2011 Michigan Aging Information System NAPIS Participant and Service Report

Prepared by the
Michigan Office of Services to the Aging

April 2012

2011 Michigan NAPIS Participant & Service Report

2011 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 nearly 1,000 service providers across the state.[1]

NAPIS Reporting Requirements

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

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

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

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 2011 Participant and Service Executive Summary

Participants Served

125,139 older adults registered for services[3]
107,752 nutrition services participants
  69,679 older adults in community-based services
  20,239 in-home services participants
   6,328 caregivers in registered services

Fig. 1 Demographic Profile of Participants and Caregivers

Registered Participants	Registered Caregivers	Non-Registered Participants
61% age 75 or older	47% under age 65	21% low-income
66% Female	72% Female	20% minority (race/ethnicity)
42% lived alone	45% Rural	12% rural
49% Rural	33% daughters/daughters-in-law	6% Low-income & minority
32% low-income[4]	28% low-income	
17% minority (race/ethnicity)	20% minority (race/ethnicity)	

Difficulties with Common Daily Activities (59,473 home care participants)[5]

72% reported difficulty shopping and/or cooking meals
56% had difficulty doing laundry, cleaning, climbing stairs, using private transportation, and/or walking
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 10,400,203 million congregate and home-delivered meals.

- Provided 657,350 hours of care management, case coordination & support, chore, homemaker, home health aide, personal care, and other in-home services.

- Delivered 518,204 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 660,872 hours of respite care, adult day care, counseling, training, support groups, caregiver training, and other registered caregiver services.

Expenditures

In 2011, the aging network spent $94.5 million serving older adults and caregivers. About 42% came from the federal government, 27% from state government, and 31% 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 2011 was 125,139. This total represents a decrease of approximately 4.5% from 2010. Increased participation was reported for reported for registered caregiver services (3.9%). Counts of individuals registered for nutrition services (-5.9%) and in-home service participants (-3.3%) decreased from 2010 to 2011.

NAPIS service levels decreased from 12.8 million units in 2010 to 12.3 million in 2011. Decreased service units were reported for all service categories: in-home services (-5.5%), community services (-3.8%), nutrition services (-3.3%) and caregiver services (-17.9%).

The 2011 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 2011 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 Selected Service Category

Service Category	Participants	Unit Count	Service Category	Participants	Unit Count
IN-HOME SERVICES			*COMMUNITY-BASED SERVICES*		
Care Management	3,511	24,819	Outreach	NA	74,976
Case Coordination & Support	8,795	66,226	Personal Emergency Response	1,203	4,022
Chore	3,300	33,911	Wellness Centers (AAA Regional)	1,849	5,562
Homemaker	6,621	299,100	Senior Center Staffing	21,925	27,579
Personal Care	4,271	233,294	Transportation	4,7722	86,577
NUTRITION SERVICES			Vision Services	1,693	2,335
Congregate Meals	60,998	2,613,429	*SERVICES TO CAREGIVERS*		
Home-Delivered Meals	47,591	7,786,774	Counseling Services	163	740
Nutrition Education		NA	Support Groups	997	8,309
COMMUNITY SERVICES			Caregiver Training	1,245	12,012
Assisted Transportation	1,717	14,357	Adult Day Care	1,453	369,581
Counseling	151	443	Home-Delivered Meals	25	3,834
Disease Prevention	11,279	63,521	Homemaker Respite	94	3,492
Elder Abuse Prevention	6,347	5,395	In-Home Respite Care	1,762	170,848
Friendly Reassurance	267	49,060	Kinship Respite Care	271	7,387
Health Screening	1,269	1,270	Other Respite Care	135	26,438
Hearing Impaired Services	2,148	4,932	Out of Home Respite Care	50	22,273
Home Repair	36	369	Volunteer Respite Care	486	33,872
Home Injury Control	1,040	3,144	Supplemental Services	99	435
Information & Assistance	NA	132,697	Personal Care Respite	56	1,742
Legal Assistance	10,237	46,052	Information & Access Services	NA	14,481
Medication Management	1,588	9,185			

Fig. 3 Participants by Service Category[6]
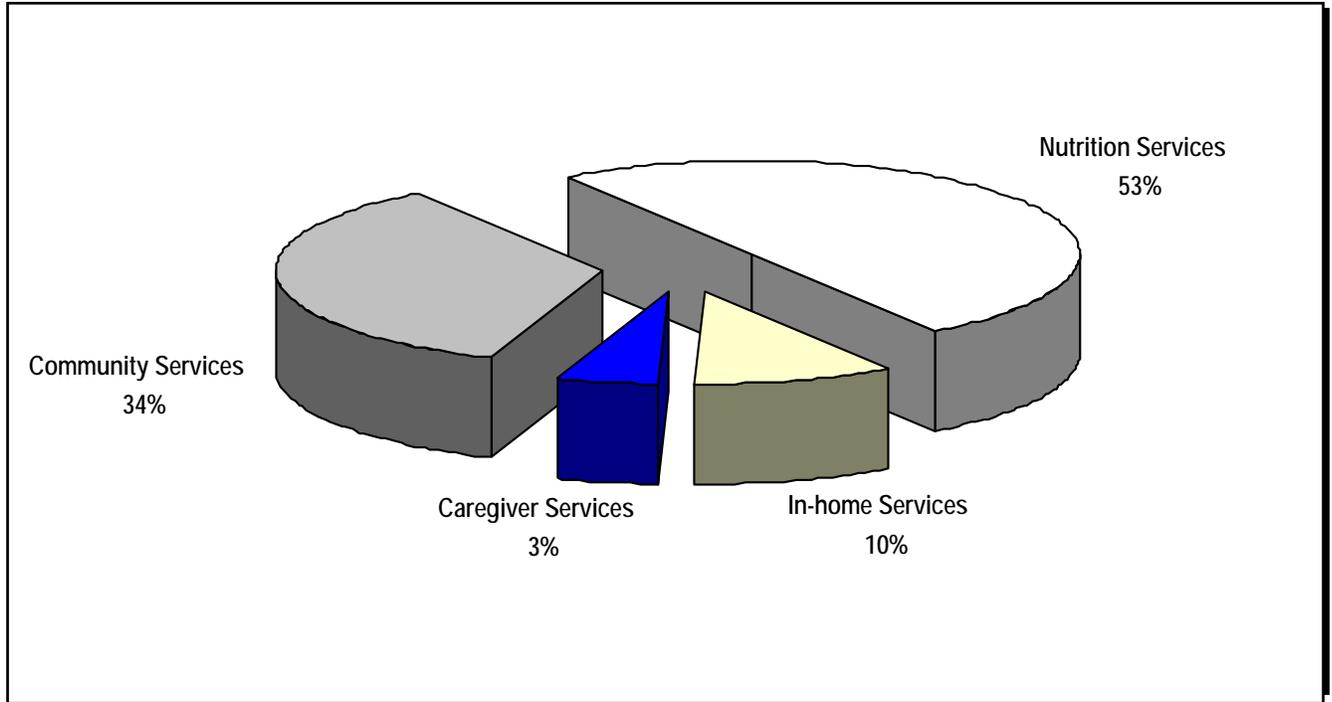
Nutrition Services
53%

Community Services
34%

Caregiver Services
3%

In-home Services
10%

Fig. 4 Registered Participants and Michigan's 2000 U.S. Census 60+ Population by Selected Characteristics[7]

61%

66%

57%

36%

43%

29%

32%

18%

8%

12%

Age 75+   Female   Live Alone   Low-income   Minority

■ NAPIS Participants   □ MI Census Population

---
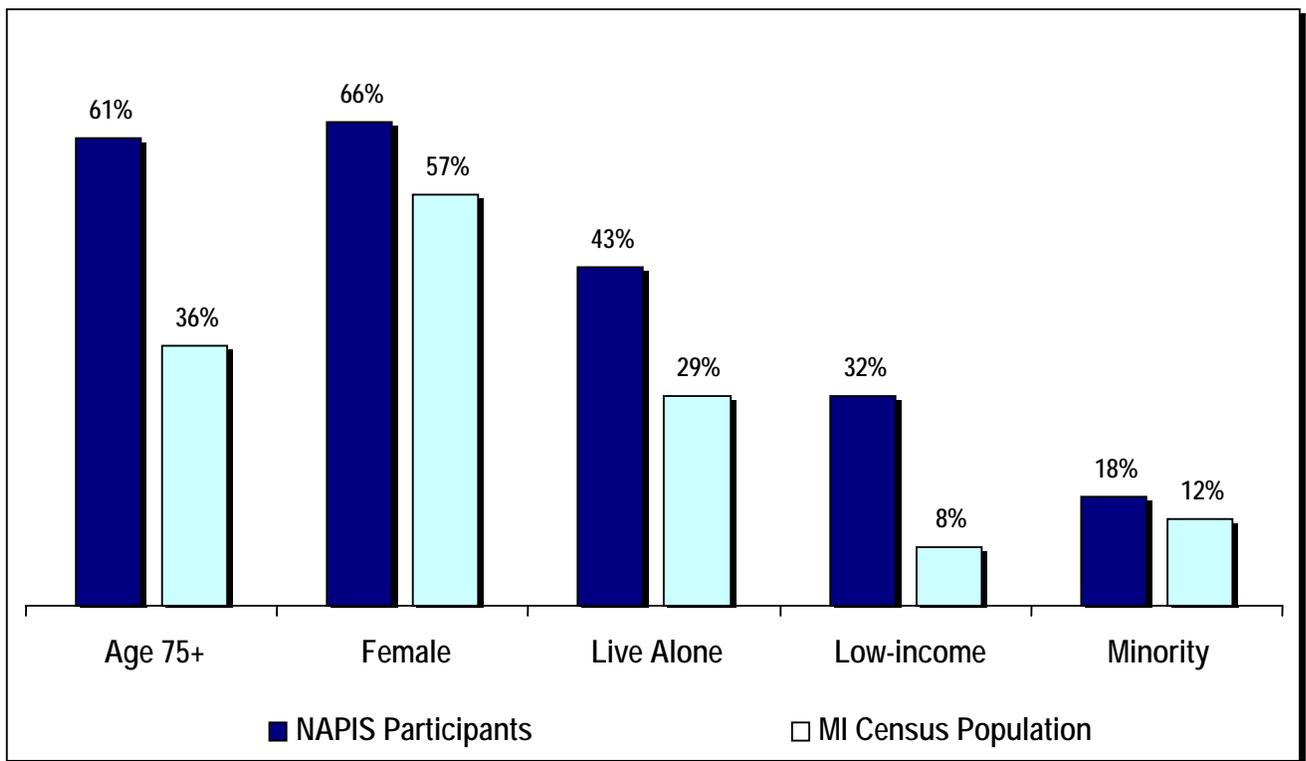
[6] Data on caregiver, in-home and nutrition services based on unduplicated participant counts. Community services data based on aggregate counts.
[7] Age, gender, and minority status data for individuals aged 60 and older. Income and living alone data for individuals aged 65 and older.

FY 2011 Service Expenditure Analysis[8]

Overall expenditures for services in 2011 totaled $94,463,828, a decrease of 1.4% from 2010.[9] In-home service expenditures decreased (-4.7%) and nutrition services (-1.7%). Expenditure totals for community services (2.5%) and caregiver services (1.6%) increased from 2010 to 2011. Figure 5 provides expenditure totals from federal, state, and local sources reported for 2011.

Fig. 5 Total Expenditures for Selected Services

Service Category	Expenditures	% of Total	Service Category	Expenditures	% of Total
Home Delivered Meals	$33,646,307	35.6%	Respite Homemaker/HHA/PC	$243,649	0.3%
Congregate Meals	$16,244,127	17.2%	Elder Abuse Prevention	$240,977	0.3%
Care Management	$7,647,306	8.1%	Kinship Respite Care	$236,224	0.3%
Adult Day Services	$5,402,694	5.7%	Caregiver Case Management	$235,100	0.2%
Homemaker	$5,041,669	5.3%	Assisted Transportation	$205,700	0.2%
Personal Care	$4,520,089	4.8%	Other Respite Care	$186,112	0.2%
In Home Respite	$4,046,151	4.3%	Home Injury Control	$181,038	0.2%
Program Development	$2,196,975	2.3%	Personal Emergency Response	$137,249	0.1%
Outreach	$1,907,348	2.0%	Health Screening	$135,436	0.1%
Case Coordination & Support	$1,691,312	1.8%	Caregiver Supplemental Services	$131,325	0.1%
Information & Referral	$1,471,257	1.6%	Volunteer Respite Care	$120,060	0.1%
LTC Ombudsman	$1,144,904	1.2%	Assistance to Hearing Impaired	$104,103	0.1%
Legal Assistance	$990,791	1.0%	Vision Services	$103,097	0.1%
Transportation	$845,324	0.9%	Out of Home Respite	$88,634	0.1%
Caregiver Training	$766,000	0.8%	Other Services	$81,817	0.1%
Caregiver Information & Assistance	$700,069	0.7%	Community Living Program	$80,917	0.1%
Chore Service	$687,955	0.7%	Out of Home/Overnight Respite	$74,434	0.1%
Caregiver Outreach	$497,782	0.5%	Home Repair	$72,518	0.1%
Wellness Centers (AAA Regional)	$379,707	0.4%	CLP - Caregiver	$60,867	0.1%
Senior Center Staffing	$354,016	0.4%	Volunteer Respite Care	$58,691	0.1%
Disease Prevention/Health Promotion	$326,382	0.3%	Counseling	$30,142	0.03%
Senior Center Operations	$290,508	0.3%	Caregiver Health Education	$24,229	0.03%
Caregiver Transportation	$285,991	0.3%	Other Caregiver Services	$18,010	0.03%
Medication Management	$264,791	0.3%	**Totals:**	**$94,463,828**	
Caregiver Support Group	$264,044	0.3%			

[8] Totals include reported expenditures of federal, state and local resources for 2011. 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.

