



AREA AGENCIES ON AGING ASSOCIATION OF MICHIGAN  
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## **FACT SHEET ON AREA AGENCIES ON AGING (AAAs)**

### **What are Area Agencies on Aging?**

Area Agencies on Aging are a nationwide network of nonprofit agencies created by Congress to be one-stop shops with information about programs, services and housing options. AAAs were created 37 years ago by the federal Older Americans Act with the mission of creating home and community-based services to maximize the independence and dignity of older adults. AAAs work hand-in-hand with a statewide network of 1200 service providers including county commissions on aging, senior centers and home health agencies. They also work hand-in-hand with the state agency that oversees aging programs – the Office of Services to the Aging (OSA). OSA, AAAs and local service providers are called Michigan’s “aging network.”

### **How many AAAs serve Michigan?**

There are 16 AAAs that serve all of Michigan’s 83 counties. Most are private nonprofit organizations created by county and local governments, and most cover multi-county regions. AAAs are run by boards of directors; most AAA board members are appointed by county boards of commissioners and other local officials. AAAs also have advisory councils with older adult leaders and service providers. For information about the location of AAAs in other states, call the Eldercare Locator toll-free at 1-800-677-1116.

### **Who designates and monitors AAAs?**

AAAs are designated by the Michigan Commission on Services to the Aging, a 15-member group appointed by the Governor. The Commission works closely with the Office of Services to the Aging (OSA), which provides technical assistance and monitors the AAAs. OSA is an autonomous state agency directed by Kari Sederburg, M.P.A., an appointee of Governor Rick Snyder. OSA also has an advisory council made up of older adult leaders and service providers from across the state. For more information about OSA, go to [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors).

### **What do AAAs do?**

AAAs assist older adults and caregivers looking for information and resources. They are experts on all aspects of aging. They provide specialized assistance on Medicare, Medicaid and health insurance issues through the MMAP program. AAAs provide Care Management, a service that assists frail elders remain independent by 1) performing a thorough in-home assessment of the elder’s condition and living situation, 2) developing a care plan to assist the elder in maintaining a quality life, 3) helping to coordinate the care provided by physicians, specialists, hospitals, other health care providers and the aging network, 4) determining if the elder qualifies for any government programs, and 5) educating the elder about the services and programs from which he or she can choose. AAAs use an approach that is “person-centered,” meaning clients are in control and make the decisions about their care. AAAs also give clients the option to self-direct their services and hire their own helpers.

AAAs create new services to fill gaps by creating public/private partnerships. Creating a service means raising money, finding one or more companies/agencies to provide the service, coordinating the new service with existing programs, and informing seniors and the community

about the availability of the new service. AAAs raise additional resources from governmental and private sources. They solicit funds from federal, state and local governments, nonprofit agencies, corporations, foundations, direct mail solicitations, special events and private donors.

AAAs advocate on behalf of older adults and caregivers. AAAs advocate for new programs, more funds for existing programs, and public policies that benefit the elderly. The federal Older Americans Act requires AAAs to advocate for older adults. AAAs have been successful in advocating for federal, state and local resources, and blend all three into a cost-effective service system.

AAAs help people in nursing homes transition back to the community, along with other waiver agencies and Centers for Independent Living. This program is called the Nursing Facility Transition Initiative (NFTI). AAAs find people living in nursing homes who have lived there for many months or even years and want to return home but face significant barriers. In most cases, people need in-home services to live safely at home. Some people have lost their homes and belongings and need to find another place to live. Ten to fifteen percent need no Medicaid services whatsoever. Last year, more than 1,500 people were transitioned back to the community with a significant cost savings to the state.

AAAs play a key role in planning for the aging Baby Boom generation. They research the needs of older adults; they catalogue the services available to coordinate efforts and prevent duplication. After determining needs and resources, they prioritize unmet needs and develop plans to address them. In some cases, meeting seniors' needs requires advocacy and in other cases, services are necessary. AAAs fund a wide variety of home and community-based services, and screen providers to find those that deliver quality services at a reasonable price.

