MDHHS: FY22 Budget Executive Recommendation Aging & Adult Services Agency

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Aging & Adult Services Agency (AASA)

Vision

For Michigan residents to live well and thrive as they age.

Mission

The Aging & Adult Services Agency provides statewide leadership, direction, and resources to support Michigan's aging, adult services, and disability networks, with the aim of helping residents thrive in the community setting they call home, and live with dignity, meaning, purpose, and independence.

Programs and Services

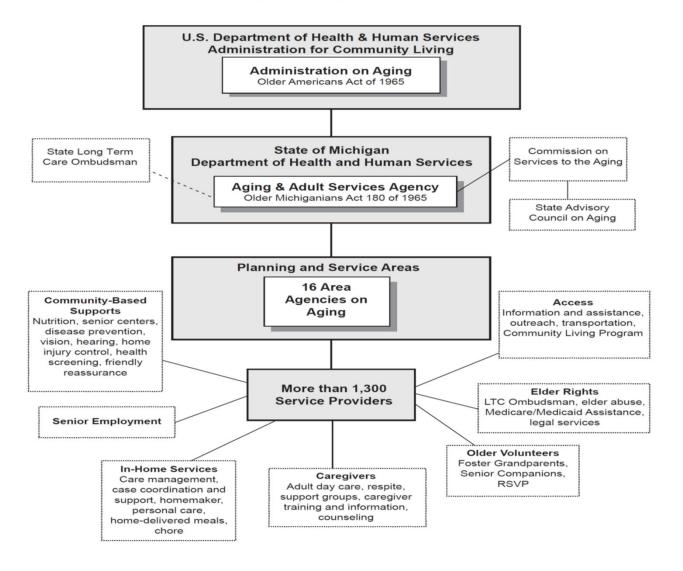
• Nutrition (home-delivered meals and congregate meals), in-home, caregiver and community services, and senior volunteer programs, etc.

Goals (as outlined in federally-approved State Plan on Aging)

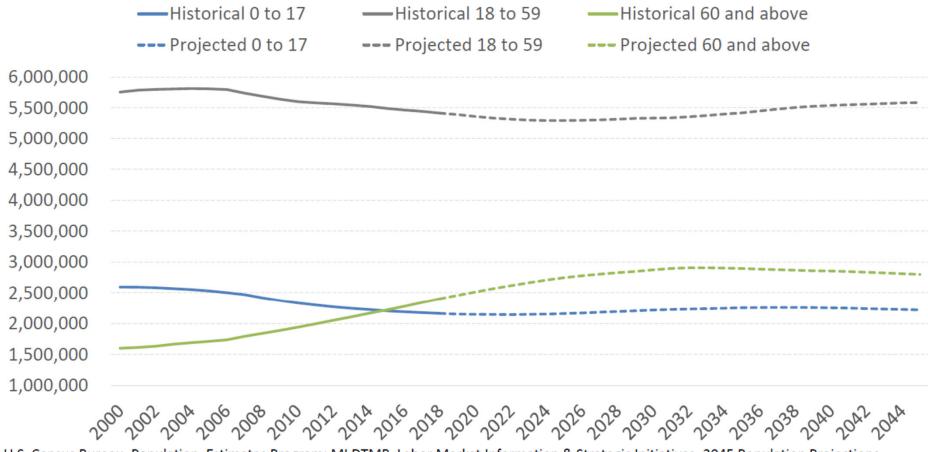
- Expand information and awareness of aging network services.
- Promote social interaction and connectedness, including expanding access to technology and transportation.
- Increase the number of well-trained, qualified, and supportive multicultural direct care workers.
- Ensure older adults have the opportunity to make their own decisions and the resources to age in place.



Michigan's Aging Network



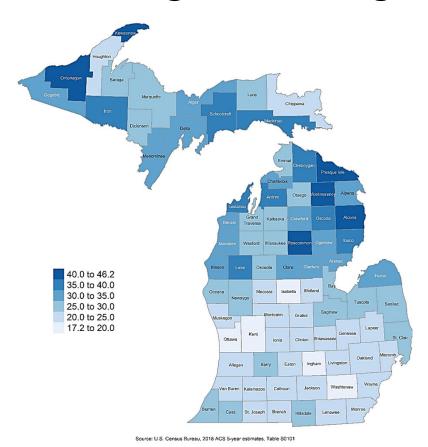
Michigan Population by Age Grouping



Source: U.S. Census Bureau, Population Estimates Program; MI DTMB, Labor Market Information & Strategic Initiatives, 2045 Population Projections



Percentage of Michigan's age population 60+



- 2.4 million adults age 60 or older reside in Michigan (24.4% of population).
- 41% of adults age 60 or older are live alone, 31.4% of adults age 60 or older have a disability.
- Michigan's population of adults age 60 or over is expected to peak in 2034 at 2.9 million.