Service Expenditure Patterns and Funding Sources

Service expenditures in 2011 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.

Decreased expenditures were reported for federal funds (-6.3%) and state funds (-5.8%) in 2011 compared to 2010. Expenditures of local program income and matching funds increased by 11.2% from 2010 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.
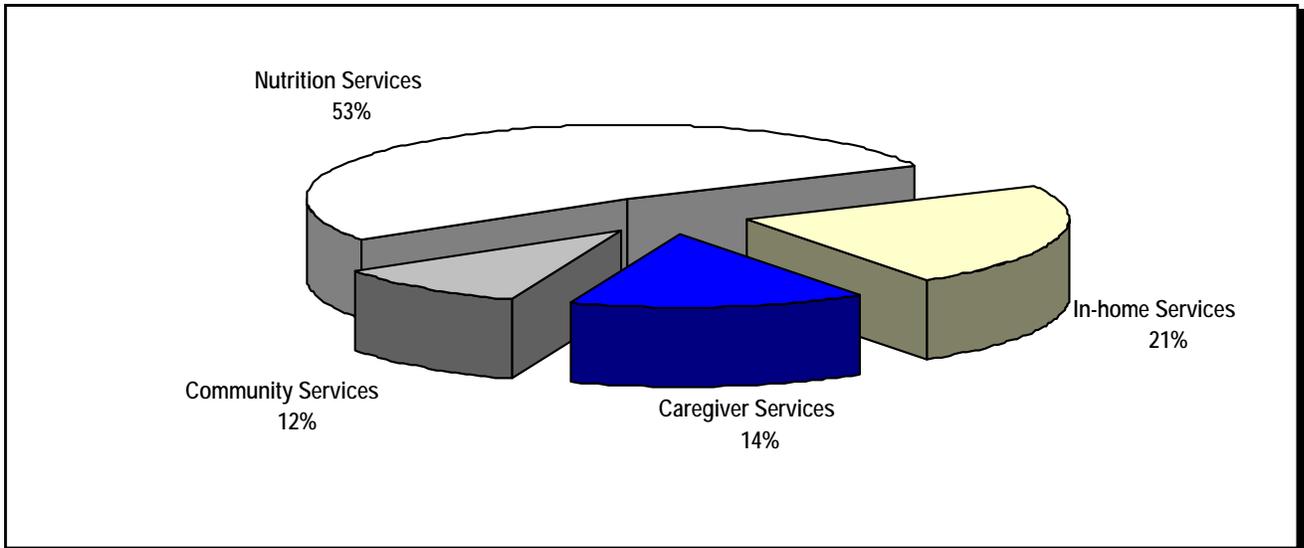
Fig. 6 Expenditures by Service Category

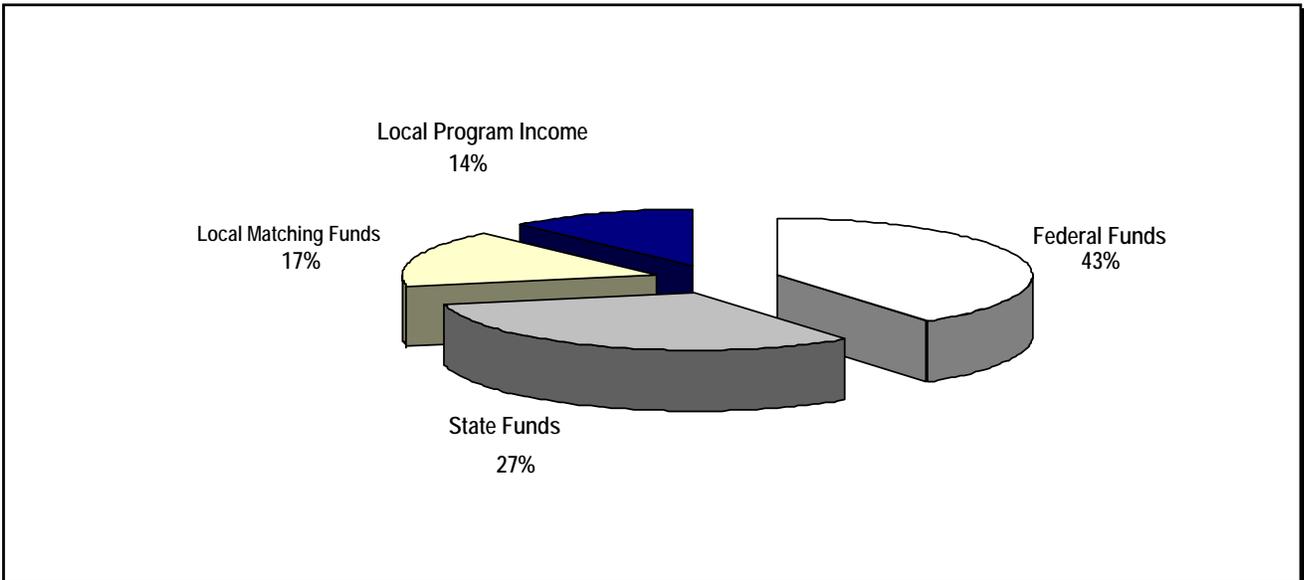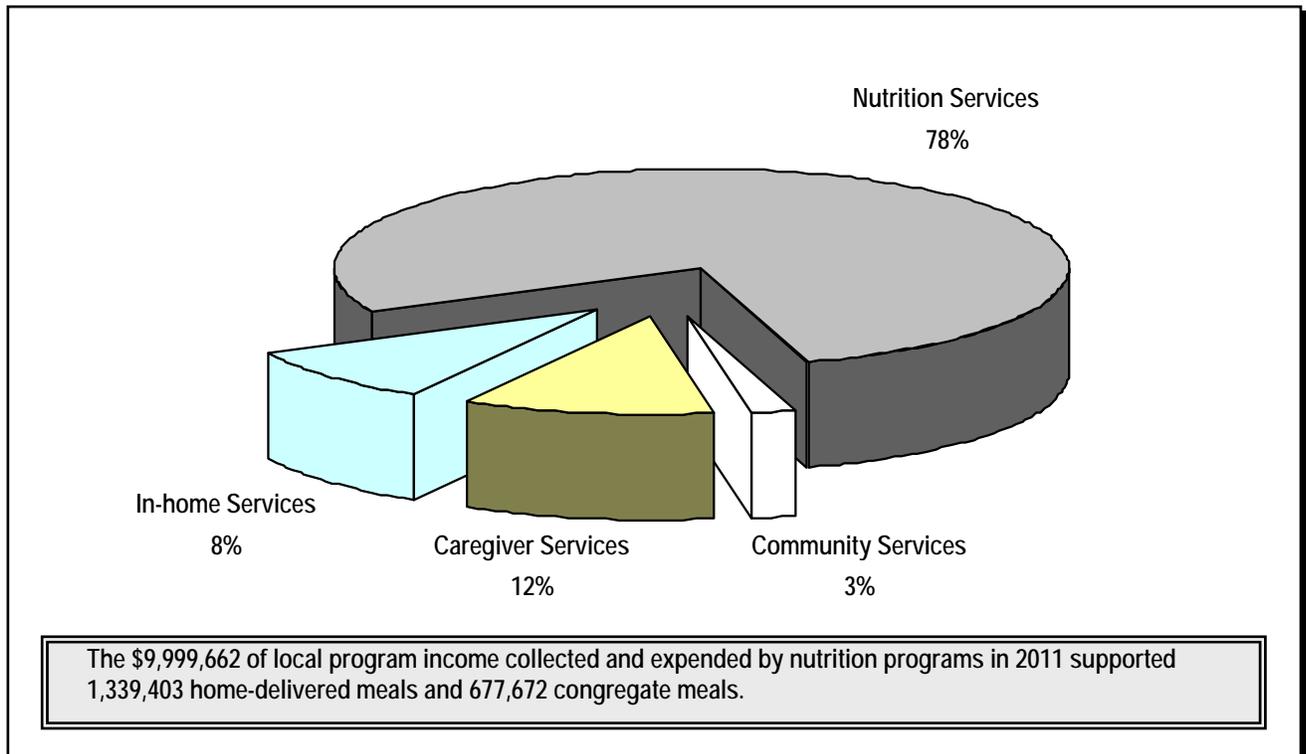*Fig. 7 Service Expenditures by Source of Funds*

Fig. 8 Expenditures by Service Category and Source of Funds

Service Category	Total Expenditures	% Federal OAA Funds	% State Funds	% Local Program Income	% Local Matching Funds	% Total
In-Home Services	$19,602,072	19%	56%	5%	20%	100%
Nutrition Services	$49,891,190	50%	17%	20%	13%	100%
Community Services	$11,505,127	64%	10%	3%	23%	100%
Caregiver Services	$13,465,439	32%	36%	11%	21%	100%
Totals	**$94,463,828**	**43%**	**27%**	**14%**	**17%**	**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	$4,982,223	17%
Nutrition Services	$16,581,621	57%
Community Services	$3,027,244	11%
Caregiver Services	$4,347,363	15%
Totals	**$28,938,451**	**100%**

Fig. 10 Local Program Income Expenditures by Service Category

Nutrition Services 78%
In-home Services 8%
Caregiver Services 12%
Community Services 3%

The $9,999,662 of local program income collected and expended by nutrition programs in 2011 supported 1,339,403 home-delivered meals and 677,672 congregate meals.

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

# FY 2011 Administrative Expenditure Analysis[12]

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. Area agencies on aging 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	$3,712,511	$40,187,029	$43,899,540	8.5%
State Funds	$955,534	$25,338,348	$26,293,882	3.6%
Local Funds	$757,863	$28,938,451	$29,696,314	2.6%
Totals	**$5,425,908**	**$94,463,828**	**$99,889,736**	**5.4%**

Fig. 12 AAA Area Plan Administrative Expenditures by Source Detail

---
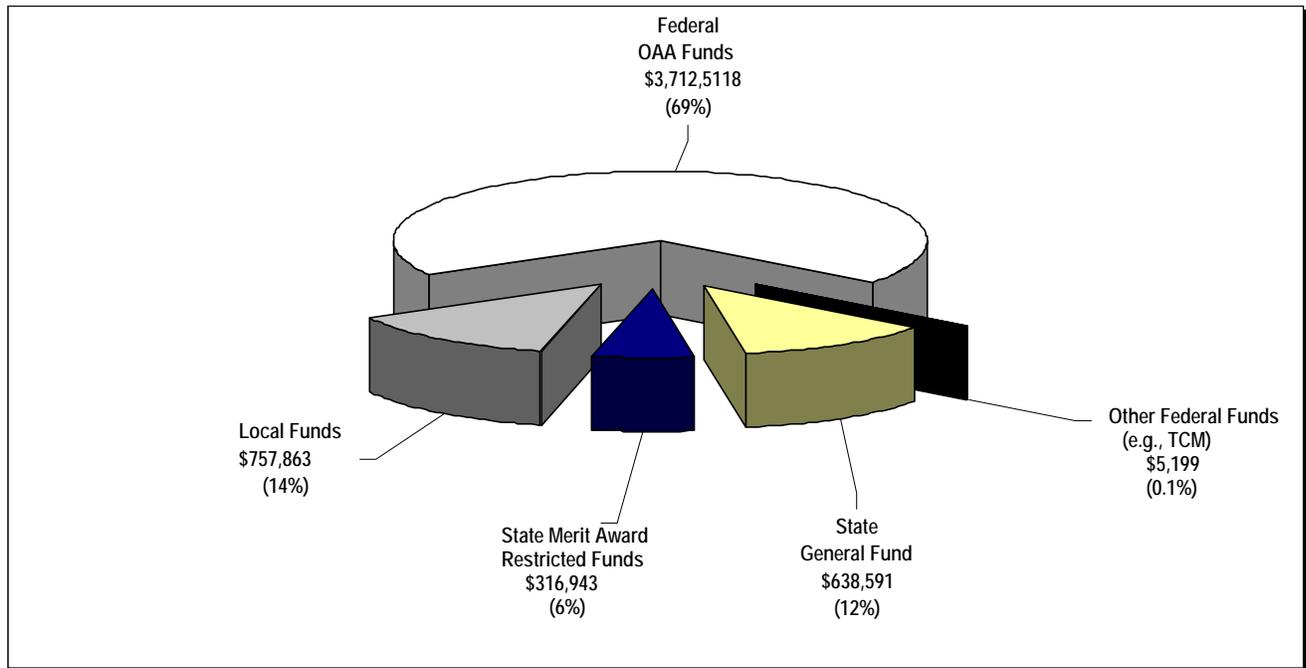
[12] Totals include federal, state and local expenditures reported for 2011 for NAPIS-related services. This analysis does not include funding for services that are not reportable in NAPIS, including senior volunteer programs, OAA Title V, and other special programs and grants. Minor discrepancies may 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 2011 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 2011, 20,239 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

71% were 75 years of age or older; and 35% were 85 years of age or older
72% were female
56% lived alone
56% resided in rural areas
39% started service five or more years ago[14]
30% 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 2011, approximately $19.6 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]	$7,647,306	*See footnote 15*	*See footnote 15*
Homemaker	$5,041,669	$762	$19.86
Personal Care	$4,533,830	$1,062	$19.43
Case Coordination and Support	$1,691,312	$192	$25.54
Chore	$687,955	$208	$20.29
Totals	**$19,602,072**	**$969**	**$29.82**
Hours of in-home service per day in 2011 (statewide average):[16]			*2,528*

---

[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 2011 the average annual cost per care management participant was $2,178 and the average cost per participant month was $308.12.
[16] Based on 260 services days in 2011 (5 days per week by 52 weeks).

