



AGING IN PLACE, AGING IN COMMUNITY

**2022 REPORT
STATE ADVISORY COUNCIL ON AGING**

**TO THE MICHIGAN COMMISSION ON
SERVICES TO THE AGING**



MICHIGAN COMMISSION ON SERVICES TO THE AGING

April 15, 2022

MEMBERS

Robert Schlueter, Chair
Leland

Mark Bomberg
Gladstone

William Bupp
DeWitt

Georgia Crawford-Cambell
Detroit

Nancy W. Duncan
Lansing

Euphemia (Sue) Franklin
Center Line

Walid Gammouh
Macomb

Marshall Greenhut
Livonia

Guillermo Lopez
Lansing

Tene Milton-Ramsey
Detroit

Joy Murphy
Kentwood

Michael Pohnl
East Lansing

Dennis Smith
Marquette

Shirley Tuggle
Battle Creek

Kristie E. Zamora
Flint

Dear Chairperson Schlueter and fellow Commissioners,

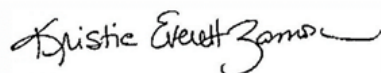
It gives me great pleasure to present the 2022 Report from the State Advisory Council on Aging, "Aging in Place, Aging in Community."

In response to the Commission's 2021 charge of researching what aging in place means for Michigan's older adults, the Council explored how individuals and families can proactively plan for their future and the vital role of community connections. They also studied how staying health, housing, home- and community-based services, and transportation are important to the well-being of each one of us.

We have discovered proven and practical solutions that support aging in place and community which we are pleased to share with you, including community partnerships such as Communities for a Lifetime and Caregiver-friendly communities. Also of note are adult day programs and the Program of All-Inclusive Care for the Elderly (PACE) that can assist with aging in place. The Council presents their findings, along with useful checklists, to help individuals develop plans for their future, and recommendations that support older adults in flourishing.

On behalf of the Council, I wish to express our gratitude to Bureau of Aging, Community Living, and Supports (ACLS Bureau) Director Scott Wamsley, and the staff of the Michigan Department of Health and Human Services, ACLS Bureau, specifically Lauren Swanson-Aprill and Kelly Cooper, for their support and assistance. I also wish to express our thanks to Chairperson Bob Schlueter and past and present commissioners for attending and participating in the Council's virtual meetings. Finally, thank you to the Commission for allowing me the opportunity to chair and work with this dedicated and passionate group of volunteers.

Sincerely,



Kristie Everett Zamora
Chairperson, State Advisory Council on Aging

Michigan Commission on Services to the Aging

The Michigan Commission on Services to the Aging (CSA) is a 15-member, bipartisan body that is appointed by the governor. The CSA advises the governor, the Michigan legislature, and the Michigan Department of Health and Human Services, Bureau of Aging, Community Living, and Supports (ACLS Bureau) on matters relating to policies and programs for older adults. Members are appointed for three-year terms, and membership reflects the distribution and composition of the state's older population. A majority are age 60 and older, and no more than eight members are from the same political party.

Working in close collaboration with the ACLS Bureau, the CSA approves funds for services statewide; participates in preparation of the multi-year state plan required as a condition of federal funding; determines aging policy; serves as an advocate for older adults in government decisions; holds public hearings across the state; and appoints a 40-member State Advisory Council on Aging to advise state-level decision-making.

State Advisory Council on Aging

The 40-member State Advisory Council on Aging (SAC) is appointed by the CSA to represent the needs and interests of local communities providing sage advice on vital state issues and policies impacting Michigan's older and vulnerable adults. The council researches important topics assigned by the commission to inform Michigan's older adults, the aging network, and state government.

SAC Leadership | Workgroup Leads | Writing Team

SAC Leadership

Commissioner Kristie E. Zamora, SAC Chairperson
Commissioner Michael L. Pohnl, SAC Incoming Chairperson
Audra D. Frye, SAC Co-Vice Chairperson
Marjorie A. Hobe, SAC Co-Vice Chairperson
Lauren A. Swanson-Aprill, MDHHS-ACLS Bureau, Lead of the SAC

Research Workgroup Leads

Danna M. Downing, Sandy L. Falk-Michaels, Carl A. Gibson, Joe Massey, Patricia A. Rencher, Jo Ver Beek, Lori S. Wells, and Eric J. Williams

Report Writing Team

Danna M. Downing, Sandy L. Falk-Michaels, Marjorie A. Hobe, Patricia A. Rencher, MaryAnne P. Shannon, Lauren A. Swanson-Aprill, Elizabeth A. Thompson, Jo Ver Beek, and Lori Wells

Table of Contents

| | |
|--|----|
| Executive Summary | 1 |
| Introduction | 2 |
| Planning for the Future | 3 |
| Future Costs and Future Income | 3 |
| Additional Planning | 4 |
| Staying Healthy | 5 |
| Nutrition Programs | 5 |
| Building Connections | 6 |
| Aging Network | 7 |
| Virtual Opportunities | 9 |
| Transportation | 9 |
| Ideas for Building Connections | 9 |
| Aging in Community | 10 |
| Housing for Aging in Place | 10 |
| AARP Livable Communities | 11 |
| Caregiver Friendly Communities | 11 |
| Choosing Where to Live | 12 |
| Home Modifications | 13 |
| Housing Sharing | 14 |
| Accessory Dwelling Units | 14 |
| Co-Housing | 14 |
| Subsidized Older Adult Housing | 15 |
| Manufactured/Modular Homes – Care Cottages – Tiny/Mobile Homes | 15 |
| Village-to-Village | 15 |
| Transitions to Home- and Community-Based Services | 16 |
| CAPABLE | 18 |
| Ypsilanti Meals on Wheels | 19 |
| Family and Informal Caregivers | 19 |
| Adult Day Service Centers | 20 |

| | |
|---|-----------|
| Direct Care Workers | 20 |
| Home Help Providers..... | 21 |
| MI Choice Waiver..... | 21 |
| MI Health Link..... | 22 |
| Program of All-Inclusive Care for the Elderly (PACE) | 22 |
| Conclusion..... | 22 |
| Recommendations..... | 23 |
| Acronyms..... | 25 |
| Presenters, Workgroup Guest Speakers, and Contributors | 26 |
| State Advisory Council on Aging Members | 27 |
| Resource Guide | A |
| Planning for the Future | A |
| Staying Healthy | C |
| Building Connections | D |
| Aging in Community..... | E |
| Transitions to Home- and Community-Based Services..... | G |

Executive Summary

The goal of many older adults is to age in place or in a community that supports older adults. The success relies on good planning, setting goals, and access to services and supports. All of this requires good information and a team of trusted advisors.

This report is divided into five sections. They are planning for the future, staying healthy, building connections, aging in community (housing), and transitions to home- and community-based services. Each section has resources that can be used to find information, whether it is estate planning, modification of the home, or the need for adult day care. The report provides internet links to the resources that can help an aging adult, or the family navigate information, which can be found in the Resource Guide at the end of the report. This is not an erudite tome that provides in depth research on these topics. There are checklists to consider for items such as home modifications to needing home support.

Planning for the future, staying health, building connections, and transitions to home care and community-based services are good starting points. The information may be used by those contemplating retirement and those who are retired. It may also be used by those family members who are helping older adults.

There are eight recommendations. The first is to promote the rebalancing of Medicaid dollars to fund Home- and Community-Based Services equal to or greater than institution care funding. Other recommendations include having the items in this report developed at a regional level and continuing to support nutrition programs including Senior Project Fresh.

This document and the Resource Guide will help older adults be able to age in place in both homes and communities.

Introduction

For many older adults, the thought “I want to stay in my own home” is central to the definition of successful aging. The goal is to age in place or age in a community that supports older adults in flourishing. Successful aging depends on planning, setting goals, wise decision making, access to services and supports, and making a good transition and adjustment to second adulthood and beyond. These tasks require getting good and current information, understanding the research about what works best during the aging process, and building a team of trusted and knowledgeable advisors. Aging in place is not for everyone. However, for those choosing this path, we have developed this report very aware of the distinctive nature of purpose, audience, and organization.

According to Peter A. Lichtenberg, Director, Institute of Gerontology at Wayne State University and President of the Gerontological Society of America), “negative age stereotypes are the biggest barrier to developing a positive attitude on aging.” During the 2021 Area Agencies on Aging Association’s spring conference, he emphasized that:

- Age-related cognitive changes most often do not appear until a person’s eighties, except for reaction time and processing speed.
- We all slow down as we age and that is not always a bad thing. It is good to know that agreeableness, conscientiousness, and emotional stability improve with aging.
- We become more positive in our sense of well-being and life satisfaction.

Fear about the unknown aspects of aging is also a barrier to beginning the complex planning process for successful aging in place. This planning needs to start much earlier than one might expect. Medical providers, advocacy organizations, policymakers, legislators, and governmental units need to help older adults and caregivers begin this planning process early, and with the confidence of having the best resources and information possible to make key decisions. Additionally, it is important to understand that the planning process is continuous as situations change for aging individuals over time. The Michigan Department of Health and Human Services (MDHHS), Bureau of Aging, Community Living, and Supports (ACLS Bureau) and the Commission on Services to the Aging (CSA) play an important role in collaborating with stakeholders to develop policies and materials that promote positive planning for aging in place. This paper examines five areas that contribute to successful aging in place and community:

- 1) Planning for the Future
- 2) Staying Healthy
- 3) Building Connections
- 4) Aging in Community (Housing)
- 5) Transitions to Home- and Community-Based Services (HCBS)

Much of the content is based on the shared experience of the forty-member State Advisory Council on Aging (SAC) members, who have taken their advisory role seriously by drawing from lessons learned in their own lives. The Resource Guide, at the end of this report, provides links to the resources in each section.