AASA COVID federal and private funding

Source	Amount
Coronavirus Relief Funds (CRF)	\$1,783,000
Families First Act	\$7,600,868
CARES Act	\$25,268,215
Michigan Health Endowment Fund	\$314,251
No Wrong Door federal grant	\$1,705,454
Supplemental Nutrition Funding	\$5,303,695
Total	\$41,975,483



AASA COVID-19 response

Project	Description	Fund Source	Amount
Quarantine Boxes	22 shelf-stable meals. 47,584 distributed through Q1 FY 21	CARES Act	\$500,000
USDA Farmers to Families Food Boxes	115,427 pounds of fresh fruit, vegetable and dairy boxes to over 108,000 individuals	USDA	\$0
Essential care box program	Personal hygiene items for homebound older adults	CRF	\$250,000
CV19 Checkup michigan.cv19checkup.org	Free, confidential tool to help you understand your risks and ways to meet your needs during the pandemic	CRF/Michigan Health Endowment Fund	\$123,000
GetSetUp getsetup.io/michigan	An online learning community where older adults can learn from and engage with other older adults in a wide array of classes and social hours	CRF/Michigan Health Endowment Fund	\$180,000



AASA COVID-19 response

Project	Description	Fund Source	Amount
Animatronic Pet Program	2,319 pets to be distributed to residents of skilled nursing facilities	CARES Act	\$250,000
Aging network campaign	Campaign to raise awareness of services in both English and Spanish	CARES Act	\$300,000
Long term care ombudsman calls	State Long Term Care Ombudsman bi- monthly calls for families of individuals in long tern care facilities	OAA	N/A
Telephone reassurance program	Expanded daily telephone reassurance to all 83 counties	OAA	N/A



AASA Highlights and Accomplishments

Program	Program Client Total	Meal/Services Total	Snapshot	Highlight
Home-Delivered Meals	51,726	8,954,050 meals	 41.2% rural 20.8% Black, Indigenous & People of Color 48.1% live alone 75% have 3+ activities of daily living limitations 	Home-delivered meals increased from 8.3 million meals in FY 19 to 8.9 million in FY 20. AASA enhanced nutrition services through programs including the USDA and Quarantine Box programs.
Home Care Services	21,185	1,138,691 hours of services	 54.5 % rural 11.7% Black, Indigenous & People of Color 57.1% live alone 78.2% have 3+ activities of daily living limitations 	The aging network continued to deliver services despite the challenges of pandemic and PPE shortage. In FY 20, AASA successfully advocated for and deployed 1,140,298 units of PPE.
Caregiver Services	5,233	612,645 hours of services	 43.1% rural 25.4% Black, Indigenous & People of Color 70.6% female 64.2% provide daily/hands on care 53.7% providing care 3+ years 	119,252 home-delivered meals were served as respite care, an increase of 74,124 meals over the previous fiscal year.

FY 2022 AASA Executive Recommendation

Total	\$122,380,300
Senior volunteer service programs	\$4,765,300
Respite care program	\$6,468,700
Nutrition services	\$46,554,200
Employment assistance	\$3,500,000
Community services	\$51,780,500
AASA Administration (47 FTEs)	\$9,311,600

Appropriated from:

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Federal revenues	\$65,343,900
Private revenues	\$1,020,000
Michigan merit award trust fund	\$4,068,700
Other state restricted revenue	\$2,000,000
State general fund/general purpose	\$49,947,700



Direct Care Worker Wages

Context

- Direct care workers have been on the frontline of the COVID-19 public health crisis
- A \$2.00 hourly wage increase was approved:
- > For April-June 2020 in 2020 PA 67
- For July-September 2020 in 2020 PA 123
- For October-December 2020 in 2020 PA 166
- > For January-February 2021 in 2020 PA 257

Response

 Address longstanding challenges related to worker retention and job quality by making permanent the \$2.00 hourly rate increase

Expected impact

- Better attract and retain high-quality workers
- Better health outcomes and improved quality of life for people served and cared for by direct care workers.



Mi Choice Program Expansion

Context

- Through Mi Choice, older or disabled persons who need help caring for themselves can live independently while receiving nursing facility level of care.
- 70% of Michigan seniors would like to be in their homes, but only about 50% are.
- Michigan ranks 45th in share of longterm care expenses on home- and community-based services
- Currently approximately 17,000 served

Response

Provide funding for an additional 1,000 slots for Medicaid home- and community-based services to people who would otherwise require nursing home care.

Expected impact

- Improved health, welfare, and quality of life for elderly and disabled individuals
- Cost-effectiveness



AASA Priorities

Support and increase the direct care workforce

Establish a direct care workforce advisory committee, establish common competencies and explore partnerships to build and strengthen the career pipeline.

Provide timely home and community-based services (HCBS)

Standardize waitlist definitions, develop recommendations to prevent re-hospitalizations and use service-mapping to ensure delivery in target population areas.

Help Michiganders find appropriate services at the right time

Provide information and resources. Map out existing resources and design model for centralized hub and spoke.

Alzheimer's disease and related dementia

Elevate dementia as a public health issue through education, awareness and cross-sector collaboration.

Diversity, equity, and inclusion

Approach all work through an equity lens and look for ways to ensure our programs address social determinants of health.



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