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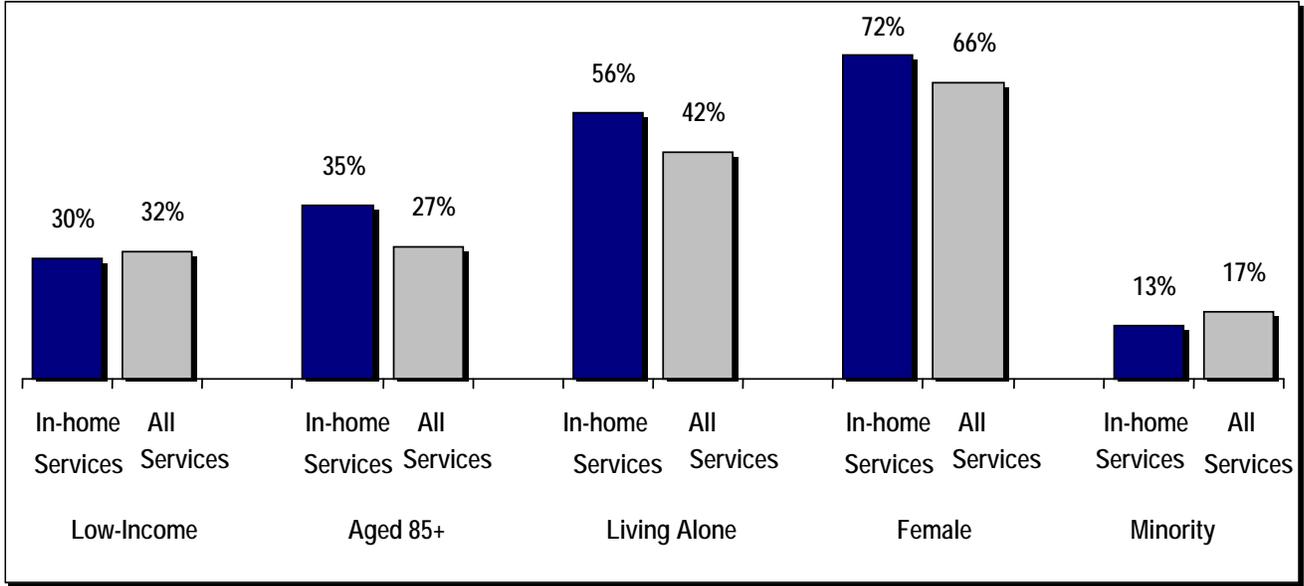

Fig. 15 In-Home Service Participants by Initial Service Intake Date

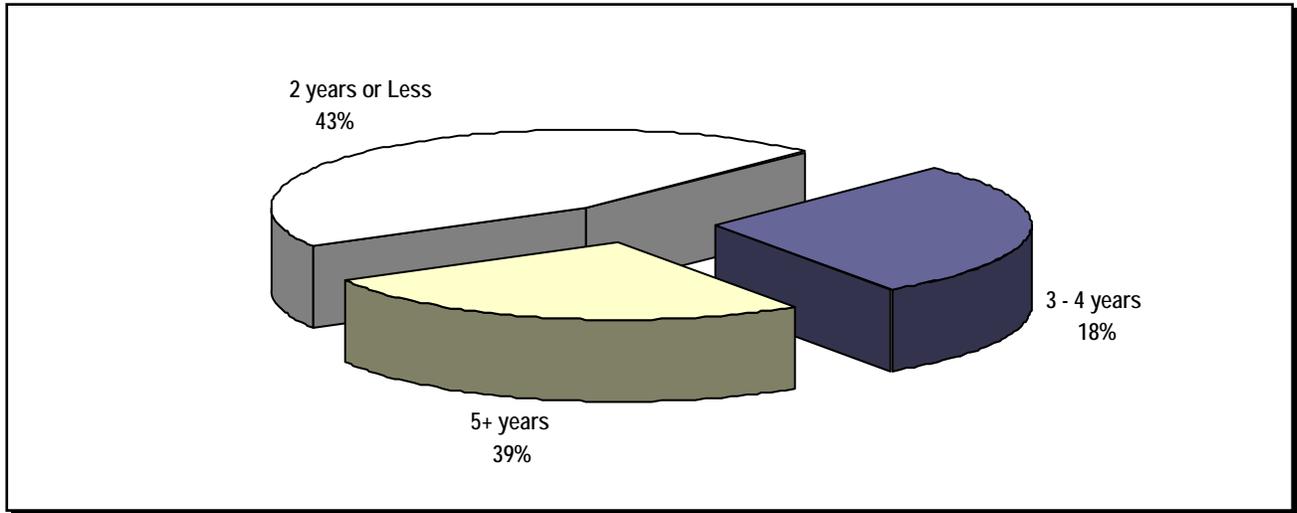*Fig. 16 In-Home Service Participants by Most Frequently Reported ADL & IADL Limitations*

Daily Activity Limitations (ADLs & IADLs)	% of Participants w/ Reported ADL or IADL Limitation
Shopping	8%
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).

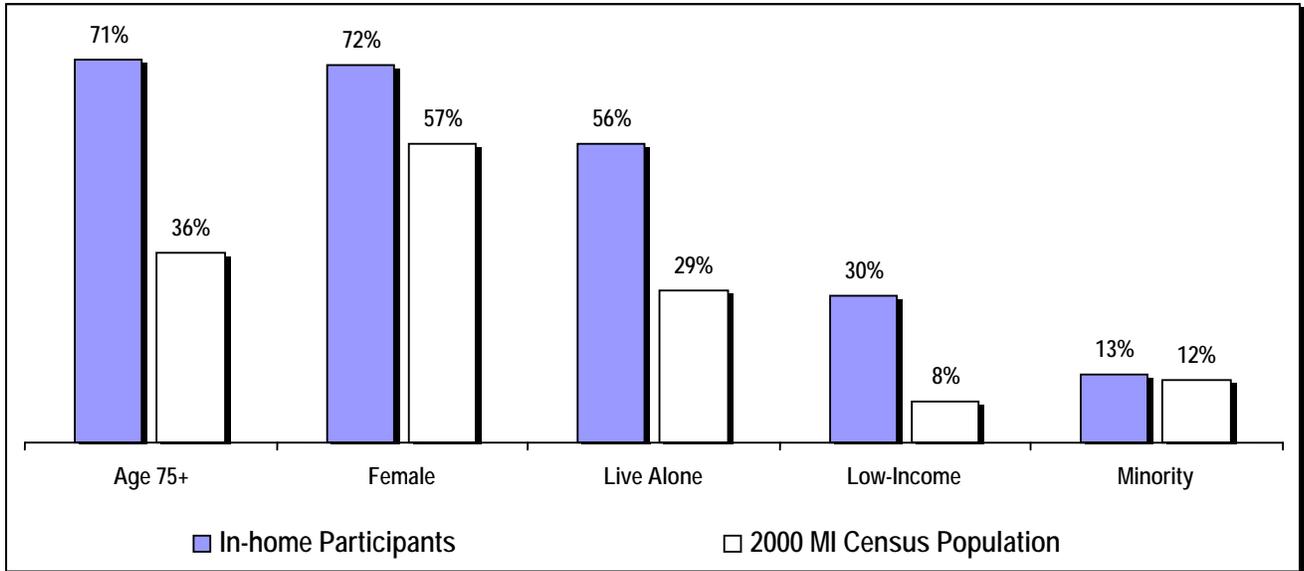*Fig. 17 In-Home Service Participants and Michigan's 2000 U.S. Census 60+ Population by Selected Characteristics[18]*

Fig. 18 In-Home Service Participants and Michigan's 2000 Census Population by Daily Activity Difficulties[19]

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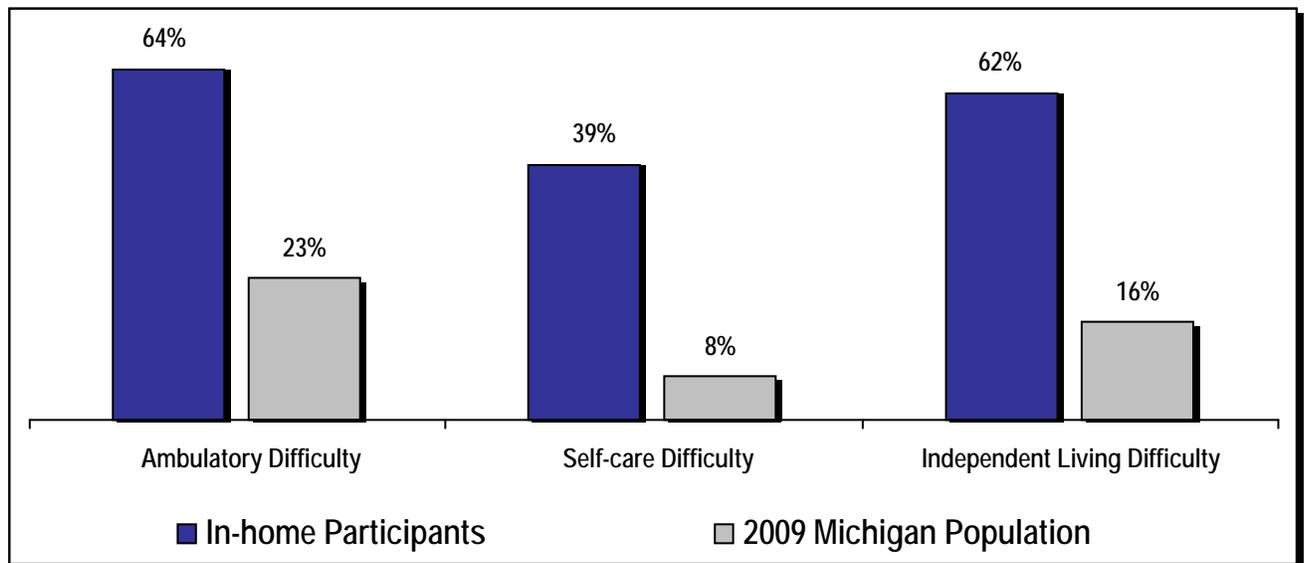
[17] Source: U.S. Census, 2009 American Community Survey (ACS)

[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 2011 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 2011, 47,591 home-delivered meal participants received 7,786,774 meals and 60,998 congregate meal participants received 2,613,429 meals.

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

Home-Delivered Meal Participants	Congregate Meal Participants
70% were age 75 or older; 37% were 85 or older	53% were age 75 or older; 19% were 85 or older
65% were female	66% were female
49% lived alone	35% lived alone
39% resided in rural areas	56% resided in rural areas
36% were low-income	26% were low-income
64% were at high nutritional risk	12% were at high nutritional risk
24% were minority by race and/or ethnicity	11% were minority by race and/or ethnicity
24% started service five or more years ago[20]	33% 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 2011, nearly $50 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	$33,646,307	164	$707	$4.32	29,949
Congregate Meals	$16,244,127	43	$261	$6.22	10,052
Nutrition Education	$756	NA	NA	NA	NA
Totals	**$49,891,190**	**97**	**$463**	**$4.79**	**40,001**

---

[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 2011, 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
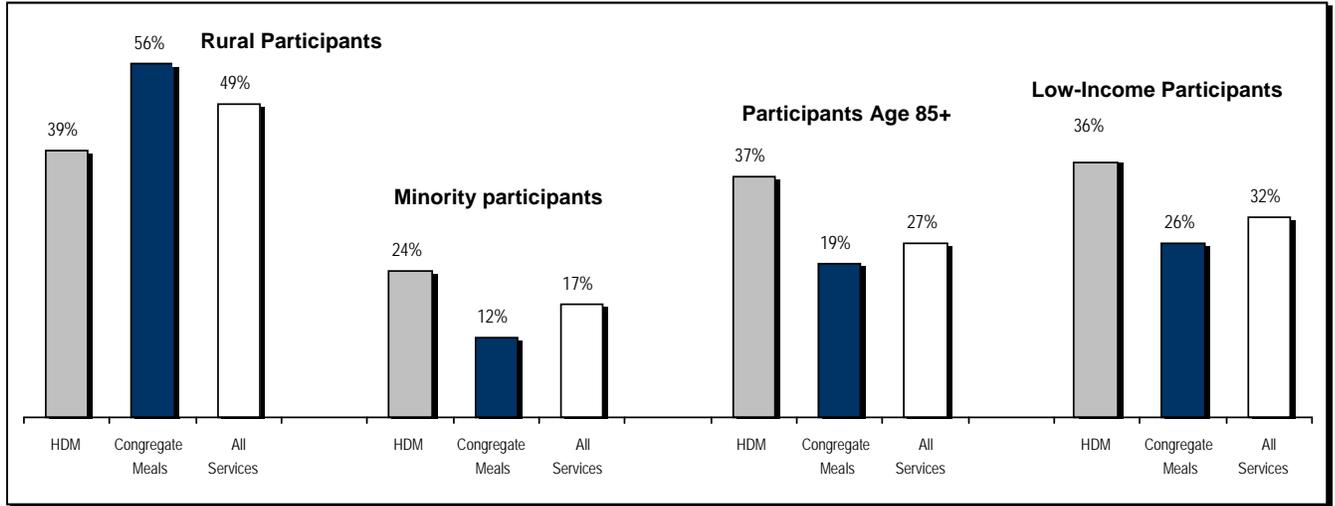
Fig. 22 Home-Delivered Meal Participants by Most Frequently Reported Daily Activity Limitations

Most Frequently Reported Daily Activity Limitations (ADL and IADLs)	% of Participants w/ ADL or IADL Limitation
Cooking Meals	79%
Shopping	76%
Doing Laundry	63%
Using Private Transportation	60%
Cleaning	57%
Stair Climbing	57%
Participants w/ 3 or more ADLs and/or IADLs	*81%*