Planning for the Future

Many people do not have a clear understanding of the cost of aging. They may not understand the care and assistance that may be needed. Financial resources, once intended to support a person through their 70s, must now be stretched to cover many more years. Retirement savings may fall short due to volatility in both the housing and financial markets. And, sadly, most Americans do not know how much they have saved for retirement, if indeed they have retirement savings at all.

To successfully age in place, a clear vision of what the future may look like for individuals and their communities, is essential. To develop that vision, many questions need to be considered.

Will current housing meet future needs?

What housing options are available if current housing is inadequate?

What is the current health status and is the medical community available to support health needs?

What are the transportation needs?

What formal and informal supports are available?

What community resources exist?

Tip: It is important for older adults to take care of their health in retirement by knowing and managing health risks with their medical care providers. Good health is like money in the bank.

Future Costs and Future Income

Planning requires a realistic understanding of possible future needs. Experts estimate that individuals need 70-90% of their pre-retirement income to maintain their standard of living when they stop working. A realistic budget for the future must consider these kinds of costs:

Housing costs, including utilities, taxes, house maintenance and home re-modeling

Food

Transportation

In-home assistance

Health care and medications

Insurances, including house, car, long-term care, etc.

Entertainment and/or travel

The American Association of Retired Persons (AARP), the National Council on Aging, and the National Council on Aging in Place provide tools for estimating future costs (AARP Retirement Calculator), especially for in-home assistance that may be required to successfully continue to live at home. (See Resource Guide for link.)

Current and projected income also needs to be estimated to plan for how future costs will be met. The Social Security Administration provides a calculator to determine benefits. The Employee Benefits Security Administration, the branch of the federal government that deals with pensions, has a set of worksheets to help identify income, expenses, and projections in retirement. Other excellent websites with financial planning tools are listed in the Resource Guide.

Many financial advisors have tools that will help people plan for aging in place. Those individuals working with a financial planner, a financial institution, or an investment company should request retirement planning information to help with planning. Often, credit unions and other financial institutions offer pre-retirement seminars. The earlier individuals begin to plan for their financial future, the more time money has to grow. However, it's never too late to start retirement planning.

Additional Planning

Finances are only part of the planning for the future which will help older adults live successfully in their communities. Individuals and families can significantly benefit by using the following pre- and early-retirement ideas.

- Complete and/or review/update existing wills, trusts, powers of attorney, and advance medical directives. An advance directive identifies goals and preferences for future healthcare. Discuss and document care and comfort choices with family and healthcare providers.

- Make and pre-pay for funeral arrangements.

- Seek alternative personal identification (state ID) for voting in later years as an alternative to a driver's license.

- Develop a strategy for using credit cards and paying bills when an individual no longer wants to or is unable to manage finances without assistance.

- Use trusted advisors to help coordinate insurance products such as long-term care insurance, health insurance, or other types of insurance. The Michigan Medicaid/Medicare Assistance Program provides free counseling by certified, unbiased counselors.

- Evaluate housing to make sure it is adequate for the circumstances and desires.

- Make it a priority to downsize and de-clutter regularly in efforts to pave the way for considering new items that better meet aging needs. In addition, these efforts offer the older person opportunities to donate items, sell them to earn extra cash, or find a better home solution for items that contribute to successful aging in place.

Older adults need to clarify the difference between what they know for certain about the future and assumptions about the future. The key to successful planning for the future is investing the time and energy to work with these planning tools. The time to begin and continue planning is now!

Early Retiree Wisdom: “We have never lived beyond our means and have tucked aside money ever since our son was born for the future. My regular spiritual practices are

helpful, and I lean on spirit when times are rough. It is hard to look too far ahead. We have an understanding with our son that he will take care of us. This interview makes me think it is time to get our Advance Directives finalized.” – Anonymous, Volunteer, South County Community Services in Vicksburg, Michigan.

Staying Healthy

“The core concern of this life stage, with all of its perils and pleasures, is how to cultivate resilient responses to the challenges we face. Resilience is built by attention and intention. We can take responsibility for our attitudes and focus on our strengths and our joys. We can go deep and face truth squarely. We can learn the skills that allow us to adapt to anything. Yes, anything.” – *Women Rowing North: Navigating Life’s Currents and Flourishing as We Age* by Mary Pipher.

It is never too late to adopt healthy habits and behaviors! Using preventive services and health screenings, managing health conditions and risk factors for disease, and knowing and understanding medications will help older adults continue to live as active a life as possible. Improving diet and levels of physical activity will help older adults maintain their health.

Tip: Stay physically active by investing in ways to increase physical activity. Consult with a health care provider before implementing any changes to physical activity. Start small and keep increasing the time spent until the benefits of being more active are felt. Set a new activity goal and celebrate each accomplishment. It all counts!

Nutrition Programs

The Older Americans Act (OAA) Nutrition Program is designed to promote the general health and wellbeing of older adults by providing access to healthy meals that will reduce hunger, food insecurity, and malnutrition while providing opportunities for social engagement, support, and education. Since 1972, the OAA Nutrition Program, funded by the OAA dollars, has provided funding to states. Additionally, Michigan provides funding to support nutrition services for older adults throughout the state. These programs are targeted to individuals aged 60 or older, ensuring equitable access to all individuals within Michigan. Spouses, caregivers, and individuals with disabilities living with an eligible adult may also be eligible for meals. Individuals who do not qualify for meals based on specific eligibility criteria may pay for meals in some cases. March 2022 marks the 50-year anniversary of celebrating this program that impacts significant numbers of older adults.

Traditionally, congregate meals and home-delivered meals have been the two main options for meal services, however additional meal options such as the restaurant meal voucher program, curbside pick-up, grab-and-go, and volunteer deliveries have been expanded during the COVID-19 pandemic. As congregate meal sites temporarily closed during the pandemic, the variety of meal delivery options increased, changing the landscape for how to effectively connect participants with meals, helping to ensure food security among those older adults in need. Many meal sites have now reopened with precautions remaining in place. Congregate meal settings are typically found as part of commissions and councils on aging, senior centers, faith-based organizations, senior

housing complexes, and other community locations. Assessments are conducted to determine those most suitable for home-delivered meal services, including those who are most isolated, frail, and homebound, with the goal of helping aging adults maintain independence within their own homes.

Nutrition services often prevent the need for costly medical interventions and provide additional referral opportunities to other supportive in-home and community-based supports such as homemaker and home-health aide services, transportation, physical activity and chronic disease self-management programs, home repair and modifications, and falls prevention programs. For more information on meal services or other aging adult programs, please contact the local Area Agency on Aging (AAA).

The Seniors Farmers' Market Nutrition Program (SFMNP), also known as Senior Project Fresh, is a United States Department of Agriculture-funded program. The program provides fresh locally grown fruit, vegetables, herbs, and honey to low-income older adults while increasing the domestic consumption of agricultural commodities through farmers markets, roadside stands, and community-supported agricultural programs.

The SFMNP is represented in all 83 counties across the State of Michigan, serving 16,486 older adults in 2021. Eligible older adults are provided a coupon book to spend at registered farmers' markets. The season runs May 1 through October 31 each year. Those age 60 and older, or age 55 and older and part of a Federally recognized Indian Tribe or Urban Tribal Group in Michigan, can apply for the coupons at participating agencies in the county where they live. (See the Resource Guide for link.)

Attitude and intentionality are also key factors in staying healthy. Aging adults need to take charge of their lives and not give in or up as it draws to a close. Instead, older adults need to focus on new habits, priorities, and roles in retirement.

Building Connections

The State Advisory Council on Aging 2020 report examined social isolation with a focus on equity and found social isolation has a major impact on the health status and well-being of older Michiganders. As part of a major federal research initiative, the National Institute on Aging studied how loneliness can increase the risk of developing heart disease, obesity, weakened immune system, anxiety, depression, cognitive decline, and Alzheimer's disease. In order to combat isolation, Maureen Mickus, Ph.D., a professor in the Department of Occupational Therapy at Western Michigan University, determined organizations need to first build on the existing relationships older adults have by providing transportation and conducting training in using social media tools. Best practices suggest that to create new connections for older adults, professionals should build group activities attracting older adults with shared interests, ideally led or co-led by older adults. Finally, long-term service support must include psychological services to help older adults.

Wisdom: “Efforts in retaining the patterns of one's younger and middle-aged years lead to successful aging. Although the need to adapt these activities is apparent with declining health, the need to preserve and maintain these behaviors and interests is paramount to psychological well-being in later life.” – Maureen Mickus, Ph.D.

Providing opportunities to older adults to build connections and practice behaviors that address the impact of social isolation is key to successful aging. Increasing engagement in social and community groups is a common intervention strategy to help reduce isolation and loneliness. There are many options to maintain social connections within Michigan's aging and disability networks.

