 Home Care Participant Characteristics by Percentage Change 2005-2010

Registered NAPIS Participants by Selected Characteristics	NAPIS Service 5+ Years	Live Alone	3+ ADLs or IADLs	At-Risk	Minority Race / Ethnicity	Rural	Age 85+
	% Change Since 2005	% Change Since 2005	% Change Since 2005	% Change Since 2005	% Change Since 2005	% Change Since 2005	% Change Since 2005
Participants	11%	0%	3%	0%	8%	-2%	4%
Rural	2%	-3%	-5%	-5%	-2%	NA	-3%
Minority (Race/Ethnicity)	-1%	10%	7%	12%	NA	1%	8%
Age 85+	0%	1%	-15%	-11%	-11%	2%	NA
Poverty	-3%	6%	5%	13%	13%	-3%	4%
High Nutritional Risk	6%	7%	13%	17%	-5%	4%	8%
Female	-1%	-2%	-2%	-2%	-1%	-2%	0%
Live Alone	-6%	NA	-3%	-3%	1%	-1%	-5%

Fig. 92 Home Care Participant Services 2005-2010

Home Care Participants	2005	2010	Change	% Change
Total Expenditures	\$57,939,053	\$54,158,887	-\$3,780,166	-6.5%
Avg. Statewide Cost Per Day	\$222,843	\$208,303	-\$14,540	-6.5%
Total Participants Served	64,438	61,890	-2,548	-4.0%
Avg. Annual Cost Per Participant	\$899.14	\$875.08	-\$24.06	-2.7%
Avg. Statewide Service Units Per Day	35,050	32,787	-2,263	-6.5%

NAPIS Service Utilization Trends

Service unit totals have fallen by nearly 1.2 million units, or about 8%, from 2005 to 2010. This decline was reported across all service categories. Over the last six years community services declined by more than 21%, in-home services by 17%, and congregate meals and caregiver services by about 10%. Home-delivered meals had the smallest decrease at 5.3%. Figure 93 describes service trends for 2005 through 2010.

A review of average annual service hours by participant over the last six years indicates a mix of increases and decreases. Since 2005, the average number of service hours for in-home participants changed little, averaging about 33 hours. Home-delivered meals participant received an average of two fewer meals in 2010 than in 2005. Service levels to caregivers increased by an average of nine hours per caregiver from 2005 to 2010. Congregate meal participants received four fewer meals on average in 2010 compared to 2005. Figures 94 and 95 describe service level trends by service category.

Fig. 93 Service Units by Service Category

Service Category	2005	2006	2007	2008	2009	2010	Change 2005 vs. 2010	% Change
In-Home Service Hours	841,250	777,728	766,182	724,135	700,874	695,307	-145,943	-17.3%
Home-Delivered Meals	8,271,641	8,043,678	7,900,724	7,994,627	8,144,414	7,829,823	-441,818	-5.3%
Congregate Meals	3,269,981	3,142,454	2,922,179	2,902,690	2,813,542	2,925,738	-344,243	-10.5%
Community Service Units	685,283	739,487	655,341	586,665	552,215	538,810	-146,473	-21.4%
Caregiver Service Hours	894,910	737,705	724,494	838,837	820,775	805,423	-89,487	-10.0%
Totals	13,963,065	13,441,052	12,968,920	13,046,954	13,031,820	12,795,101	-1,167,964	-8.4%

Fig. 94 Average Annual Participant Service Units by Service Category 2005-2010

Service Category	2005	2006	2007	2008	2009	2010	Unit Change	% Change
In-Home Service Hours	33	33	34	32	33	33	0	0%
Home-Delivered Meals	160	153	159	158	164	158	-2	2.5%
Congregate Meals	49	45	47	46	44	45	-4	-8.2%
Caregiver Service Hours	123	88	91	102	111	132	9	7.3%

Fig. 95 Average Annual Participant Service Units by Service Category 2005 and 2010

Service Category	2005	2010	Statewide Impact ⁴⁸ <i>Compared to 2005, in 2010 on an average service day there were:</i>
In-Home Service Hours	3,236	2,675	561 fewer hours of in-home care provided statewide
Home-delivered Meals	31,814	30,114	1,700 fewer home-delivered meals served to program participants
Congregate Meals	12,577	11,253	1,324 fewer congregate meals served
Community Service Units	2,636	2,073	563 fewer community service hours/units provided
Caregiver Service Hours	2,837	3,098	An increase of 261 hours of caregiver support
All Services	53,099	49,212	3,887 fewer service units (e.g., meals, hours) provided to statewide program participants

⁴⁸ "Impact per day" data based on 260 day service delivery (5 service days per week by 52 weeks)

Data Sources and Considerations

Data Sources:

National Aging Program Information System

Michigan is required by the federal 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 2010. 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 2010 NAPIS SPR was generated and submitted to AoA in January 2011.