Fig. 23 Home-Delivered Meal Participants and Michigan's 2000 Census 60+ Population by Selected Characteristics
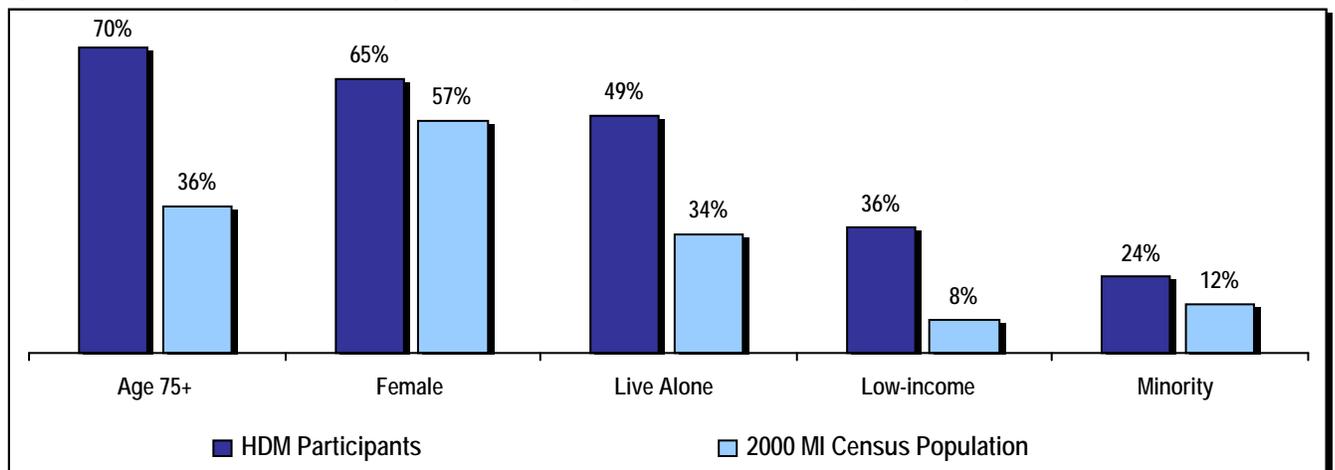
Profile of Home-Delivered Meal Participants by Service Intake and Meal Type

About one-quarter of participants in the Home-Delivered meal program in 2011 had been registered for NAPIS service(s) for five or more years (see footnote 14). This compared to one-third of those in the congregate program. A similar distribution was found for those registered between three and four years: 14% 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 two years or less.   More than one-half of both home-delivered participants and congregate participants were registered for service since 2010. Figure 24 describes nutrition program participants by initial NAPIS registration.

Nearly three-quarters of home-delivered meals served in 2011 were hot meals (figure 25). Most of the remaining meals were cold meals (15%) or liquid meals (9%). The 122,590 Nutrition Services Incentive Program (NSIP) meals served in 2011 was a decrease of 10% from 2010. 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 2011 the NSIP allocation represented nearly 13% of total nutrition expenditures.

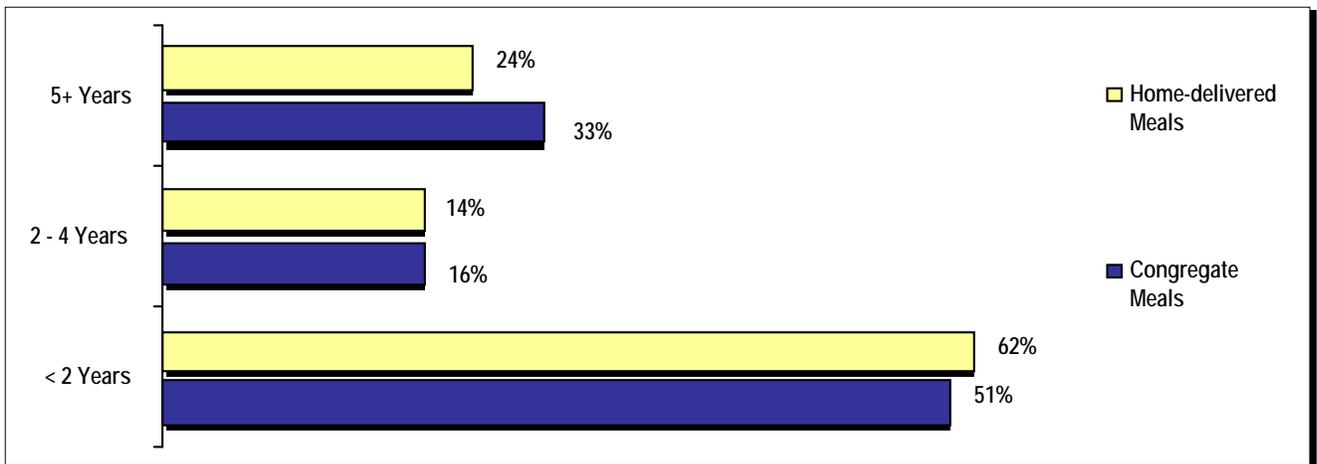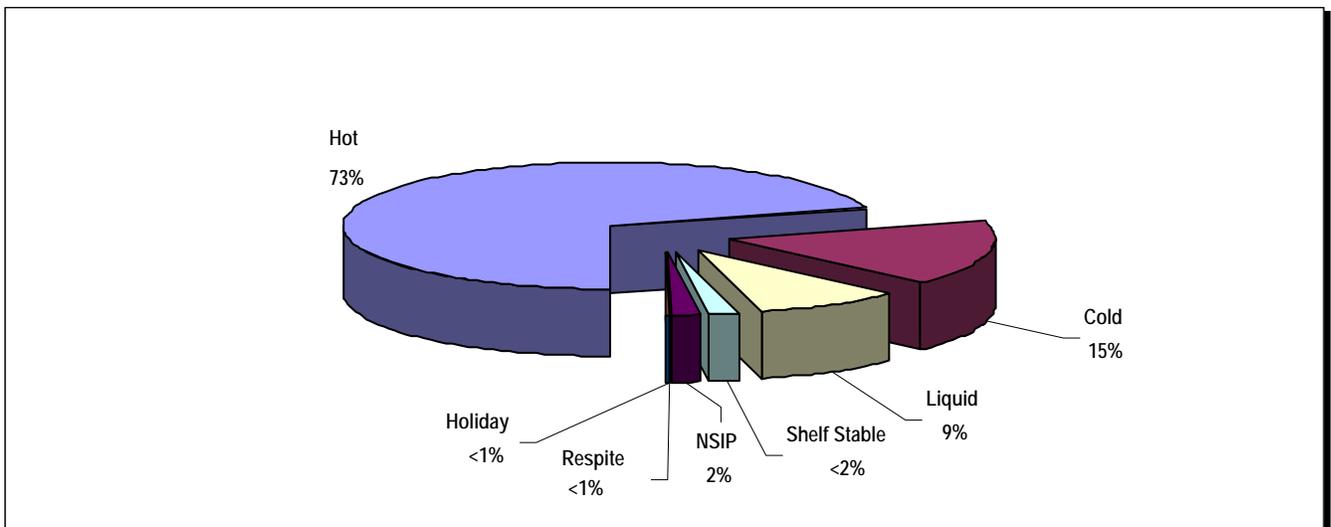*Fig. 24 Home-Delivered Meal Participants by Initial Service Intake Date*

Fig. 25 Home-Delivered Meals by Meal Type

Profile of Congregate Meal Sites and Type of Meals Served

At the end of 2011 there were 625 congregate meal sites operating across Michigan. A total of 9 sites closed during 2011 and 3 sites opened. Most congregate sites (71%) 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 90% of the 2.6 million congregate meals served in 2011 were provided in congregate settings. A small number of congregate meals (54,303) 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 total of 118,072 NSIP-only meals served in 2011 was similar to 2010. 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 2011.

Fig. 26 Congregate Meal Sites by Service Delivery Pattern
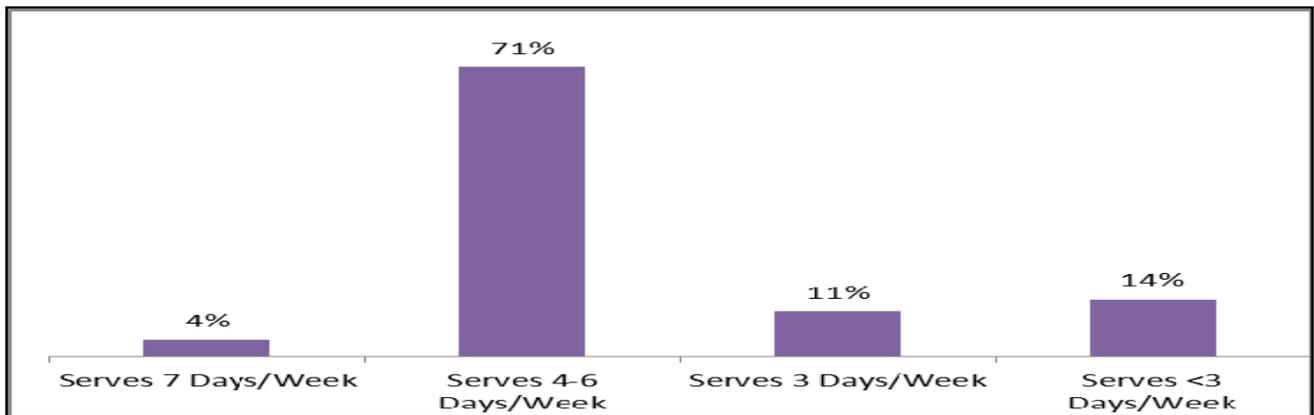
Fig. 27 Congregate Meals Served by Meal Type
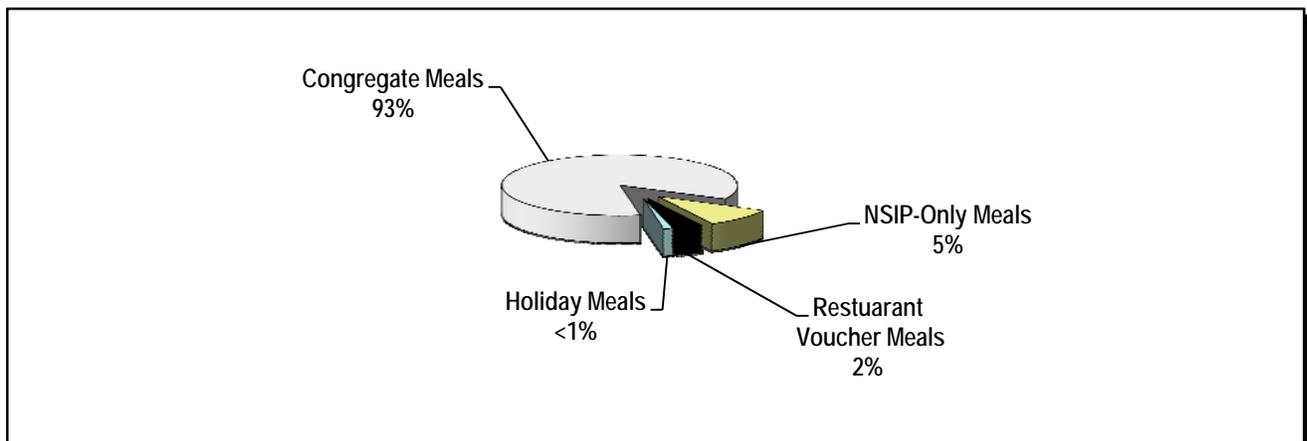
Fig. 28 Congregate Meal Sites by Facility Characteristics[22]
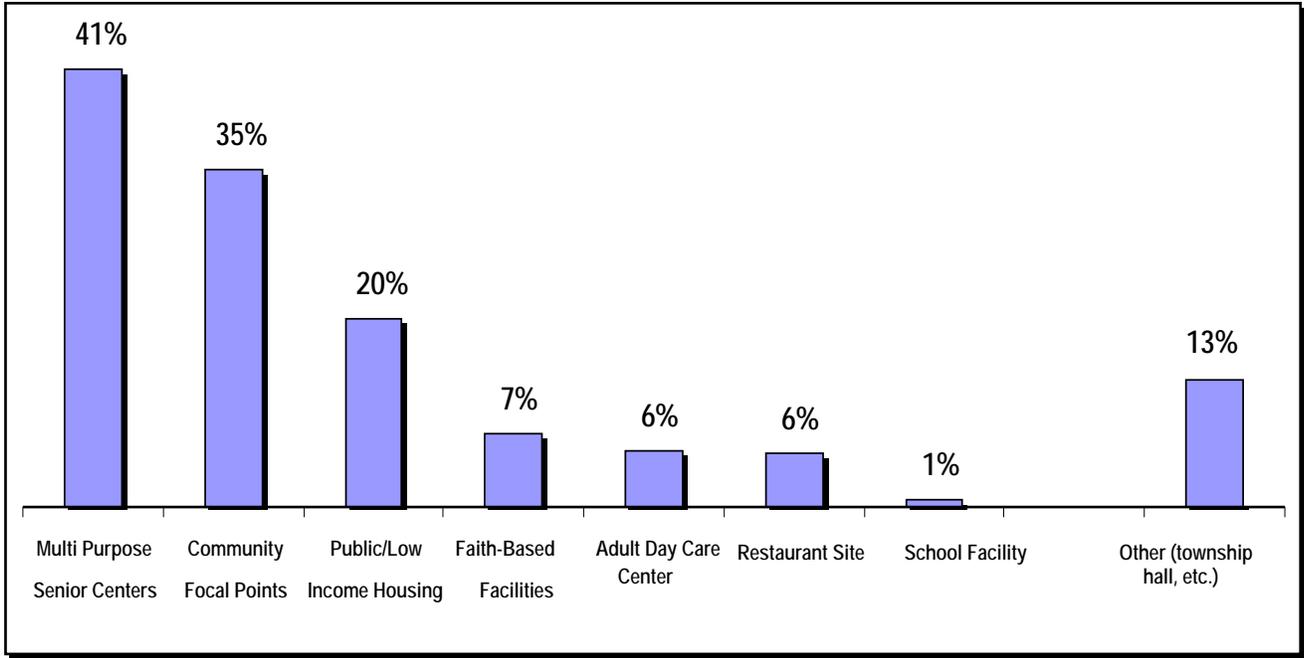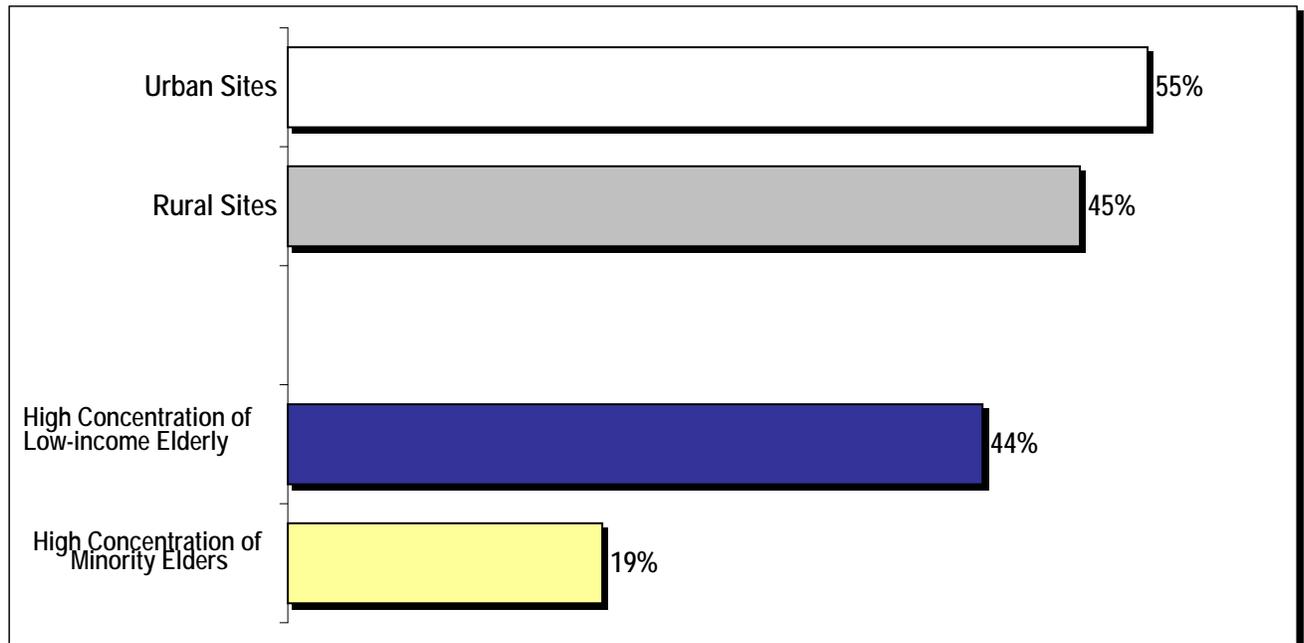