Aging Network

Area Agencies on Aging (AAAs) and local senior centers/commissions/councils on aging offer many affordable opportunities for older adults to congregate, make new friends, volunteer, and enhance their health and quality of life. In addition to providing direct programming, regional AAAs have knowledge of all the services available in their service area and contract with many older adult providers to deliver services to their clients. Contacting the AAA is the first step in learning about the web of agencies and service providers that make up what is commonly called the aging network in a specific community or county. (See Resource Guide for link.) The configurations of organizations making up the aging network that serves older adults varies from county to county. A single organization might serve as a AAA, Community Action Agency, County Commission on Aging, and/or Council on Aging. These regional variations reflect the richness in number and type of organizations connecting older adults with each other and to services available in their communities. The key point is that there is at least one agency located in most communities that can help an older adult's journey in becoming more connected with the aging network.

Typically, AAAs offer:

- **Information & Assistance Line:** A free and confidential service for people of all ages providing unbiased information about community resources and state and federal programs for older adults and persons with disabilities. Licensed social workers answer questions and assist by providing appropriate referrals and exploring options for services based on an individual's needs and circumstances, including home care.
- **Choices for Independence Program:** Registered nurses and social workers help older adults and their caregivers navigate the many choices available to support independent and safe living in the home. This program is a gateway for community-based long-term services.
- **Healthy Living Programs:** Offers well-researched, evidence-based programs to keep older adults safe and healthy. Also provides support to caregivers.
- **Michigan Medicare/Medicaid Assistance Program (MMAP):** Provides certified, unbiased counselors to help persons:
 - Understand Medicare and Medicaid
 - Compare/enroll in Medicare Prescription Drug Coverage

- Understand Medicare health plans
- Apply for Medicaid or a Medicare Savings Program
- Identify and report Medicare and Medicaid fraud and scams

NOTE: Many services and supports are available at low or no cost for those meeting financial criteria depending on the program. Those with resources may be provided with information about paying privately for services beyond those offered by the AAA.

Senior centers and councils/commissions on aging vary in hours of operation, staffing (paid/volunteer), and programs offered. Some of these also provide home care supports, coupons for Senior Project Fresh, and community activities.

For example, the Buchanan Area Senior Center (BASC), serving adults age 60 and older in Berrien County, provides both services and social connections. BASC provides Medicare/Medicaid options counseling, AARP tax aide, assistance with applying for home heating credits, and other programs. Medical transportation is also provided and increased 250% in the last year. For many who participate in congregate meals, chair exercise, and card games, the BASC is a major social outlet. Training on using smart phones and tablets helps older adults stay connected in the virtual world. Crafting activities offer members the opportunity to continue to be a vital part of the community. Members quilt lap quilts for the local police department to hand out. Members knitted over 200 mitten sets for kids in the community in the past year. This immensely popular program, although simple in concept, connects older adults to preschoolers in such a tangible way.

Wisdom: “In a center set up for seniors, seniors know they won’t just disappear. They know they can be seen.” – Adam Burck, Executive Director, Buchanan Area Senior Center

The Wexford County Council on Aging (COA) provides services and resources for older adults age 60 and over to support living healthy, safe, independent lives with dignity and respect in the comfort of their homes. Services include homemaking, personal and respite care, foot care, medication set-up, advocacy, lawn care/snow removal, and adult day services. Certified counselors provide Medicare/Medicaid options counseling year-round for those turning 65 who are “New to Medicare”. Assisting older adults and caregivers tackle everyday situations that arise such as applying for emergency assistance for utilities, food stamps, and more is a high priority. Coordinating services with other community, state, and federal resource providers is critical to successful outcomes.

Fresh food scarcity is an issue in rural areas such as Northern Michigan. The Wexford COA is proud to work with Senior Project Fresh assisting older adults in getting fresh produce each summer. In 2021, 200 Project Fresh coupons were distributed to qualifying area older adults. Additionally, the COA teamed with local community organizations and a farm to deliver boxes of fresh fruit, vegetables, and shelf-stable foods and assist with grocery shopping to those older adults most in need.

Wisdom: “The creativity of Michigan’s aging network to use all avenues for connecting with older adults to ensure a variety of supports and services are received is incredible.” – Kathy Kimmel, Past Executive Director, Wexford County COA

Virtual Opportunities

Connecting virtually is now an integral part of our lives. The expansion of virtual programming offered by the aging network gives older adults better ways to build new connections. Virtual programming can lower barriers to participation imposed by transportation and mobility challenges and increase opportunities for communication and learning. Many Michiganders, however, do not have adequate access to the internet, broadband, or computers/tablets. Many rural areas and certain urban districts have difficulty accessing telehealth, online learning, and video activities due to unreliable and inconsistent broadband access. In June of 2021, the Office of Broadband Development Authority was created and in November of 2021, an update was issued by the Michigan Department of Labor and Economic Opportunity, and it is now the Michigan Office of Highspeed Internet. The report lists long-term, short-term, and ongoing goals for providing Michiganders with access to the internet at a reasonable cost. This is a start to providing internet access to all who have a need or want such access. (See Resource Guide for link.)

One successful example of virtual programming is GetSetUp. The ACLS Bureaus’ collaborative partnership with GetSetUp, a digital education platform for older adults, supported in part by the Michigan Health Endowment Fund, continues to be available to Michigan’s older adults. GetSetUp is a live interactive platform and community where older adults teach their peers new skills by offering 150+ technology and enrichment classes, taught by retired educators and others who are paid employees. It is a safe place for older adults to hangout, learn, teach, and engage with their peers over videos to live healthier, happier, and more connected lives from home. Courses are available to Michiganders age 60 and over at no cost through May 2023. GetSetUp is an online platform that also offers a call-in option for all classes.

Transportation

Older adults’ ability to drive may determine the ability to access community resources and successfully live in a community. Vision and mobility concerns can affect the ability to use a vehicle. Older adult drivers may need to rely on families, friends, and volunteers to provide transportation. Otherwise, older adults must have access to public transportation and services such as Uber, Lyft, and other specialized local services to provide necessary transportation. Such services may not be available. Lack of transportation options and restrictive transportation policies create barriers to Michiganders’ ability to stay connected in person. For example, bus routes often do not cross county lines. Limited public transportation routes and hours during evening and weekends create further barriers.

Ideas for Building Connections

Set relevant personal goals and work on a timeline to achieve them.

Find a way to have new adventures often.

Become a lifelong learner. For example, participate in lifelong learning programs at local community colleges and universities such as the Osher Lifelong Learning Institute (OLLI) programs at Western Michigan University, Saginaw Valley State University, and University of Michigan, or other lifelong learning programs at local community colleges and universities.

Volunteer for something important to the individual; take a helper role versus a leader roll. (See Resource Guide for link to the SAC Volunteerism Report *Volunteerism is Ageless—It Spans a Lifetime*)

Become an advocate: Join a local advisory council such as the Kalamazoo County Advocates for Senior Issues (KCASI); or a group like SAGE Metro Detroit, an LGBTQ-focused organization that provides services, advocacy, and support for gay older adults and gay caregivers in Michigan; become a member of the AARP; attend Legislative Coffees/ Zoom sessions offered by local legislators to learn more and advocate on issues and causes that are believed to be important. (See Resource Guide for links.)

Wisdom: “It is vital that senior citizens participate in the advocacy of organizations like the Area Agency on Aging Association of Michigan (4AM), ACLS Bureau, and AAA IIIA, because legislators want to hear from their own constituents and the general community to help them vote wisely.” – Judy Sivak, President of Kalamazoo County Advocates for Senior Issues (KCASI). KCASI provides advocacy assistance for older adults who want to get involved in supporting programming and services to help older adults age in place.

Aging in Community

Housing for Aging in Place

The National Center on Law & Elder Rights reminds us of these points for housing for aging in place through their *Housing and Home- and Community-Based Services: What It Takes to Age in Place*, 2021.

- Having safe, affordable, stable housing improves all health outcomes and reduces expenditures.
- Older adults cannot currently access home- and community-based services without a home.
- Housing is a key social determinant of health and longevity.
- 31% of older adults are homeless and the number is growing.
- Of all renters age 62 and older, 53% are cost-burdened (paying more than 30-32% of their income for housing) and 30% are severely cost-burdened or paying well over 30% of their income for housing.
- Of all renters age 75 and older, 57% are cost-burdened and 33% are severely cost-burdened.

NOTE: Also see the Joint Center for Housing Studies of Harvard University, *Older Adults Increasingly Face Housing Affordability Challenges, 2018*. (See Resource Guide for links.)

Housing affordability is a key factor to older adults being able to continue to age in community. Solutions for housing affordability are complex. However, policy makers need to address the inconsistencies and disparities that are obstacles to being able to achieve an older adult's right to age in place.

Any community that intends to appeal to older adults must include some key elements. Walkable streets that are wheelchair-friendly are important. Simple modifications such as curb cuts are critically important. An easy-to-use transportation system is necessary to enable access for older adults to participate in community life and to meet their personal independence needs. A city-driven culture that seeks to engage directly with older adults is better because it promotes civic, economic, and social connectivity.