### **Where do AAAs get funding?**

Funding comes from the federal Older Americans Act (\$60 million), the state Older Michigianians Act (\$30 million), and the Medicaid program (\$206 million for the MI Choice Medicaid Waiver). AAAs also receive \$1 million from local governments; that's the required local match for federal funds. AAAs are a cost-effective system - the vast majority of funds are spent on services, with only 5-6% used for administration.

### **Are there advantages to having AAAs separate from service providers?**

Yes. Because AAAs do not provide direct services, they will not steer clients to their own services, allowing them to pick the providers they prefer. AAAs evaluate providers to insure they are legitimate, financially sound and provide quality services. Because they are service-neutral, AAAs are well-positioned to take on special roles that require an agency with no bias. Those special roles include MI Choice Waiver Agent and Aging & Disability Resource Center.

### **What services are available?**

Following is a list of most of the services available. Unfortunately, every service is not available in every area because of limited funding. To find out if a particular service is available in your area, go to [www.michigan.gov/miseniors](http://www.michigan.gov/miseniors).

- Adult Day Care

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WILL . . . SERVE AS THE  
ADVOCATE AND FOCAL POINT  
FOR OLDER INDIVIDUALS WITHIN  
THE COMMUNITY”**

*Older Americans Act*

- Care Management
- Caregiver Support Groups
- Caregiver Training
- Case Coordination and Support
- Chores Services, such as heavy cleaning, minor repairs, lawn care and snow removal
- Congregate Meals at senior centers and other locations
- Counseling
- Elder Abuse prevention
- Employment Assistance
- Grandparents Raising Grandchildren
- Health Promotion and Disease Prevention
- Help with Medicare, Medicaid and other health insurance (MMAAP)
- Home Delivered Meals (Meals-On-Wheels)
- Home Injury Control
- Home Repair
- Housekeeping
- Information and Assistance
- Legal Assistance
- MI Choice Medicaid Waiver
- Nursing Facility Transition services
- Ombudsman Services to resolve problems for people living in long term care facilities
- Options Counseling
- Personal Care, including help with bathing, dressing, eating, etc.
- Respite Care - relief for caregivers
- Senior Centers
- Transportation

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*Older Americans Act*

**Is there an age requirement to receive services?**

Most Older Americans Act programs serve those 60+, with the exception of Title V senior employment, which serves those 55+. But AAAs serve adults of all ages in the MI Choice Medicaid Waiver, Medicare/Medicaid Assistance Program (MMAAP), and in programs for caregivers. In a new federal initiative, AAAs are working with the Veterans Administration to help disabled veterans of all ages to remain independent in their own homes.

**Do seniors have to be low-income to qualify for services?**

There are no income limits for most of the programs funded by the Older Americans Act and Older Michigianians Act, with the exception of the Title V senior employment program. There are income limits to qualify for the MI Choice Medicaid Waiver.

**Do seniors have to pay for services?**

No. Donations or cost-sharing are requested, but not required.

**Are services available to all who need them?**

No. Since funding is capped rather than open-ended, when the monies run out, applicants are placed on waiting lists. In many cases, clients are also limited in the hours of service they can receive in order to serve more people. There are over 7,300 seniors waiting for home-delivered meals or in-home services and 7,000 waiting for the MI Choice Medicaid Waiver.

**Are services provided by the aging network cost-effective?**

Yes. In 2010, MI Choice Medicaid Waiver services cost an average of \$52 a day compared with an average nursing home cost of \$172 a day. Home-based programs (MI Choice, NFTI and Home Help) have contributed to an unprecedented decline in Medicaid nursing home expenditures in absolute terms since 2007.

OSA services, also federal-state funded, are more flexible and keep seniors living at home, out of nursing homes, and off the Medicaid program. The average cost to keep seniors at home with meals-on-wheels and in-home services is \$3 a day. Services like meals-on-wheels, care management, transportation, respite care, etc. are helping family caregivers so they can provide care longer. The vast majority of long term care services are provided at no cost by families and friends, with an estimated annual value of \$13 billion in Michigan.

*June 30, 2011, prepared by Mary Ablan, M.A., M.S.W.*