Fig. 29 Congregate Meal Sites by Location Characteristics

---

[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.

FY 2011 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 2011, 69,679 older adults received 518,204 hours/units of community services.

Profile of Community Services Participants

21% were low-income
20% were minority by race and/or ethnicity
12% resided in rural areas
6% were low-income and minority by race and/or ethnicity

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 2011, about $9.3 million was spent providing community services. Figure 30 describes expenditures and average costs for selected community services.

Fig. 30 Community Service Expenditures and Average Annual Cost per Participant and Service Unit for Selected Services

Service Category	Expenditures	Avg. Cost / Participant	Avg. Cost / Unit
Outreach	$1,907,348	*NA*	$25.44
Information & Referral	$1,471,257	*NA*	$11.09
Legal Assistance	$990,791	$130	$26.00
Transportation	$845,324	$177	$9.76
Senior Center Operations	$644,524	$29	$23.37
Disease Prevention/Health Promotion	$326,382	$29	$5.14
Medication Management	$264,791	$167	$28.83
Elder Abuse Prevention	$240,977	$38	NA
Assisted Transportation	$205,700	$120	$14.33
Home Injury Control	$181,038	$174	$57.59
Per Emergency Response	$137,249	$114	$34.12
Health Screening	$135,436	$107	$106.64
Assistance to Hearing Impaired	$104,103	$48	$21.11
Vision Services	$103,097	$61	$44.15
Home Repair	$72,518	*NA*	$196.79
Counseling	$30,142	$200	$68.04
Friendly Reassurance	$11,099	$42	$0.23

FY 2011 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 2011, 6,328 caregivers were supported by 657,350 hours of adult day care, respite care, counseling services, and supplemental care.

Profile of Registered Caregivers

72% were female
47% were younger than 65 years of age
45% resided in rural areas
33% of caregivers were daughters or daughters-in-law; 28% of caregivers were spouses
28% were low-income
20% were minority by race and/or ethnicity

Fig. 31 Profile of Caregiving

Profile of Caregiving	
73%	provided daily, hands-on care
73%	have been caregiving for more than one year; 52% for three or more years
59%	lived with the individual(s) that they care for; 34% travel up to one hour to provide care
41%	Indicated that there were "no other family members willing or able" to help provide care
33%	were employed full or part-time
29%	described their health as "fair" or "poor"
15%	were kinship caregivers (e.g., caregiving for grandchildren)

Expenditures

In 2011, the aging network spent more than $13.4 million to support caregivers. Figure 32 describes expenditures and average costs per caregiver and service unit for caregiver services.

Fig. 32 Caregiver Service Expenditures and Average Cost per Participant and Service Unit

Service Category	Expenditures	Avg. Cost / Caregiver	Avg. Cost / Unit
Respite Services	$10,465,366	$2,539	$16.37
Counseling Services	$1,046,700	$452	$49.70
Supplemental Services	$131,325	$1,327	$301.90
Information and Access Services	$1,822,048	NA	NA
Totals	**$13,465,439**	**$1,839.98**	**$17.71**
Hours of Caregiver Services Per Day in 2011 (statewide average):[24]			*2,528*

---

[24] Based on 260 services days in 2011 (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 33 through 35 describe characteristics, services, and service costs for caregivers aged 60 and older and those under age 60.

Fig. 33 Registered Caregivers by Age Group
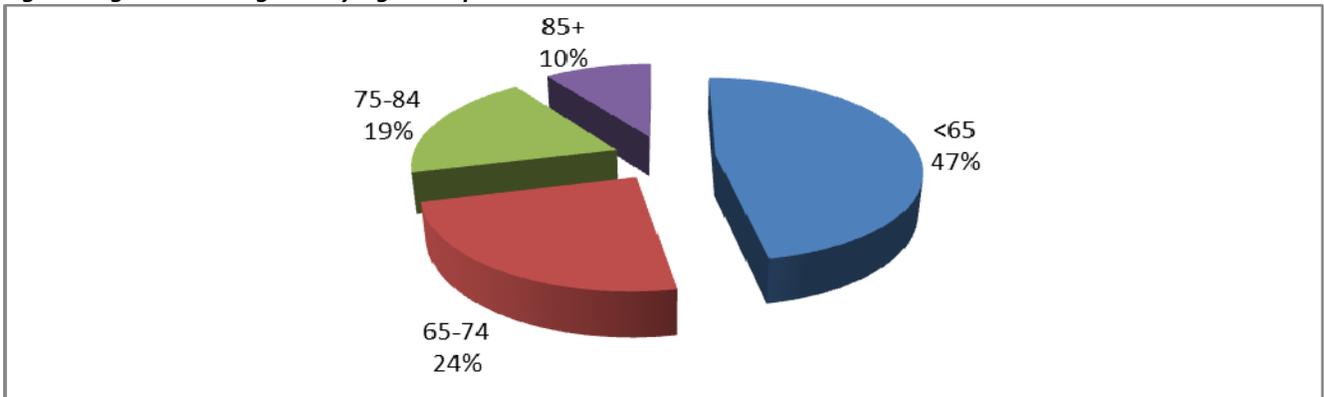
Fig. 34 Registered Caregivers By Age, Service Levels, and Service Costs

	% of Total Caregivers	Hours of Service (Registered Services)	% of Total Service Units	Service Cost
Caregivers < Age 60	33%	259,160	41%	$4,589,731
Caregivers Aged 60+	67%	369,967	59%	$6,552,114

Fig. 35 Registered Caregivers by Age and Selected Characteristics
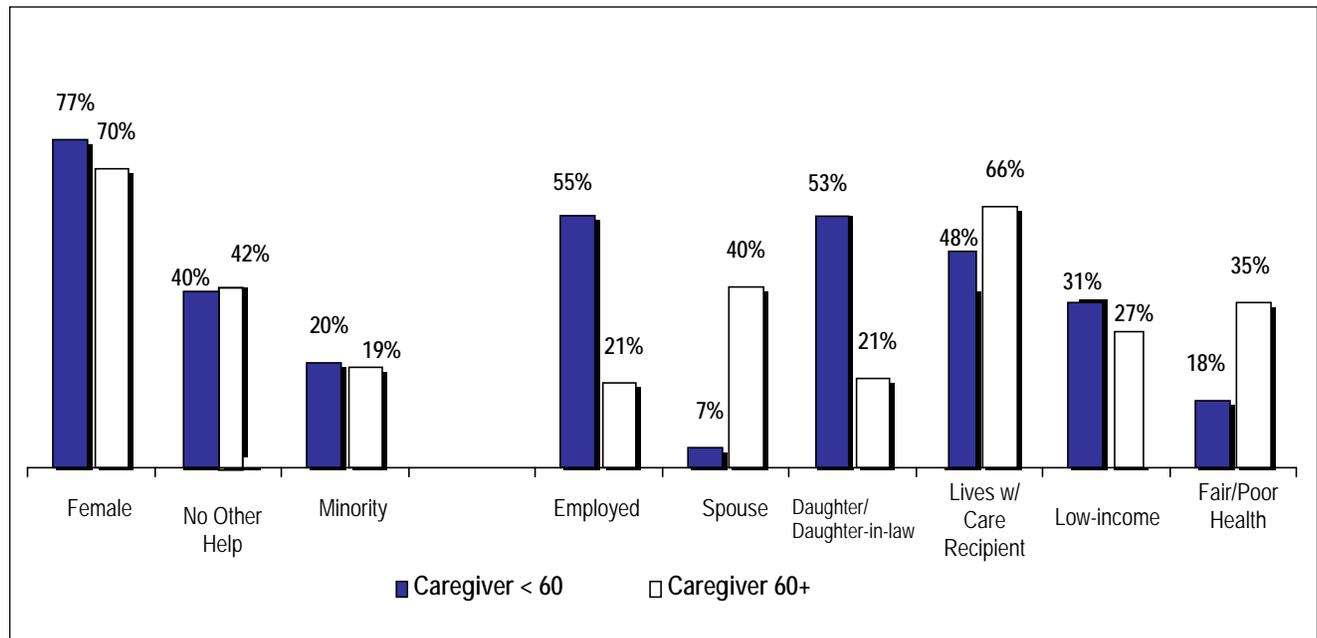
Characteristics of Caregivers by How Long They Have Been Providing Care

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 36 through 38 describe characteristics, services, and service costs for caregivers based on how long they have been providing care.

Fig. 36 Registered Caregivers by Length of Time Providing Care
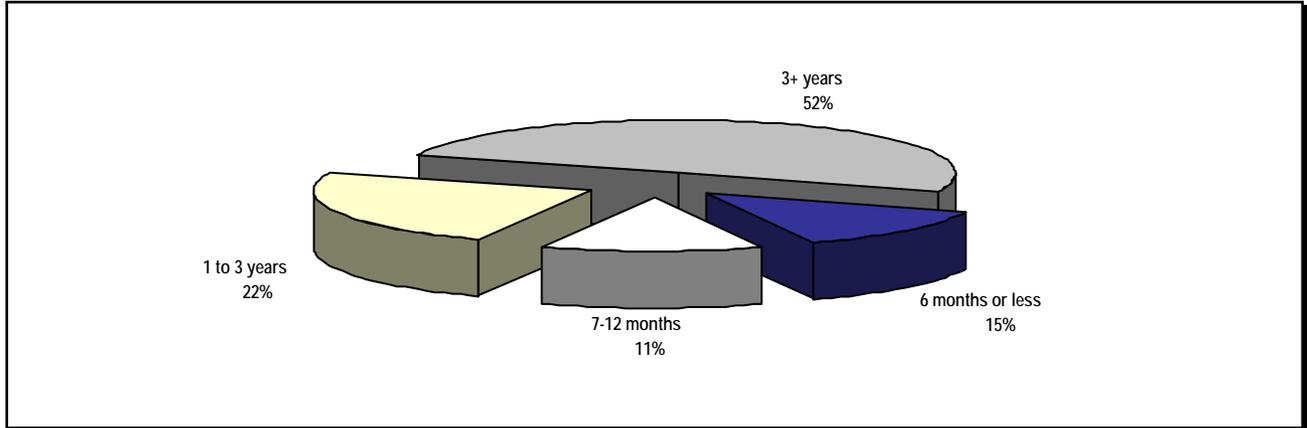
Fig. 37 Registered Caregivers by Length of Time Caregiving, Service Levels, and Service Cost.