The Michigan Commission on Services to the Aging (CSA) supported efforts of 30 rural and urban communities to receive recognition, guidance, and support to become age-friendly with the *Community for a Lifetime* community assessment for ten years (2007-2019). These communities used a variety of assessment tools to analyze their communities for meeting older adults' needs and to develop plans for community improvements. The Rural Health Information Hub continues to support aging in place programs for rural communities through the *Aging in Place Toolkit* on their website. (See Resource Guide link.)

AARP Livable Communities

In October of 2019, Governor Gretchen Whitmer announced Michigan's commitment to join the AARP Network of Age-Friendly States and the World Health Organization Global Network for Age-friendly Cities and Communities. Currently, nine municipalities in Michigan – Auburn Hills, East Lansing, Grand Rapids, Highland Park, Jackson, Lansing, Novi, Royal Oak, and Southfield – have already joined the Age-friendly Community network and numerous communities throughout Michigan are in the planning stages of joining the network. The network continues to help the state prepare for demographic changes and ensure that Michigan communities can take steps to accommodate all ages. The AARP Livable Communities program provides toolkits, how-to guides, and newsletters on how to create a livable community for people of all ages. (See Resource Guide for link.)

Caregiver Friendly Communities

Another option to support older adults and families is the *Caregiver Friendly Communities Assessment*, a free, simple-to-use assessment tool that was designed by Area Agency on Aging 1-B to help aging services professionals, advocates, and community leaders measure how well community systems support caregivers. It seeks to assess the available supports offered through the health and social service systems in cities, townships, and counties to help unpaid family members, friends, and neighbors who are

providing care for older persons with disabling conditions. (See the Resource Guide for link.)

The assessment has eight categories, called “domains,” of the types of community supports that caregivers identified as most helpful as they care for their loved ones. Listed below, in no particular order, the domains are:

- In-Home Services & Respite
- Care Management Support
- Caregiver Training & Education
- Caregiver Social/Emotional Supports
- Safe/Affordable/Accessible Housing
- Financial & Legal Information
- Transportation
- Healthcare Services

Upon completion of the assessment, users receive both a one-page Snapshot Report with their community's score summary and a detailed Assessment Report with their community's scores and a listing of their community's areas of growth and challenge for each of the eight measured domains. Representatives from twenty Michigan communities participated in testing the assessment by providing significant feedback on the development process and refining the assessment prior to public launch.

Choosing Where to Live

The best type of housing options must be determined by each person and their support system. Every situation is different and what is best for one person may not be best for another. The way to enhance the possibility that an older adult will live in a place and space that suits their lifestyle and abilities is to allow them to make that choice for themselves. In her work with Senior Housing Preservation Detroit, Tam Perry, Ph.D., associate professor, Wayne State University School of Social Work, researched the questions that older adults, their families, and caregivers should ask when considering whether to move. In addition to physical and health needs, community needs of the older adult should be considered.

What is the older adult's contribution to their community?

Do they provide caregiving for a family member, or friend, or grandchild?

What resources does the older adult have access to in their current location (shopping, banking, entertainment, parks, medical professionals, senior centers, transportation resources)?

How will access to these resources change in the older adult's new location?

Relocating to an affordable, more barrier-free home in their current community may be a better option than moving to a different community, as the older adult can maintain connections that prevent social isolation. Social and emotional decline is associated with moving to an unfamiliar environment where informal social supports are reduced or

eliminated, and new surroundings are overwhelming and lead to social isolation. It is important to assess the options with the individual and offer supports for a smooth transition when moving is determined the best option. In some cases, it may be necessary to move to a new environment or community to be closer to family and friends.

Wisdom: “Values and goals of aging in place include autonomy, engagement, community living, health, and active lifestyle. NOT just staying in your home, aging in place is sustaining participation in your daily life in home and community.” – Susan M. Cleghorn, Dr. O.T., Grand Valley State University Occupational Therapy & Science

A wide variety of assessment tools exist to determine whether staying in one’s current housing is a desirable option. Assessments determine what services need to be provided, what modifications will be implemented, and whether training will be provided after the modifications are installed. One resource for this information is the Certified Aging-In-Place Specialist (CAPS) program, developed by the National Association of Home Builders (NAHB) and AARP. A CAPS specialist may be a home remodeler or health professional such as an occupational therapist who is an expert with physical mobility issues. Occupational therapists (OT) can also help or recommend home modifications. They evaluate the individual’s current home and health status, identify preferences and resources, educate on use, and develop a plan.

Home Modifications

Falls are not a normal part of aging, and they can be prevented. However, the risk of falling increases as we age. Most older adults may experience problems with eyesight, sense of balance, and reflexes. In addition, there are environmental hazards that can cause individuals to trip and fall such as throw rugs, clutter, electrical cords, uneven steps, and slippery floors. Medications taken by an older adult can cause dizziness and drowsiness, making it harder to maintain balance. Vision problems and being distracted or hurrying to complete a task increases the risk for falling. The good news is that many of these falls do not cause serious injury, however, the bad news is that many falls are serious and result in a hospital stay and cause a decrease in mobility.

According to the CDC website:

- 1 in 4 older adults falls every year in the United States.
- More than 50% of all falls take place in the home.
- Hospitalizations for hip fractures each year are 300,000+ and 95% are caused by a fall.
- Highest cause of traumatic brain injuries is a fall.
- 9 in 10 older adults do not have modifications in their home to support aging in place safely.
- 89% of older adults intend to stay in their homes.

Planning ahead for staying in the home may require modifications. Ideally, modifications should be planned for and made before needed, while financial and physical ability are still available. The cost for home modifications can range from two hundred dollars for

widening a doorway to several thousand dollars or more for remodeling a bathroom. The National Association of Home Builders has a checklist of modifications that make it easier to stay in an individual's current home. (See Resource Guide for link.) The list includes:

- **First Floor Living Space:**
One bedroom and bathroom as a primary suite to eliminate climbing stairs, lower kitchen cabinets with drawers instead of shelves, removal of some kitchen cabinets to accommodate wheelchairs,
- **Bathroom:**
Grab bars in shower/tub and next to toilets, raised toilet seats, non-slip tub floors
- **Throughout House:**
Raised electrical outlets; lowered switches; rails on all stairs; increased lighting in stairways, bathrooms, and kitchen; night lights throughout; and at least one entrance with no stairs.

Housing Sharing

Home sharing is an arrangement where two or more unrelated people (one individual must be 55 years of age or older) share a dwelling, each having private space along with shared common areas. People share housing for companionship, personal safety, help with chores, or to offset the rising cost of rent, taxes, utilities, and maintenance.

Homesharers may arrange a regular rental agreement or exchange services for part or all the rent. Some communities in the United States have formal homeshare programs, such as Sunshine Homeshare in Colorado. (See Resource Guide for link.)

Accessory Dwelling Units

Accessory Dwelling Units (ADU) are smaller, self-contained residential dwellings located on the same parcel as a primary, larger residential dwelling. Typically, an ADU is connected to a single-family home. Often, it is on the older adults' adult children's property. ADUs are also called an in-law/mother-in-law suite, granny flat, secondary dwelling unit, casitas, or carriage unit. It can be a basement, garage, or attic converted into a separate, smaller unit, or a new external structure, either detached or attached to the primary dwelling. ADUs provide a wealth-building opportunity for cost-burdened homeowners and a way for elders to age in place while maintaining privacy. They increase the supply of rental housing for low- and moderate-income renters in high-cost neighborhoods. However, financing is limited and many municipalities restrict these units through zoning codes.

Co-Housing

Like-minded people decide to live together in a house, independent housing, or other type of residence to form an "Intentional Community" to promote interconnectedness and reduce social isolation. Members plan, develop guidelines, and set goals for how the community will operate. While independent living is maintained, neighbors agree to look out for one another, share community upkeep tasks, and pitch in to meet the needs of those in the community. A community house provides for communal meals and activities if desired, guest rooms, and other activities. Collections of tiny houses with a community

center is also an approach that is being used. Michigan has several formal co-housing communities in Ann Arbor and Grand Rapids. (See Resource Guide for link.)

Subsidized Older Adult Housing

The goal of subsidized housing and “affordable housing” programs is to help with housing costs for those with extremely low or low incomes. According to the National Low-Income Housing Coalition, approximately 30% of older adults are in this category. Primarily federally funded, these housing programs are administered through local municipalities’ public housing authorities or senior building property managers. Public housing is managed by local housing authorities and is available to renters with low income that meet the criteria of the program. This housing gives low-income families a voucher that makes up the difference in what they can afford and the actual cost of the apartments for rent that are available to them. Also, the federally funded *Section 202 Supportive Housing for the Elderly Program* is specifically geared toward adults age 62 and older who meet the “very low income” requirement. (See Resource Guide for link.) Usually, participants pay 30% of their income for rent. Many more people qualify for housing subsidies than there are spaces available. Most local housing authorities have waiting lists. “Waiting lists for senior subsidized properties are long, and long waits for open housing units are common.” – Katie Bach, Communications Director, Michigan State Housing Development Authority.

Manufactured/Modular Homes – Care Cottages – Tiny/Mobile Homes

Manufactured or mobile homes have long been an affordable housing option. Newly-popular tiny homes are usually under 400 square feet, generally built on trailers for mobility, but can be built on foundations. Those considering these options should be aware that every municipality has different zoning, building, land use, and inspection laws and fees. These units often do not qualify for mortgages due to their mobility and small footprint.