Most participant and service data for federal OAA and state-funded aging programs are collected in OSA’s NAPIS software and reported in the NAPIS SPR. This is because a mix of federal, state and local resources support most OSA-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, 2009 through September 30, 2010 (Fiscal Year 2010).

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

OSA 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 OSA 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 <i>participant-level</i> (defined as entering service units for individual participant records in the NAPIS 2.0 software application) or in the <i>aggregate</i> (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

OSA Service Name	NAPIS Reporting - Service Name & Service Cluster (Per AoA Reporting Requirements)	OSA Unit of Service (Per OSA 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 OSA 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 ⁱ	One hour of allowable activities
Disaster Advocacy & Outreach (DAO)	Reported under Cluster III Other service in OSA's NAPIS Application	Each hour of community education activities	No AoA NAPIS DAO definition Use OSA 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 OSA's NAPIS Application	Installation/maintenance of one safety device in older adult's residence	NAPIS Cluster III Service Use OSA 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 OSA's NAPIS Application	One hour spent performing HHA activities	NAPIS Cluster III Service Use OSA Definition - (One hour of allowable HHA activities)
Medication Management	Reported under Cluster III Medication Management service in OSA's NAPIS Application	Each 15 minutes (.25 hours) of allowable activities	NAPIS Cluster III Service Use OSA 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 OSA's NAPIS Application	One month of monitoring Participant & each occurrence of equipment installation	NAPIS Cluster III Service Use OSA Definition - (One month/occurrence of allowable activities)
Friendly Reassurance	Reported under Cluster III Friendly Reassurance service in OSA's NAPIS Application	Each contact w/ homebound older person	NAPIS Cluster III Service Use OSA Definition - (One contact w/ older person)

OSA Service Name	NAPIS Reporting - Service Name & Service Cluster (Per AoA Reporting Requirements)	OSA Unit of Service (Per OSA 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 OSA's NAPIS Application	One activity session or hour of related service provision	NAPIS Cluster III Service Use OSA Definition - (One session/hour of allowable activities)
Health Screening	Reported under Cluster III Health Screening service in OSA's NAPIS Application	One complete health screening per Participant, per year (including referral & follow-up)	NAPIS Cluster III Service Use OSA Definition - (One complete screening per Participant, per year)
Assistance to the Hearing Impaired	Reported under Cluster III Services to Hearing Impaired service in OSA's NAPIS Application	One hour of allowable activities or each community session	NAPIS Cluster III Service Use OSA Definition - (One hour/community session of allowable activities)
Home Repair	Reported under Cluster III Home Repair service in OSA's NAPIS Application	One hour of allowable home repair activities	NAPIS Cluster III Service Use OSA 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 OSA's NAPIS Application	One hour of senior center operation	NAPIS Cluster III Service Use OSA Definition - (One hour of senior center operation)
Senior Center Staffing	Reported under Cluster III Senior Center Staffing service in OSA's NAPIS Application	One hour of staff time worked	NAPIS Cluster III Service Use OSA Definition - (One hour of staff time)
Vision Services	Reported under Cluster III Vision Services in OSA's NAPIS Application	One hour of service provided or one group education session	NAPIS Cluster III Service Use OSA Definition - (One hour/session of allowable activities)
Programs for Prevention of Elder Abuse, Neglect, & Exploitation	Reported under Cluster III Elder Abuse Prevention service in OSA's NAPIS Application	One hour of contact with organizations to develop coordinated, comprehensive services	NAPIS Cluster III Service Use OSA Definition - (One contact for allowable activities)
Counseling Services	Reported under Cluster III Counseling service in OSA's NAPIS Application	One hour of counseling services (including direct Participant contact & indirect Participant support)	NAPIS Cluster III Service Use OSA Definition - (One hour of allowable activities)

OSA Service Name	NAPIS Reporting - Service Name & Service Cluster (Per AoA Reporting Requirements)	OSA Unit of Service (Per OSA 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 OSA 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 OSA “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 Office of Services to the Aging contracts 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.