	% of Total Caregivers	Hours of Service	% of Total Service Units	Service Cost
Caregiver 6 Months or Less	23%	53,705	9%	$951,115
Caregiver 3+ Years	77%	298,032	47%	$5,278,145

Fig. 38 Registered Caregiver Characteristics by Length of Time Providing Care
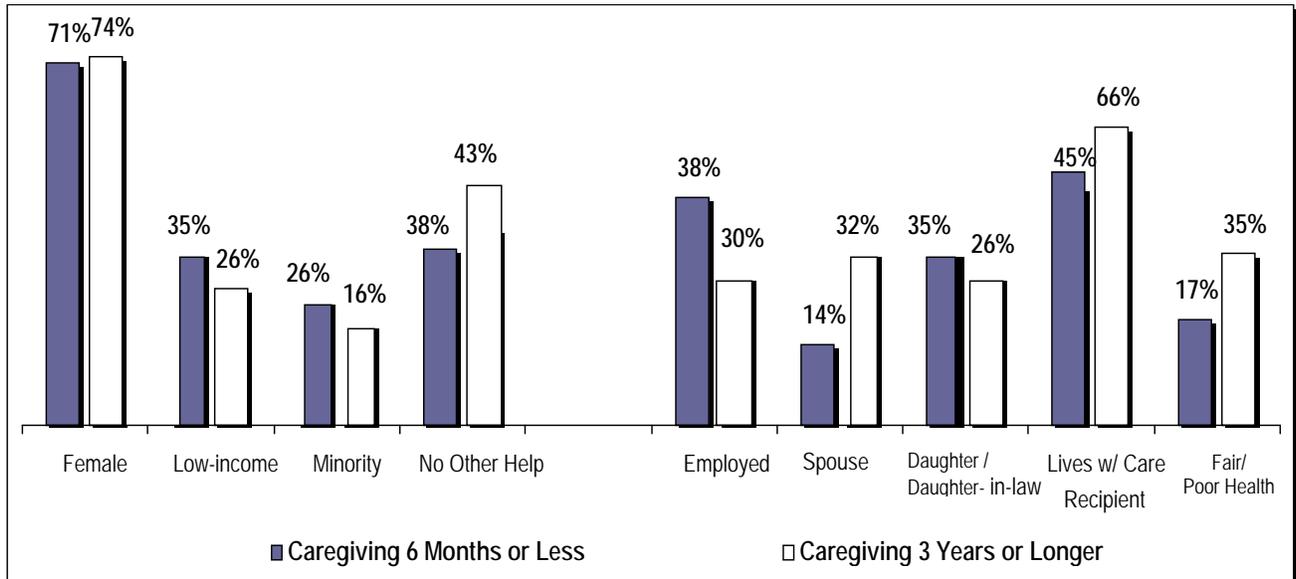
FY 2011 NAPIS Special Reports

Services to *At-Risk* In-Home Service Participants in FY 2011

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 2011, 5,000 at-risk older adults received 72,146 hours/units of home care and 716,359 home-delivered meals.

Profile of At-Risk Participants

75% were 75 years of age or older; and 41% were 85 years of age or older
78% were at high nutritional risk
70% were female
55% were low-income
45% lived alone
40% were minority by race and/or ethnicity
39% resided in rural areas
20% started service 5 or more years ago

Fig. 39 At-Risk and Home Care Participants by Selected Characteristics
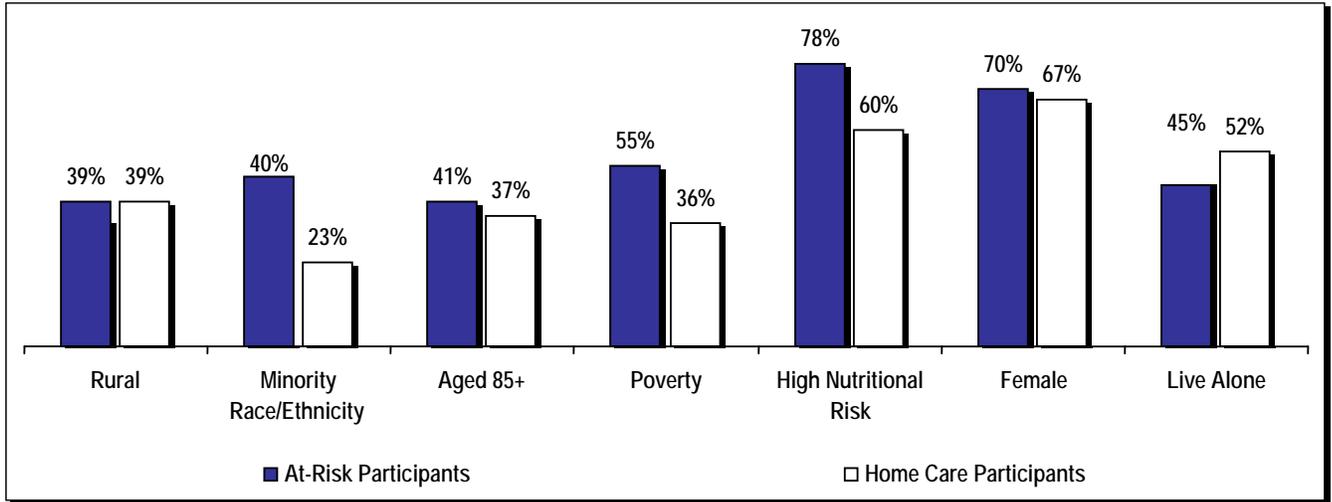
Expenditures for At-Risk Participants

In 2011, nearly $6 million was expended providing in-home services and home-delivered meals to at-risk older adults. Figure 40 describes expenditures, services, and average participant costs.

Fig. 40 Expenditures and Service Levels to At-Risk Participants

Service	Expenditures	Service Units	At-Risk Participants
Care Management	$1,511,329	4,905	651
Case Coordination & Support	$117,356	4,595	418
Chore	$57,621	2,8340	206
Home-Delivered Meals	$3,094,671	716,359	3,679
Homemaker	$515,338	25,949	535
Personal Care	$657,860	33,858	505
Totals	**5,954,175**	**788,505**	**5,000**

---

[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 2011 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 41 and 42). 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 similar service start dates compared to the overall in-home service population. A smaller percentage of at-risk participants started NAPIS service within the last two years, and a larger percentage had an initial service start date five or more years ago. Figure 43 describes length of service for the at-risk service population in 2011.

Fig. 41 At-Risk and Home Care Participants Served

Total Home Care Participants	At-Risk Participants	At-Risk % of Total Home Care Participants
59,473	5,000	8%

Fig. 42 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	232,959	33,858	15%
Homemaker	299,099	25,949	9%
Care Management	24,819	4,905	20%
Chore	33,910	2,840	8%
Home-Delivered Meals	7,786,774	716,359	9%
Case Coordination & Support	66,225	4,595	7%
Totals	**8,443,786**	**788,505**	**9%**

Fig. 43 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	*36%*	*23%*	*40%*

Service Targeting in FY 2011

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 44 and 45 describe NAPIS service levels to selected target populations based on the 2000 Census for Michigan.[29]

Fig. 44 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 2011	% of Total NAPIS Service Population[31]
Total Population 60+	1,596,162	100.0%	125,139	
White (non-Hispanic)	1,400,703	87.7%	94,029	82.7%
African American	160,741	10.0%	17,030	15.0%
Asian/Pacific Islander	12,298	0.8%	991	0.9%
American Indian/Alaskan	4,658	0.3%	808	0.7%
Hispanic (of any race)[32]	18,653	1.2%	1,472	1.3%
Below Poverty[33]	96,116	6.0%	30,855	31.7%
Rural	427,733	26.7%	57,677	48.8%

Fig. 45 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 2011[35]	% of Total NAPIS Service Population
Total Population	7,239,684	100.0%	6,328	
White (non-Hispanic)	6,028,037	83.3%	4,493	80.4%
African American	958,883	13.2%	864	15.5%
Asian/Pacific Islander	130,599	1.8%	147	2.6%
American Indian/Alaskan	39,991	0.6%	25	0.4%
Hispanic (of any race)[36]	200,496	2.7%	102	2.0%
Below Poverty	668,670	9.2%	1,333	28.2%
Rural	2,518,920	25.3%	2,699	45.2%

---

[29] The 2000 US Census is the data source for final reporting purposes for 2011.

[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 2011

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 46 describes the in-home services and home-delivered meals waiting lists as of September 30, 2011.[37] Figure 47 provides a count of individuals awaiting service broken out by the number of days on the waiting list. Figure 49 describes waiting list totals since 2005. Figure 50 provides a description of the service alternatives offered to individuals placed on waiting lists in 2011.

Fig. 46 Home-Delivered Meals and In-Home Services Waiting Lists

	Home-Delivered Meals	**In-Home Services**
Total count of individuals on waiting list:	2,719	4,275
Increase from FY 2005:	*1,639*	*1,569*

Fig. 47 Home-Delivered Meals and In-Home Services Waiting Lists by Number of Days on List
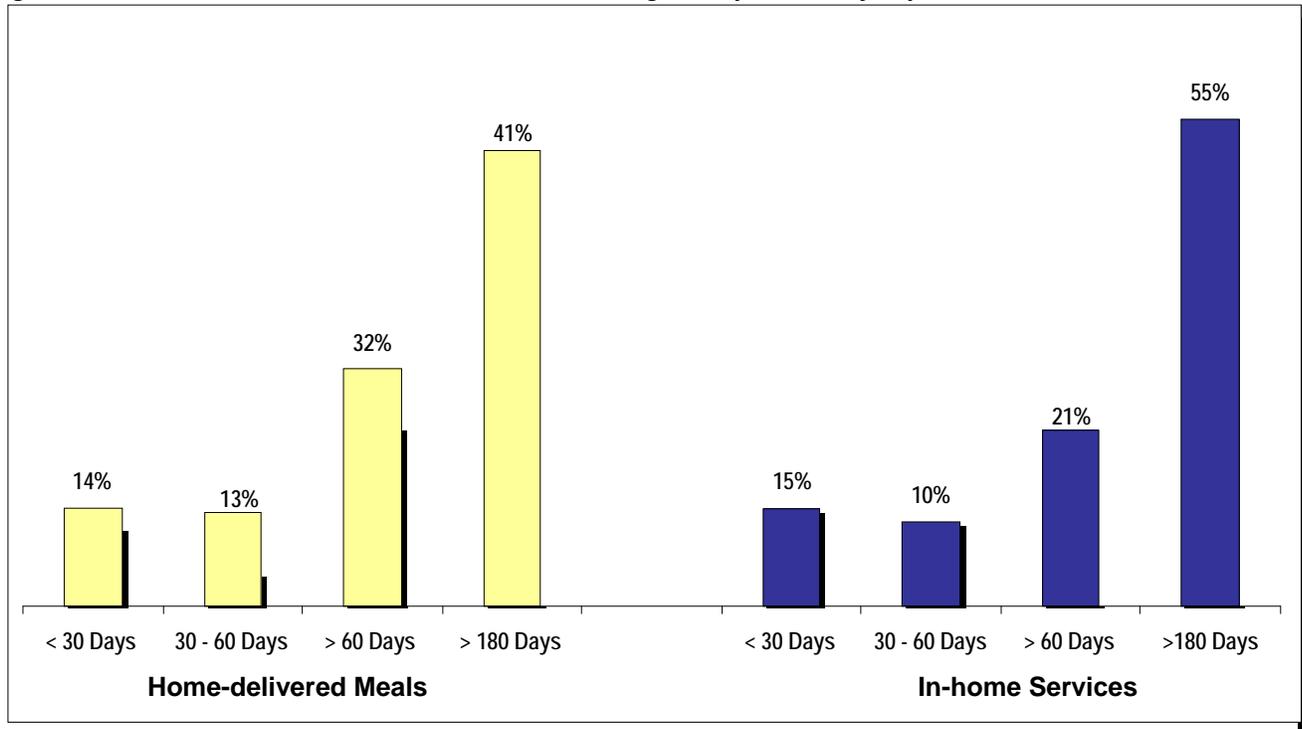
---

Fig. 48 PSA Waiting List Factors

Local Factors Contributing to Waiting Lists by Program		
Demand exceeds service availability due to:	**HDM**	**In-Home**
Limited funding for services	50%	94%
Limited service area / service delivery availability	7%	21%
Driver/worker shortage	0%	29%
Participant choice	7%	21%

Fig. 49 Waiting List Totals 2005-2011
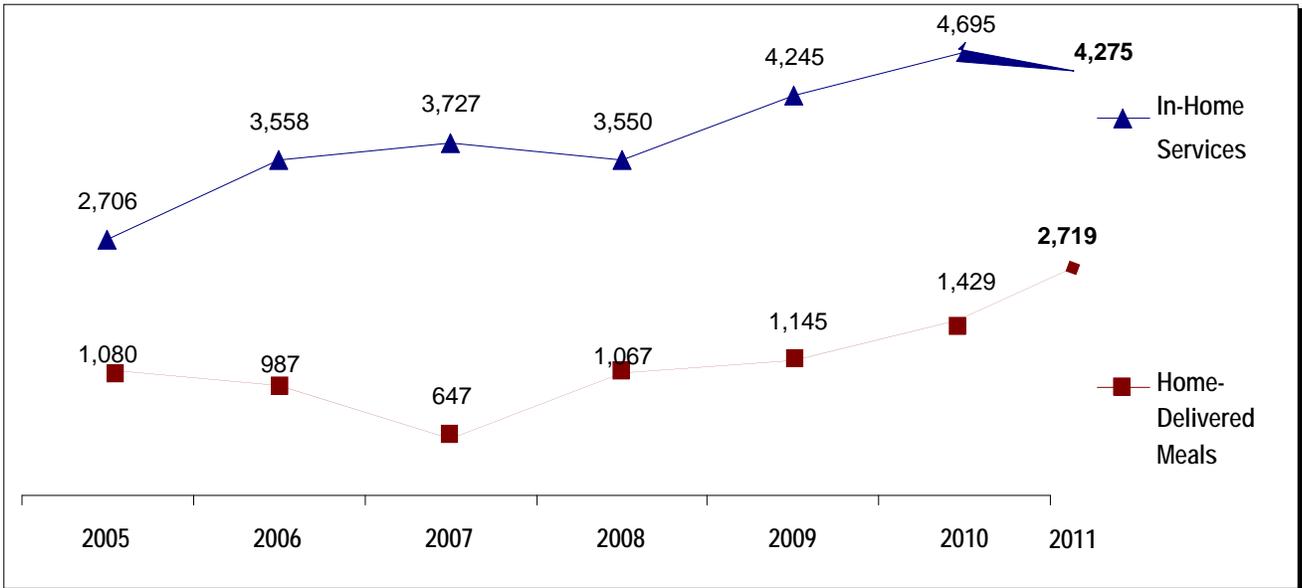
Fig. 50 Service Alternatives Offered to Waiting List Participants

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)	31%	71%
Local food bank or pantry shelf	50%	71%
Department of Human Services office	31%	93%
MiChoice Home & Community-based Waiver Program	19%	79%
Community Living Program (e.g., service options counseling)	7%	57%
Private pay service programs	31%	86%
Other community assistance options	19%	29%

FY 2011 Aging Network Service Provider Profile

Aging network NAPIS services are delivered through a coordinated network of sixteen AAAs and 990 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 51 through 54 describe the characteristics, services, and service area of aging network service providers in 2011.