Village-to-Village

This is a national movement, creating a model for linking neighbors together to help one another remain in their homes as they age. A “village” community of members provides paid and volunteer help, so that members receive services and participate in activities that provide the assistance they need to stay in their homes. ShareCare of Leelanau County is the one example in Michigan. (See Resource Guide for link.) ShareCare works by coordinating care by a registered nurse to connect older adults to appropriate agencies that assist in healthcare and independent living, providing supportive services through volunteers to foster physical and emotional healthy aging in the community, reducing isolation and offering companionship opportunities, and encouraging multi-generational activities to build a more robust community.

Wisdom: “Moving to a new housing situation is complicated. Have a housing plan and do a lot of soul searching and reflection. The longer it is put off, the harder it is. Sorting through all possessions is not easy, but in the end, it does help integrate many aspects of

a senior's life and find top priorities.” – Anonymous Volunteer, South County Community Services, Vicksburg Michigan.

Transitions to Home- and Community-Based Services

Transitions to supportive care are not intended to signal the final step before moving a loved one into an assisted care or any other facility “outside the home.” Supportive care comes in many forms and for many reasons. Some are temporary like rehabilitating from surgery while others require more permanent accommodations or adjustments due to age deterioration that impacts safety. These transitions come in the form of adjustments to the home (physical) to adjustments in the living style and habits of the older adult (personal). They should not be considered alarming or earthshaking steps considering we have been making adjustments to accommodate life's little and sometimes big challenges since the day we arrived.

Aging at home provides a greater level of freedom and independence in a familiar environment. It also enables older adults to continue to live the lifestyle they want with warm memories. It is easier for an older adult to continue seeing their friends and family and stay connected to their social network and community. Aging at home may well provide cost savings. Being proactive about the aging process, focusing on abilities, and participating in activities are key for older adults to maintain autonomy.

One of the biggest concerns about aging in place for older adults is safety. As individuals get older, health situations and physical abilities change, and they may need to have some support to maintain living safely in their own homes. It is important to plan ahead for supports. There is no specific time to ask for assistance or intervene to support a family member/friend, but the goal is to plan ahead before support is needed.

A range of independent living services are available to anyone that needs assistance maintaining capacity within their own home. Services may include information and referral, care management, case coordination, chore or homemaker services, and personal care. Adults in need of a guardian or conservator but who are not in immediate need of protective intervention may also contact the Adult Services unit at the local county Department of Health and Human Services office. Other resources for these services may be obtained from local AAAs, councils/county commissions on aging, and senior centers. (See Resource Guide for contact information.)

Signs that aging parents need help, on a scale from no problems to significant problems, include:

1. Communication

- No difficulty speaking, reading, writing, or comprehending.
- Occasional trouble recalling words. Reads less. Handwriting is not as legible.
- Sometimes requests that information be repeated, then comprehends.

Frequent trouble recalling words. Avoids reading; needs help with restaurant menus.

Handwriting deteriorates noticeably. Frequently requests that information be repeated, but still may not comprehend.

Significant problems with word recall, reading, writing, and comprehension. Struggles to maintain a conversation.

2. Mental Function

Exercises good judgment.

Makes appropriate decisions.

No trouble recalling people, places, appointments, directions, or recent events.

Exercises reasonably good judgment but requires some help or prompting.

Experiences occasional memory lapses.

Has noticeable difficulty with judgment. Frequently needs help making decisions.

Shows significant memory impairment. Often appears confused.

Judgment and memory substantially unreliable. Needs considerable help making decisions.

3. Mood

Reasonably good morale and self-esteem. Copes well with everyday stress.

Grieves losses, then bounces back and carries on with life.

Displays occasional anxiety, depression, irritability, or fear that may interfere with normal functioning.

Increasing problems with anxiety, depression, irritability, or fear.

Mood problems take over. Becomes unmanageable and may cause harm to himself or others.

4. Behavior

Acts as usual in social situations.

Occasionally acts in an unusual way—for example, wearing the same clothes day after day. Finds unreasonable fault with others.

Frequently acts in disturbing ways that draw the attention of others. Family and friends avoid social situations with the person because of the potential for erratic behavior.

Erratic behavior predominates. The person no longer can function socially.

5. Mobility

Walks satisfactorily for a person of that age. Needs no help with stairs, escalators, or revolving doors.

Noticeably slower when walking or climbing stairs. Occasionally needs help with escalators and revolving doors.

Avoids walking. Frequently needs assistance; may use a cane or a walker.

Climbing stairs is increasingly difficult.

Cannot walk unassisted. Climbing stairs is difficult to impossible.

6. Medications

Takes own medications as directed, with few, if any, lapses.

Sometimes is confused about which medications to take and when.
Occasionally takes the wrong one(s).
Needs regular supervision to take medications correctly.
Depends on others to manage medications.

It may be time to regularly check in and begin assisting with these activities of daily living (self-care), and instrumental activities of daily living (meal planning, complex planning/decision making). For those who live far away from family/friends, asking for assistance from neighbors and community friends may be necessary (informal support) or from formal support such as direct care workers, care managers, options counselors, health care providers, and home- and community-based services may be needed.

It is important to have an open discussion with family members and/or friends regarding the benefits versus the risks of staying in the individual's home. Asking for assistance from an outside facilitator or a professional in assessing the situation may be helpful. There are many caring professionals who put the older adult's best interests first and take time to explain the pros and cons of aging in place. Most older adults' physical and mental health status is dynamic, and their care needs can change rapidly. It is important to plan on meeting frequently during these changes to determine what supportive services could be beneficial and implemented. Other important resources provided by the aging network include food services/meals-on-wheels/pantry/grocery delivery and Instacart that help older adults live in the setting of their choice for as long as possible and complement the care provided by family or friends. (See Resource Guide for links.)

CAPABLE

The Community Aging in Place – Advancing Better Living for Elders (CAPABLE) program is an evidence-based, low-cost, participant-driven model to improve activities of daily living, developed by the Johns Hopkins School of Nursing. CAPABLE provides five months of in-home support through an occupational therapist, registered nurse, and handy worker. The older adult sets goals, prioritizes them, and works to achieve the goals. The interdisciplinary team uses motivation interviewing, active listening, and coaching.

The program can be adapted with permission from Johns Hopkins University. Please note that agencies may offer the program to any older adult that meets criteria for needing assistance with activities of daily living (ADLs) and is the decision maker. To qualify for CAPABLE, the older adult cannot already be receiving skilled home health services.

In 2014, CAPABLE was adapted to support the Michigan Medicaid waiver participants and called MiCAPABLE. Social worker home visits to address social and emotional needs, RN medication review, and a toolkit with 24 aging issues (e.g., constipation, depression, etc.) were added. The number, type, timing, and duration of home visits were based on need (person-centered) rather than prescriptive; and home alterations were done only when medically necessary. Statewide implementation of MiCAPABLE began in 2018 with 18 of the 20 MI Choice Waiver agency sites, which includes many AAAs. (Sandra Spoelstra, Ph.D., Associate Professor, Grand Valley State University)

MiCAPABLE expanded in 2021 to include those with Alzheimer’s disease and dementia and engaged caregivers to assist with delivery of MiCAPABLE to participants. This work is still underway. Preliminary findings indicate the success of using MiCAPABLE with those with Alzheimer’s disease and dementia. A MiCAPABLE sustainability plan is under development. (See Resource Guide for link.)

Ypsilanti Meals on Wheels

Ypsilanti Meals on Wheels (YMOW), through the CAPABLE program, has been able to incorporate occupational therapy at the community level to better address social determinants of health and client overall wellbeing. Through this work, clients can receive input on how to complete their daily care activities in their home setting that may not have been available to them otherwise. Together as an interdisciplinary team of occupational therapists, nurses, and social workers, YMOW is better equipped to support the needs of older adults from a more complete clinical viewpoint. (See Resource Guide for link.)

Through the project as a Johns Hopkins University CAPABLE site, YMOW worked with occupational therapists (OTs) for the first time. OTs are a great bridge between clinicians and the community. Considerable knowledge has been gained about ADL/IADLs and assisting older adults with improving their quality of life from sleep to dressing.

YMOW has specifically integrated social work services into the CAPABLE program to address social determinants of health that negatively impact clients’ ability to live safely at home. By addressing these social needs at the start of an intervention, clients are then more prepared mentally, physically, and emotionally to address other health related needs beyond social determinants of health. Through this interdisciplinary collaboration of social workers, occupational therapists, and nurses, clients have support to bridge the gap between the community and the medical establishment.

Wisdom: “Occupational therapists in the home are trained to see the older adult and their environmental needs holistically. Many older adults might be performing an activity on their own because they don’t have assistance, but they may not be doing it safely.” – Kellie Childs, O.T.

Wisdom: “Through the rapport that YMOW has through meal delivery, YMOW has become a trusted source for older adults to turn to when crises arise. These crises range from eviction/foreclosure to chronic illness-related emergencies, to need for in-home support, to lack of transportation and medical access. YMOW social workers through this already established rapport are then able to recommend other programs and make referrals to other supportive services.” – Megan Berry, L.L.M.S.W.