Fig. 51 Aging Network Service Providers by Selected Characteristics

Fig. 52 Aging Network Service Providers by Service Category

Fig. 53 Aging Network Service Providers by Selected Services[38]

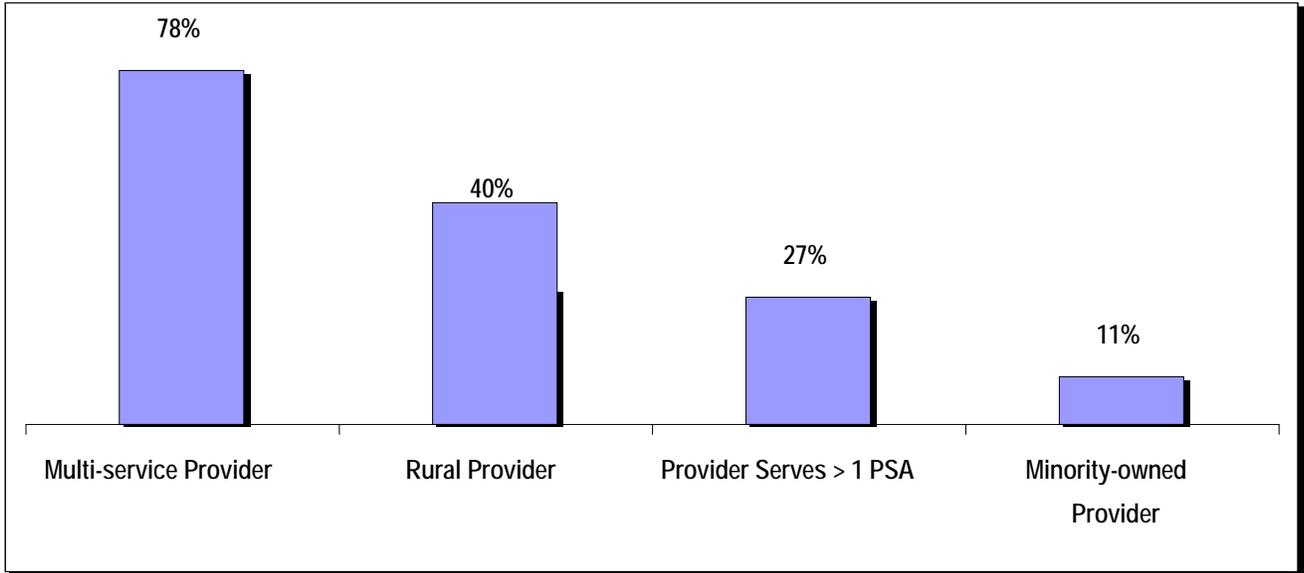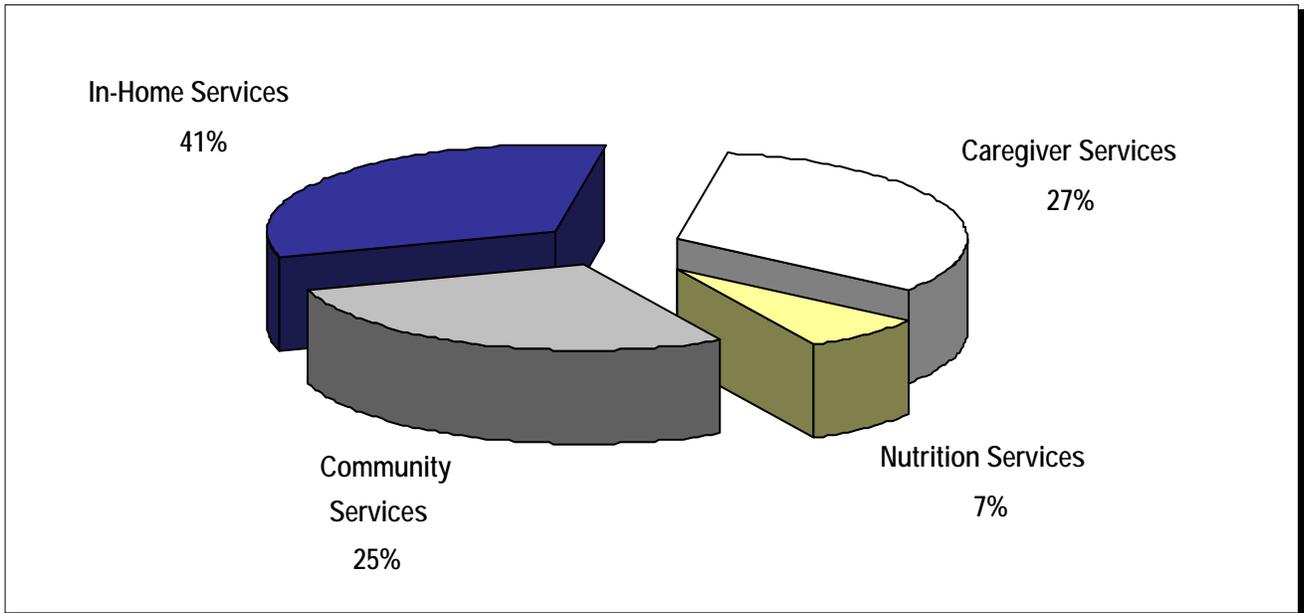| Service Provider by Characteristics	Count of Providers	Service Provider by Characteristics	Count of Providers
Homemaker	488	Case Coordination & Support	76
Personal Care	464	Disease Prevention / Health Promotion	72
In-Home Respite Care	476	Caregiver Supplemental Services	67
Transportation	233	Information & Assistance	53
Chore	215	Home Injury Control / Repair	45
Adult Day Care	135	Caregiver Transportation	39
Assisted Transportation	133	Caregiver I&A / Outreach	39
Care Management	107	Health Screening	32
Home-Delivered Meals	119	Elder Abuse Prevention	29
Other Respite Care[40]	111	Legal Services	9
Congregate Meals	94	Friendly Reassurance	8
Senior Center Staffing	98	Hearing Services	6
Caregiver Counseling / Training	97	Vision Services	4

Fig. 54 Aging Network Service Providers by PSA Region[41]

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	114	8%
1B	Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw	263	17%
1C	Wayne (excluding areas served by AAA 1A)	103	15%
2	Jackson, Hillsdale, Lenawee	50	4%
3A	Kalamazoo	38	4%
3B	Barry & Calhoun	84	5%
3C	Branch & St. Joseph	36	3%
4	Berrien, Cass, Van Buren	51	4%
5	Genesee, Lapeer, & Shiawassee	104	6%
6	Clinton, Eaton, & Ingham	102	7%
7	Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Tuscola	62	4%
8	Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Newaygo, Osceola	85	7%
9	Alcona, Arenac, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	29	2%
10	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford	58	6%
11	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft	42	3%
14	Muskegon, Oceana, Ottawa	74	5%

---

[38] Totals for Figure 53 are not unduplicated. A provider agency may provide more than one service and would be included in the total for both services.
[40] "Other" respite care includes volunteer respite, overnight respite, out-of-home respite, and specialized respite care.
[41] Totals for Figure54 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 2010[42]

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 2010 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 55 through 59 provide a snapshot of participants, services, expenditures, and staffing for Michigan and several other states with comparable numbers of adults aged 60 and older.[43]

Fig. 55 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	2,274,642	18%	140,112	6%	32%	25%	33%
Ohio	2,287,424	20%	110,041	5%	17%	37%	27%
Michigan	*1,930,341*	*20%*	*126,480*	*7%*	*14%*	*44%*	*24%*
North Carolina	1,772,118	19%	56,378	3%	33%	42%	43%
New Jersey	1,666,535	19%	86,133	5%	24%	0%	25%

Fig. 56 SUA Service Expenditures for Selected States (2010)

State	Total Service Expenditures	OAA Title III Expenditures	% OAA Title III of Total Service Expenditures
Ohio	$86,958,503	$29,291,389	33%
Michigan	*$91,728,586*	*$30,575,379*	*33%*
Illinois	$89,130,486	$33,896,820	38%
North Carolina	$74,014,942	$29,036,065	39%
New Jersey	$77,491,791	$29,810,333	39%

Fig. 57 Service Units by Selected SUA by and Selected Service Categories (2010)[44]

Service Category	*Michigan*	Ohio	Illinois	N. Carolina	New Jersey
Home-Delivered Meals	*7,829,823*	6,074,433	7,584,674	2,917,166	3,816,833
Congregate Meals	*2,925,738*	2,521,499	2,805,195	2,057,665	1,826,859
Homemaker	*317,395*	181,570	3,029	14,528	61,795
Personal Care	*256,315*	329,829	NA	996,142	2,819
Transportation	*102,640*	957,305	604,182	890,847	559,528
Information & Assistance	*106,296*	104,957	833,490	166,341	267,019
Chore	*33,625*	17,936	53,466	299,153	29,517
Outreach	*84,362*	2,659	16,291	NA	43,379
Respite Services	*762,050*	879,058	120,217	172,030	188,675
Caregiver Training & Counseling	*19,017*	11,816	30,639	3,847	7,878
Legal Assistance	*45,759*	16,305	32,795	18,002	25,625

---

[42] Fiscal year 2010 is the most current full year data available for state units on aging.
[43] Source: Administration on Aging (http://www.aoa.gov/AoARoot/Program_Results/SPR/2009/Index.aspx). States included in this analysis have similar 60+ populations in the 2000 US Census.
[44] Service units based on AoA-defined NAPIS registered services as reported in FY 2010 NAPIS SPR state tables.

Fig. 58 Staffing for Selected State Units on Aging (2010)[45]
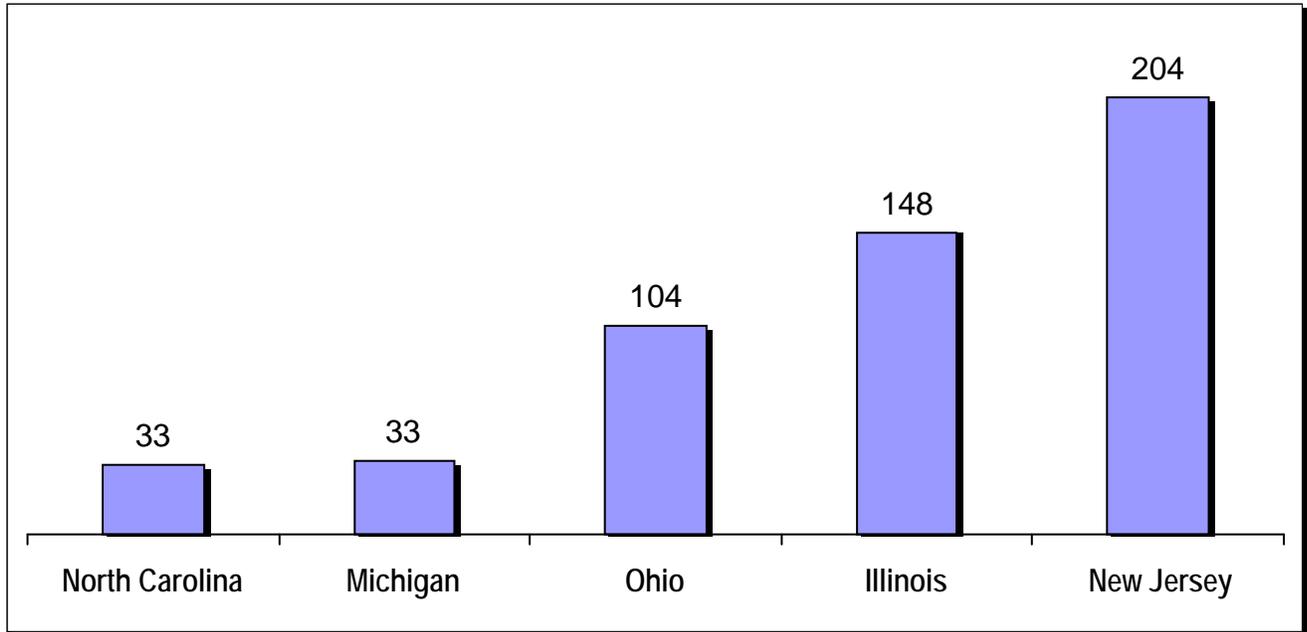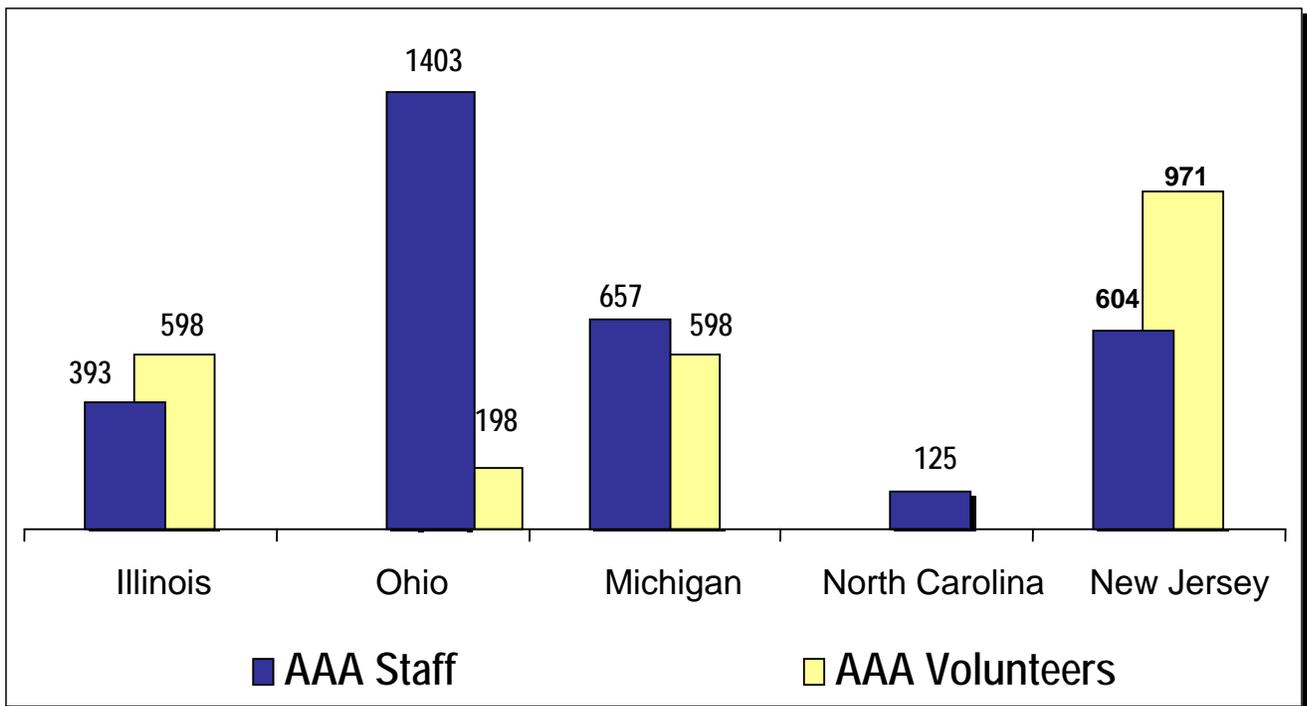

Fig. 59 Area Agency on Aging Staffing for Selected States (2010)

[45] Staffing totals include reported full-time equivalent staff for selected states as of 9/30/2010.

NAPIS Expenditure and Service Trends
FY 2005 - 2011

NAPIS Expenditures Trends

Overall service expenditures dropped by 5.5% from 2005 through 2011 (figure 60). 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 2011 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 61). However, for 2010 nearly $2.8 million of the increase in federal expenditures can be attributed to federal ARRA grants that ended in September 2010.

Fig. 60 Service Expenditures by Fund Source 2005-2011

	2005	2006	2007	2008	2009	2010	2011	Change 2005 vs. 2011
Federal Funds	$38,683,316	$37,966,267	$38,334,289	$38,572,086	$39,421,103	$42,878,854	40,187,029	1,503,713
State Funds	$32,391,096	$30,670,821	$30,311,294	$30,462,937	$29,426,140	$26,889,391	25,338,348	-7,052,748
Local Funds	$30,321,521	$27,474,079	$28,410,451	$26,557,371	$27,516,382	$26,024,414	28,938,451	-1,383,070
Total Expenditures	**$101,395,933**	**$96,111,167**	**$97,056,034**	**$95,592,394**	**$96,363,625**	**$95,792,659**	94,463,828	-6,932,105

Fig. 61 Service Expenditures by Fund Source 2008 through 2011

	2008	2011	Change	*% Change*
Federal Funds	$38,572,086	$40,187,029	-$2,691,825	*-6.3%*
State Funds	$30,462,937	$25,338,348	-$1,551,043	*-5.8%*
Local Matching Resources	$15,416,331	$16,067,046	$2,121,665	*15.2%*
Local Program Income	$11,141,040	$12,871,405	$792,372	*6.6%*
Totals	**$95,592,394**	**$94,463,828**	**-$1,328,831**	***-1.4%***

NAPIS Service Cost Trends

Average costs for both participants and service units have increased since 2005. Statewide costs increased by 6% for service units and 12% for participants (figures 62 and 63).[47] Costs for caregiver and in-home services increased the most between 2005 and 2011, increasing by an average of more than 8% for services and participants. Smaller increases were noted for average costs per meal and participant for the congregate and home-delivered meals.

The smallest average service unit cost increase was reported for community services. Expenditures for community services decreased from $14.7 million in 2005 to $11.5 million in 2011.[48] Over that period, the average cost for community services increased by about 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 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. 62 Average Cost Per Unit of Service by Service Category 2005 and 2011

Average Cost per Unit of Service	2005	2011	Change	*% Change*
In-Home Services (Hours)	$26.21	$29.82	$3.61	13.7%
Nutrition Services (Meals)	$4.52	$4.79	$0.27	5.9%
Community Services (Hours/Contacts)	$21.47	$22.20	$0.73	3.41%
Caregiver Service (Hours)	$13.88	$17.71	$3.83	27.6%
Totals	**$7.26**	**$7.72**	**$0.46**	**6.36%**

Fig. 63 Average Cost Per Participant by Service Category 2005 and 2011

Average Cost per Participant	2005	2011	Change	*% Change*
In-Home Services	$872.81	$969.00	$96.19	11.0%
Nutrition Services	$440.83	$463.00	$22.17	5.0%
Caregiver Services	$1,690.90	$1,839.98	$149.08	8.8%
Totals	**$674.19**	**$754.87**	**$80.68**	**11.9%**

---

[47] Average cost per participant for registered services.
[48] Community services totals include service and program development expenditures.

NAPIS Registered Participant Trends

Registered participant totals dropped by nearly 13% from 2005 to 2011. This decline was driven largely by reductions in nutrition and in-home service participants. Generally declining service registrations were also reported for caregiver services. Participants registered for caregiver services decreased by 1,020 compared to 2005 totals. Figure 64 describes registered participant and caregiver trends for 2005 through 2011.

The profile of registered NAPIS participants has remained relatively stable over the last several years. A comparison of participant data for 2005 and 2011 indicated small increases in the percentage of minority participants, individuals aged 85 or older, rural participants, and low-income participants in the service population. Decreases were noted for percentages of participants aged 75 or older and for participants living alone. Figure 65 below describes registered participant and caregiver characteristics for 2005 and 2011.

Fig. 64 Registered Participants by Service Category 2005-2011
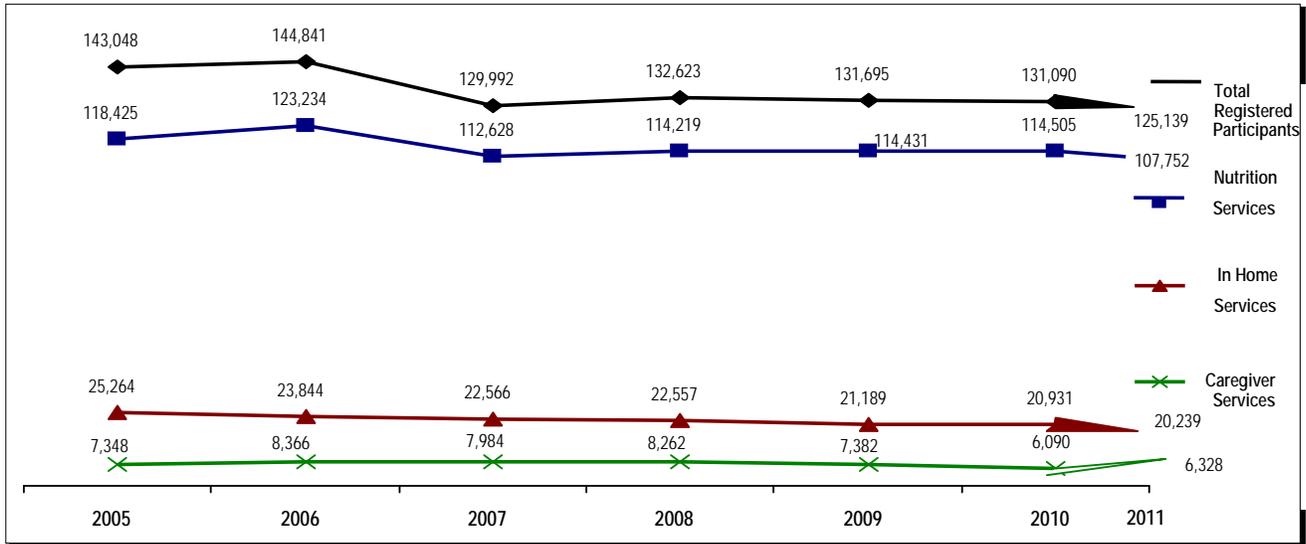
Fig. 65 Registered NAPIS Participants by Selected Characteristics for 2005 and 2011

Registered Older Adult Participants	2005	2011	% Change
Total Registered Participants	143,048	125,139	-12.5%
Age 75 or older	65%	61%	-4.0%
Age 85 or older	25%	28%	3.0%
Female	67%	66%	-1.0%
Lived alone	47%	42%	-5.0%
Resided in a rural area	46%	49%	3.0%
Low-income	29%	32%	3.0%
Minority (race/ethnicity)	15%	17%	2.0%
Registered Caregiver Participants	2005	2011	% Change
Under age 65	48%	47%	-3.0%
Female	72%	72%	0%
Resided in a rural area	41%	45%	4.0%
Daughter/daughter-in-law	37%	33%	-4.0%
Low-income	24%	28%	4.0%
Minority (race/ethnicity)	20%	20%	0%

NAPIS Service Utilization Trends

Service unit totals have fallen by nearly 1.7 million units, or about 12%, from 2005 to 2011. This decline was reported across all service categories. Over the last seven years community services, in-home services, congregate meals, and caregiver services have declined more than 20%. Home-delivered meals had the smallest decrease at 5.9%. Figure 66 describes service trends for 2005 through 2011.

A review of average annual service hours by participant over the last seven 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 four more meals in 2011 than in 2005. Service levels to caregivers have fluctuated from 2005 to 2011. Congregate meal participants received six fewer meals on average in 2011 compared to 2005. Figures 67 and 68 describe service level trends by service category.

Fig. 66 Service Units by Service Category 2005-2011

Service Category	2005	2006	2007	2008	2009	2010	2011	*% Change 2005 vs. 2011*
In-Home Service Hours	841,250	777,728	766,182	724,135	700,874	695,307	657,350	*-21.9%*
Home-Delivered Meals	8,271,641	8,043,678	7,900,724	7,994,627	8,144,414	7,829,823	7,786,774	*-5.9%*
Congregate Meals	3,269,981	3,142,454	2,922,179	2,902,690	2,813,542	2,925,738	2,613,429	*-20.1%*
Community Service Units	685,283	739,487	655,341	586,665	552,215	538,810	518,204	*-24.4%*
Caregiver Service Hours	894,910	737,705	724,494	838,837	820,775	805,423	657,350	*-26.5%*
Totals	**13,963,065**	**13,441,052**	**12,968,920**	**13,046,954**	**13,031,820**	**12,795,101**	**12,233,107**	*-12.4%*

Fig.67 Average Annual Participant Service Units by Service Category 2005-2011

Service Category	2005	2006	2007	2008	2009	2010	2011	*Unit Change*
In-Home Service Hours	33	33	34	32	33	33	33	*0*
Home-Delivered Meals	160	153	159	158	164	158	164	*4*
Congregate Meals	49	45	47	46	44	45	43	*-6*
Caregiver Service Hours	123	88	91	102	111	132	104	*-19*

Fig. 68 Average Annual Participant Service Units by Service Category 2005 and 2011

Service Category	2005	2011	**Statewide Impact**[49]
			Compared to 2005, <u>in 2011 on an average service day there were</u>:
In-Home Service Hours	3,236	2,528	*708 fewer hours of in-home care provided statewide*
Home-delivered Meals	31,814	29,949	*1,865 fewer home-delivered meals served to program participants*
Congregate Meals	12,577	10,052	*2,525 fewer congregate meals served*
Community Service Units	2,636	1,993	*643 fewer community service hours/units provided*
Caregiver Service Hours	2,837	2,542	*295 An decrease of hours of caregiver support*
All Services	**53,099**	**47,064**	***6,036 fewer service units (e.g., meals, hours) provided to statewide program participants***

---

[49] "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 2011. 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 2011 NAPIS SPR was generated and submitted to AoA in March 2012.

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, 2010 through September 30, 2011 (Fiscal Year 2011).

<u>**Impairments in Activities of Daily Living**</u> **(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."

<u>**Impairments in Instrumental Activities of Daily Living**</u> **(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.

<u>**Service Unit & Reporting Definitions**</u>

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.

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

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

NOTES

1) Some services that appear on the chart above are not included on the current NAPIS participant registration form. This is most often because they have been combined into more comprehensive service standard; they are seldom or no longer used; and/or they originate from a AAA regional service definition.

2) Participant registration is defined as the requirement that an attempt is made to collect information contained on the NAPIS participant registration form. This information then entered into the NAPIS 2.0 software application for each individual participant.

3) Service units are either reported at the *participant-level* (defined as entering service units for individual participant records in the NAPIS 2.0 software application) or in the *aggregate* (defined as entering aggregate unit counts at the service and vendor-level).

4) Aggregate Cluster V caregiver units are entered for caregivers caring for *care recipients* (i.e., non-grandchildren and/or individuals age 18 and older) or for caregivers caring for *grandchildren* or those under age 19.

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	Transportation: One, one-way trip (no other activities) Assisted Transportation: 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).

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.