Family and Informal Caregivers

Older adults and persons with disabilities often call upon their families and friends to provide supports and services. Informal caregivers are often unpaid and assist with activities of daily living. According to the Center for Health and Research Transformation, “approximately 23 percent of adult Michiganders... provide unpaid care to another adult.”

Strong supports for family and informal caregivers enable them to better help older adults age in place/community as long as possible. Key supports for family and informal caregivers are access to respite programs and tailored emotional and social support. The Area Agency on Aging 1-B implemented several caregiver supports in Washtenaw County through its Reimagine Caregiving initiative, funded through the Vital Seniors Initiative at Ann Arbor Area Community Foundation. (See Resource Guide for link.) Key replicable programs implemented through the Reimagine Caregiving initiative and/or identified as critical in the caregiver service continuum included:

- Out-of-Home Respite
- Grandparents Raising Grandchildren Respite
- Adult Day Program Expansion
- In-Home Respite
- One-on-One Caregiver Support: The Caregiver Coaching program matches people caring for older adults or individuals with disabilities. (See Resource Guide for link.)
- Culturally Tailored Caregiver Support: in partnership with Asian Center Southeast Michigan.

Adult Day Service Centers

Adult Day Service (ADS) Centers are a resource for individuals and families who are assisting frail and vulnerable older adults. These centers are ideal for family respite care and for assisting with chronic health concerns by offering health care services along with therapeutic recreational and social events on a daily basis. Adults of all ages in need of functional support attend these centers to spend their days in a safe place while remaining at home in the evenings. They provide needed comfort for participants and respite for family members and caregivers.

Find a local center at the Michigan Adult Day Service Association or through the local Area Agency on Aging. ADS Centers are a system of professionally delivered, integrated, home- and community-based, therapeutic, social, and health-related services provided to individuals to sustain living within the community. They also provide support and respite services for the family caregiver. (See Resource Guide for link.)

Direct Care Workers

Individuals, families, and friends may decide they need assistance with providing support by hiring direct care workers (DCWs) or a home care agency. DCWs—certified nursing assistants, home health aides, hospice aids, personal care assistants, direct support professionals, Home Help providers/self-directed home care workers—provide essential services through behavioral health, community mental health, and home and long-term care systems. DCWs provide assistance with activities of daily living (ADLs) such as bathing, dressing, eating, assisting with the restroom, and mobility in the home. They also provide assistance with instrumental activities of daily living (IADLs) including meal preparation, laundry, housework, and shopping.

For information about DCW assistance, contact the AAAs, county councils and commissions on aging, senior centers, or home care agencies. Aging adults have the option of hiring DCWs directly as well as through home care agencies. Michigan Department of Health and Human Services (MDHHS), Bureau of Aging, Community Living, and Supports, is piloting a virtual MI Care Career Portal to link individuals needing supports with DCWs seeking employment to begin in 2022. Aging adults needing financial assistance with home care supports may be eligible for the programs listed below.

Home Help Providers

Individuals with active Medicaid who need physical assistance with one or more activities of daily living (personal care), may hire and employ their own home help provider to assist them. Providers must be 18 years old and may be a relative, friend, neighbor, or health care agency. Additionally, those with personal care needs and income exceeding Medicaid eligibility standards may be eligible for Home Help with deductibles. Contact the local MDHHS adult services unit for details. An individual's spouse or a parent caring for a minor child cannot be paid by MDHHS to provide care. (See Resource Guide for link.)

MI Choice Waiver

The MI Choice Waiver program offers an alternative to receiving supports and services in a nursing home for older or persons with disabilities who needed help caring for themselves. Through MI Choice, eligible adults who meet income and asset criteria can receive Medicaid-covered services like those provided by nursing homes but can stay in their own home or another residential setting. Each participant can receive the basic services Michigan Medicaid covers, supports coordination, and one or more of the following services in the waiver:

- Adult day health (adult day care)
- Chore services
- Community health worker
- Community living supports
- Community transportation
- Counseling
- Environmental accessibility adaptations
- Fiscal intermediary
- Goods and services
- Home delivered meals
- Nursing services
- Personal emergency response systems (PERS)
- Private duty nursing/respiratory care
- Respite services
- Specialized medical equipment and supplies
- Training in a variety of independent living skills

MI Health Link

This program offers a broad range of medical and behavioral health services, pharmacy, home and community-based services and nursing home care, all in a single program designed to meet individual needs. Those who are eligible for both Medicare and Medicaid and qualify for MI Health Link will be sent enrollment options through a letter from Michigan ENROLLS. Individuals who are currently enrolled in MI Health Link may elect to receive hospice services through their Integrated Care Organization and can remain in MI Health Link to receive them, however individuals cannot newly enroll in MI Health Link if they elected and are receiving hospice services.

Program of All-Inclusive Care for the Elderly (PACE)

PACE serves individuals who are age 55 or older, certified by the state to need nursing home level of care, able to live safely in the community at the time of enrollment, and live in a PACE service area. While all PACE participants must be certified to need nursing home level of care to enroll in PACE, only about 7% of PACE participants nationally reside in a nursing home. PACE provides the following services:

- Nursing; physical, occupational, and recreational therapies; meals; nutritional counseling; social work; and personal care
- Medical care provided by a PACE physician familiar with the history, needs, and preferences of each participant
- Behavioral health services
- Home health care and personal care
- All necessary prescription drugs
- Social services
- Medical specialties, such as audiology, dentistry, optometry, podiatry, and speech therapy
- Respite care
- Transportation to PACE and medical appointments
- Hospital and nursing home care when necessary
- All Medicare- and Medicaid-covered services - a PACE participant may be fully liable for services from an out-of-network provider or for services provided without prior authorization, except in emergency services. (See Resource Guide for link and contact information.)

Conclusion

Most older adults want to continue living in their homes and local communities. There are numerous resources within communities (through city, county, and/or state agencies) and information on the internet that can help guide aging adults through this stage of their lives. The key is to start early, before retirement, and build plans using these resources to navigate through the issues. The resource guide included in this report is a good starting point for investigations into finances, home modifications, extra help, and legal issues. Aging adults are encouraged to look at these resources and use them. It is recognized that there may come a time when continuing to live at home is no longer an option. Limited information is provided concerning that situation as it is not the focus of this publication.

Planning for the future, staying healthy, building connections, aging in place and community, and transitions to home care and community-based services are only starting points. The information provided is invaluable for those who are near retirement, are retired, or are helping friends and family navigate the who, what, and where to get supports, services, and information.

There are many service providers available to older adults. Area agencies on aging, commissions/councils on aging, and senior centers are also good starting points for finding the answers to questions. These agencies are locally, state, or federally funded and do not have an agenda to sell services. They will be able to help identify potential services that an aging adult may need and help guide them through any services available.

Transportation is needed in all communities to assure social connections are maintained. There is a need to expand and adapt successful programs such as CAPABLE, the Ypsilanti Meals on Wheels, and others to support older adults to successfully age in their homes and communities.

This report is a starting point for those aging adults and supportive friends and family members. With the use of the documents and information found in the resource guide, they will be well on the way to being able to age in place in their homes and communities.

Recommendations

1. Promote rebalancing Medicaid dollars to fund Home- and Community-Based Services equal to or greater than institutional care funding.
2. Develop resources needed by Michiganders to help them live a long life within their homes and communities. This needs to be done regionally.
3. Encourage communities to support and embrace older adults living in their communities by exploring creative housing and home care supports including the village-to-village program linking neighbors together to help one another, home sharing opportunities, and agency-provided programs. Support community access to the Rural Health Information Hub that continues to support aging in place programs for rural communities through the *Aging in Place Toolkit* on their website. Continue to encourage the use of the AARP Livable Communities program that provides toolkits, how-to guides, and newsletters for communities to take steps to accommodate all ages.
4. Continue to support nutrition programs for older adults with meal options such as the restaurant meal voucher program, curbside pick-up, grab-and-go, volunteer deliveries, and Senior Project Fresh coupons to redeem at farmer's markets and roadside stands.
5. Promote the expansion of the CAPABLE evidence-based, low-cost, participant-driven model to improve activities of daily living, developed by the Johns Hopkins School of Nursing with occupational therapists (OTs). Several Michigan state and local agencies

are successfully implementing the program. Add occupational therapists for consultation and to the interdisciplinary teams of options counselors at AAAs and other aging and disability agencies. Strong communication between the teams and the community are pivotal for the success of the CAPABLE program.

6. Support family caregivers by promoting and expanding programs like the Caregiver Mentoring Program from AAA 1-B and enhanced respite programs such as adult day, grandparents respite, PACE, and MI Health Link throughout Michigan.
7. Continue advocacy efforts to promote the implementation of a statewide training and credentialing infrastructure to increase DCW wages to be competitive in the job market. Recommend continued advocacy for policies that promote equitable wages among all DCWs. Aging in community depends on having available in-home services which depends on the support of professional DCWs.
8. Encourage and support the continued collaboration between AAAs and local transit authorities for improved transportation options, as these options are critical to the independence of older adults and/or persons with disabilities.

Acronyms

| | |
|---------|--|
| 4AM | Area Agency on Aging Association of Michigan |
| AAA | Area Agency on Aging |
| AARP | American Association of Retired Persons |
| ACLS | Bureau of Aging, Community Living, and Supports |
| ADL | Activities of Daily Living |
| ADS | Adult Day Service |
| BASC | Buchanan Area Senior Center |
| ADU | Accessory Dwelling Units |
| BPHASA | Behavioral and Physical Health and Aging Services Administration |
| CAPABLE | Community Aging in Place- Advancing Better Living for Elders |
| CAPS | Certified Aging-In-Place Specialist |
| CDC | Centers for Disease Control and Prevention |
| COA | Council on Aging |
| CSA | Michigan Commission on Services to the Aging |
| DCW | Direct Care Worker |
| DR.O.T. | Doctor of Occupational Therapy |
| HCBS | Home- and Community-Based Services |
| KCASI | Kalamazoo County Advocates for Senior Issues |
| IADLs | Instrumental Activities of Daily Living |
| LLSMW | Limited Licensed Master Social Worker |
| MDHSS | Michigan Department of Health and Human Services |
| MMAP | Michigan Medicare/Medicaid Assistance Program |
| NAHB | National Association of Home Builders |
| NLSM | Neighborhood Legal Services Michigan |
| OAA | Older Americans Act |
| OT | Occupational Therapist |
| PACE | Program of All-Inclusive Care for the Elderly |
| PERS | Personal Emergency Response Systems |
| Ph.D. | Doctor of Philosophy |
| RD | Registered Dietician |
| RN | Registered Nurse |
| SFMNP | Seniors Farmers' Market Nutrition Program |
| SAC | Michigan State Advisory Council on Aging |
| YMOW | Ypsilanti Meals on Wheels |
| ZOOM | Cloud-based Video Communications App |

Presenters, Workgroup Guest Speakers, and Contributors

Katie Bach, Communications Director, Michigan State Housing Development Authority

Megan Berry, L.L.M.S.W., Ypsilanti Meals on Wheels

Adam Burck, Executive Director, Buchanan Area Senior Center

Kellie Childs, O.T., Ypsilanti Meals on Wheels

Susan Cleghorn, Dr. OT., O.T.R.L., T.R.S., C.A.P.S., F.N.A.P., Grand Valley State University Occupational Therapy & Science

Alison Foreman, Executive Director, Ypsilanti Meals on Wheels

Kathy Kimmel, Past Executive Director, Wexford County Council on Aging

Peter A. Lichtenberg, Ph.D. Director, Institute of Gerontology, Wayne State University and President of the Gerontological Society of America

Maureen Mickus, Ph.D., Department of Occupational Therapy, Western Michigan University

Tam Perry, Ph.D., Wayne State University School of Social Work

Marla Price, R.D., C.D.C.E.S., Nutrition Specialist, MDHHS, Bureau of Aging, Community Living, and Supports

Amanda Sears, Senior Grants Manager, Area Agency on Aging 1-B

Judy Sivak, President, Kalamazoo County Advocates for Senior Issues

Sandra Spoelstra, Ph.D., R.N., F.G.S.A., F.A.A.N., Grand Valley State University

State Advisory Council on Aging Members 2021-2022

Commissioner Kristie Zamora,
Chairperson, Flint
(2018 – 2022)

Commissioner Michael Pohnl
Incoming Chairperson, East Lansing
(2022 – Present)

Audra Frye, Howell
Co-Vice Chairperson
(July 2019 – Present)

Marjorie Hobe, Horton
Co-Vice Chairperson
(January 2020 – Present)

Angel, Beverly Hills

Kathy Kimmel, Cadillac

Joseph Sucher, Clarkston

Diane Bach, Adrian

Cynthia LaBelle, Newaygo

Wendy Taylor, Midland

Alan Bond, Detroit

Elizabeth Laster-Miles,
Southfield

Elizabeth Adie Thompson,
Ypsilanti

Dennis Brieske, Coldwater

Christopher Lauckner, Midland

Jo Ver Beek, Holland

Beverly Bryan, Lapeer

Kirk Lewis, Lansing

Susan Vick, St. Helen

Adam Burck, Buchanan

Kenneth Mahoney, Montague

Mark Weber, Grosse Pointe
Farms

Glenn Clemence, Imlay City

Joe Massey, Grand Blanc

Lori Wells, Traverse City

Charles Corwin, Prudenville

Gerald McCole (Posthumus),
Channing

Eric Williams, Kentwood

Sandra Falk-Michaels,
Commerce Twp.

Angela Perone, Ypsilanti

Ex-Officio: Robyn Ford, Social
Security Administration

Carl Gibson, Marshall

Ann Randolph, Novi

MDHHS, AASA Staff:
Lauren Swanson-Aprill, SAC
Lead

Mary Jones, Grand Blanc

Patricia Rencher, Detroit

Ruby Kickert, Holland

MaryAnne Shannon,
Sault Ste. Marie

Kelly Cooper, Executive
Secretary and SAC Support

Priscilla Kimboko, Walker

Joseph Sowmick, Mt. Pleasant

Resource Guide

Planning for the Future

AARP Retirement Calculator

The AARP Retirement Calculator asks questions about current costs and future income in retirement. The income includes pensions, social security, and retirement 401K.

https://www.aarp.org/work/retirement-planning/retirement_calculator.html

Elder Law Advocacy Center

Neighborhood Legal Services Michigan (NLSM) offers one-of-a-kind services to promote health safety and self-sufficiency. The NLSM is a regional business and non-profit collaborative coordinating Southeastern Michigan community outreach and pro-bono partnerships for advocacy, education, and resources of human survival. Abused and homeless individuals, children, seniors, and those with life-challenging illness can sometimes qualify to receive services free of charge. Elder Law Advocacy Center through Neighborhood Legal Services Michigan (NLSM)

<https://nlsmichigan.org/elder-law/>

Employee Benefits Security Administration Webpage

This webpage, *Taking The Mystery Out Of Retirement Planning*, has worksheets.

- General Information Worksheet
- Pre-Retirement Assets/Savings Worksheet
- Post-Retirement Assets/Savings Worksheet
- Expenses Worksheet
- Projections & Results Worksheet

<https://www.askebsa.dol.gov/retirementcalculator/ui/general.aspx>

Five Wishes Organization

Five Wishes is a complete approach to discussing and documenting care and comfort choices. It is about connecting families, communicating with healthcare providers, and showing your community what it means to care for one another.

<https://fivewishes.org/>

Lapeer County Senior Coalition Resources

The Senior Coalition is comprised of senior citizens, non-profits and for-profit agencies and county commissioners. They work together to provide senior citizens resources to help them live healthier, happier, and more independent lives.

<https://www.facebook.com/lapeercountyseiorcoalition/>

Michigan Department of Insurance and Financial Services

This webpage gives information on investing. It also has a pre- and post-retirement checklist.
https://www.michigan.gov/difs/0,5269,7-303-12902_87943_87409-475314--,00.html

Michigan Medicaid/Medicare Assistance Program

MMAP, Inc. works through the Area Agencies on Aging to provide high quality and accessible health benefit information and counseling, supported by a statewide network of unpaid and paid skilled professionals.

<https://mmapinc.org/>

National Council on Aging

This non-profit organization's webpage includes the following information:

- Financial,
- Health and wellness,
- Medicare, and
- Other benefits, including veteran's benefits.

<https://www.ncoa.org/age-well-planner>

National Council Aging in Place—A NATIONAL AGING IN PLACE COUNCIL HANDBOOK: The Costs of Aging

This handbook gives information on costs in the areas of housing, wellness, personal finance, transportation and social engagement, and strategies for addressing needs.

<https://ageinplace.org/wp-content/uploads/2021/11/Costs-of-Aging-Handbook.pdf>

Getting Your Affairs in Order

This webpage discusses the documents you need to plan for the future.

<https://www.nia.nih.gov/health/getting-your-affairs-order>

Retirement Basics

This federal government webpage gives basics on retirement planning and pension benefits, such as how Social Security works and investing and managing a private pension.

<https://www.usa.gov/retirement>

Social Security Administration, the Benefits Calculator

Provides accurate estimates of retirement benefits at different ages by accessing earnings record through a secure interface. This calculator cannot be used if the individual is receiving a benefit based on personal earnings record or if an individual has not worked 40 quarters.

<https://www.ssa.gov/OACT/anypia/index.html>

Successful Aging through Financial Empowerment (SAFE)

The Wayne State University's Department of Gerontology site for older adults who have experienced financial scams. It also provides education on finances for older adults.

<https://iog.wayne.edu/outreach/success-after-financial-exploitation--safe->

Staying Healthy

Health and Human Services

This webpage has resources on the following topics:

- Staying Active
- Staying Connected to Your Community
- Nutrition for Older Adults
- Locating Benefits and Finding Care
- Understanding Mental Health
- Brain Health
- Learn about Diseases, Conditions & Injuries
- Managing Medication and Treatment

<https://www.hhs.gov/aging/healthy-aging/index.html>

Michigan Shared Services Network

This webpage will help identify a patient advocate and what is important to live a good life.

<https://mihin.org/advance-care-planning-resources/>

National Institute on Aging

This webpage identifies ways to influence healthy aging.

- Get moving: Exercise and physical activity
- Pay attention to weight and shape
- Healthy food for thought: Think about what you eat
- Participate in activities you enjoy

<https://www.nia.nih.gov/health/what-do-we-know-about-healthy-aging>

National Resource Center for Osher Lifelong Learning Institute

National Listing of Programs in Older Adult Education, Learning in Retirement, and Lifelong Learning Institutes.

https://sps.northwestern.edu/oshernrc/files/nrc/li_directory_2021update2.pdf

Seniors Farmers' Market Nutrition Program

This link is for the Federal Seniors Farmers' Market Nutrition Program for older adults who meet the eligibility criteria. The link provides information concerning the state's contacts for this program.

<https://www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program>

Senior Project Fresh

The link is to the Michigan Senior Project FRESH which provides \$25 in coupons to be used at local farmer markets. The site provides information concerning local agencies that offer the program.

<https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/behavioral-and-physical-health-and-aging-services/special-programs/senior-project-freshmarket-fresh>

or call (517) 294-9694

Building Connections

Area Agencies on Aging

The link below provides information concerning the location of the Area Agencies on Aging and contact information.

<https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/behavioral-and-physical-health-and-aging-services/aging-services>

Buchanan Senior Center

The link is to the Buchanan Area Senior Center and provides information on the services offered to older adults.

<https://www.thebasc.org/>

Michigan – GetSetUp

This link is to the main page of GetSetUp, which offers course on a wide range of subjects.

<https://www.getsetup.io/partner/michigan>

Michigan Broadband Roadmap

This link is to the Michigan Labor and Economic Opportunity website, which houses the Michigan High-Speed Internet Office. Within the site is the link to the Michigan Broadband Roadmap.

<https://www.michigan.gov/leo/bureaus-agencies/mihi>

Osher Lifelong Learning Institute

This is the University of Michigan's institute that encourages and enables older adults to continue learning.

<https://www.oli-umich.org>

SAGE Metro Detroit

Services & Advocacy for GLBT Elders (SAGE) website has resource guides for the LTGBQ+ community and does reference some aging issues. <https://www.sagemetrodetroit.org/>

State Advisory Council on Aging (SAC) Volunteerism is Ageless—It Spans a Lifetime Report

This report provides ways to maintain activity through volunteering as an older adult. For this report and previous reports, follow link below and select Publications and Reports. www.michigan.gov/bphasa

Wexford County Council on Aging (COA)

This is the home page for the Wexford County Council on Aging. This page provides a list of services that are provided by the COA.

<http://wexfordcoa.org/>

Aging in Community

Aging Services

This is the MDHHS site for aging services and what is offered through the Area Agencies on Aging.

<https://www.michigan.gov/mdhhs/adult-child-serv/adults-and-seniors/behavioral-and-physical-health-and-aging-services/aging-services>

AARP's HomeFit Guide

Smart ways to make a home comfortable and safe. Webpage has a guide, worksheets, videos, and an app.

<https://www.aarp.org/livable-communities/housing/info-2020/homefit-guide.html>

AARP Livable Community

Link to the AARP resources that provide a checklist, ideas, and resources for creating livable communities.

https://www.aarp.org/livable-communities/?cmp=RDRCT-LIVABL_SEPT09_012

Area Agencies on Aging (AAA)

This website allows you to enter a zip code or city and state to find your local AAA.

<https://eldercare.acl.gov/public/resources/Index.aspx>

Caregiver Friendly Communities Assessment

This assessment was designed by Area Agency on Aging 1-B.

<https://www.caregiverfriendlycommunities.org/>

Centers for Disease Control and Prevention, Older Adult Fall Prevention

The site gives information on how to prevent falls, as well as statistics concerning the damage and frequency of falls by older adults.

<https://www.cdc.gov/falls/index.html>

Center for Health and Research Transformation (CHRT)

Southeast Michigan Aging Health web page and solutions for caregivers support.

<https://chrt.org/topic/healthy-aging/>

<https://chrt.org/publication/family-caregiver-support-policy-and-programmatic-solutions/>

HelpGuide, Home Care Services for Seniors (Lawrence Robinson, Joanna Saisan, MSW, and Monika White, Ph.D. (December 2020)

HelpGuide is a small independent nonprofit that runs one of the world's top 10 mental health websites. The link is for senior housing options.

<https://www.helpguide.org/articles/senior-housing/home-care-services-for-seniors.htm>

Home Help Provider Program/Independent Living Services

Contact Provider Support Services at 800-979-4662

Home Sharing—Colorado Sunshine Homecare

The Colorado website concerning home sharing.

<https://www.sunshinehomeshare.org/>

Independent Living Services/Home Help Program: Local County Department of Human Services offices

Link is to the county offices for the Michigan Department of Health and Human Services.

[MDHHS - County Offices \(michigan.gov\)](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42549_42590---,00.html)

MDHHS Home Help provider website at: Michigan.Gov/HomeHelp

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42549_42590---,00.html

Clients may contact the local MDHHS adult services unit for details 1-855-444-3911.

https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7122---,00.html

Joint Center for Housing Studies of Harvard University, Older Adults Increasingly Face Housing Affordability Challenges, 2018

[Older Adults Increasingly Face Housing Affordability Challenges | Joint Center for Housing Studies \(harvard.edu\)](https://www.jchs.harvard.edu/older-adults-increasingly-face-housing-affordability-challenges)

National Association of Home Builders

Aging-In-Place Remodeling Checklist.

<https://www.nahb.org/education-and-events/education/designations/Certified-Aging-in-Place-Specialist-CAPS/Additional-Resources/Aging-In-Place-Remodeling-Checklist>

National Center on Law & Elder Rights

Housing and Home- and Community-Based Services: What It Takes to Age in Place

https://ncler.acl.gov/getattachment/Legal-Training/upcoming_event/HCBS-Ch-Summary-Final.pdf.aspx?lang=en

Rural Health Information Hub, Aging in Place Toolkit

The toolkit compiles evidence-based and promising models and resources to support organizations implementing aging in place in rural communities across the United States.

<https://www.ruralhealthinfo.org/toolkits/aging>

ShareCare of Leelanau

This is the home page for Leelanau County community of seniors with services and activities that promote both a physical and emotional healthy, independent, and fulfilled lifestyle while aging.

<https://www.sharecareleelanau.org/>

Section 202 Supportive Housing for the Elderly Program

The U.S. Department of Housing and Urban Development for housing for the elderly.

[Multifamily Housing - Program Description: Section 202 Supportive Housing for the Elderly Program | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](https://www.hud.gov/section202)

Transitions to Home- and Community-Based Services

Aging Care

This is an internet search site for in-home care services. Information will be sent to an email address after zip code, hours needed, and mile radius are added.

<https://www.agingcare.com/>

Caregiver Resources

The website is a resource for caregivers assisting an older adult with daily living activities.

<https://elizz.com/caregiver-resources/assisting-someone-with-the-activities-of-daily-living-adls/>

Help Guide, Home Care Services for Seniors

Help Guide is a small independent nonprofit that runs one of the world's top 10 mental health websites. The link is to the home site web page.

<https://www.helpguide.org/>

Johns Hopkins CAPABLE

Information for the CAPABLE program.

https://nursing.jhu.edu/faculty_research/research/projects/capable/

MI Choice Waiver Link

The link is to the Michigan Department of Health and Human Services website dealing with the MI Choice Waiver Program, which allows older adults to stay in their homes.

https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857-16263--,00.html

MI Health Link

This link is to the Michigan Department of Health and Human Services and deals with the MI Health Link program, which is open to those who live in the Michigan counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, and Wayne or any county in the Upper Peninsula and are enrolled in **both** Medicare and Medicaid.

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_64077--,00.html

Michigan 2-1-1 for Essential Community Services

A website for finding resources for help in finding ways get food, housing, or assistance.

<https://www.mi211.org/>

Michigan Adult Day Service Association

Website helps finding an Adult Day Center.

<https://.madsa.wildapricot.org/>

MDHHS Independent Living

Michigan Department of Health and Human Services website that provides information on older adults to continue to live independently and resources to help assure that happens.

[MDHHS - Independent Living \(michigan.gov\)](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_64077--,00.html)

National Institute on Aging

Signs aging adults need help.

<https://www.nia.nih.gov/health/what-are-signs-aging-parent-needs-help>

National Institute on Aging

Aging in Place: Growing Older at Home webpage contains links to information on

- How to plan ahead to age in place
- What support can help me age at home?
- Common concerns about aging in place
- Resources to help you age in place
- How much will it cost to age in place?

<https://www.nia.nih.gov/health/aging-place-growing-older-home>

Program of All-Inclusive Care for the Elderly (PACE)

The link is to the Michigan Department of Health and Human Services website about the PACE Program, which provides supports for frail older adults who are eligible for nursing home/long-term care, to live at home.

<https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/medicaid-providers/programs/program-of-all-inclusive-care-for-the-elderly-pace>

Ypsilanti Meals on Wheels (CAPABLE implementation)

Website on how the Ypsilanti Meals on Wheels implements the John Hopkins CAPABLE program by providing meals, social contact, and other services to the homebound elderly, ill and disabled in east Washtenaw County.

www.ymow.org

Vital Seniors Initiative at Ann Arbor Area Community Foundation

The link is to the home page of this program in the greater Ann Arbor area and its support of older adults.

<https://www.aaacf.org/Impact-Initiatives/Vital-Seniors>

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender, identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.