Top Priorities

Access

Long-Term Care Support Services

Retirement Security

Healthy Aging

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Access

Reauthorization of the Older Americans Act (OAA) (Federal):

The OAA is the seminal legislation guiding our nation’s aging policy and aging services network. S.192 modernizes the OAA while adding protections for the nation’s most vulnerable citizens. Despite Michigan's projected allocation for OAA services being reduced by 0.41% over the course of the authorization, the benefits of a reauthorized Act outweigh the projected financial loss. As such, the Area Agency on Aging 1-B joins the National Association of Area Agencies on Aging (N4A) in lending full support for the swift passage of S.192, the 2015 Reauthorization of the Older Americans Act.

Elder Justice Act (Federal):

The AAA 1-B joins the National Council on Aging (NCOA) in supporting legislation to reauthorize the Elder Justice Act; this Act would expand elder abuse research and training for law enforcement; enhance elder justice capacity at the Department of Justice; create Silver Alert plans nationwide; and promote senior financial empowerment.

Uniform Adult Guardianship Protective Proceedings Jurisdiction Act (Michigan)

The AAA 1-B joins AARP-MI and the Alzheimer’s Association in advocating for the reintroduction and passage of SB 466 (2013). If passed this act would establish rules for guiding the communication and interaction of multiple state courts when an adult guardianship or conservatorship case jurisdiction is in question. Michigan is one of only 10 states which do not have such legislation.

The CARE Act (Michigan)

The AAA 1-B joins AARP-MI in advocating for the Caregiver Advise, Record, Enable (CARE) Act. This legislation if passed would recognize the critical role that family caregivers play in facilitating care transitions and keeping their loved ones out of costly institutions through coordination with an identified family caregiver.

Smart Deficit Reduction (Federal):

The AAA 1-B joins the NCOA in advocating for “restored investments that assist and empower vulnerable older adults.” As NCOA states, “although only a third of annual federal spending is on discretionary programs, the vast majority of deficit reduction has come from that portion of the budget, totaling at least $1.6 trillion.”

“Nationwide, seniors were denied assistance with meals, job placement, transportation and caregiver support as programs closed or created waiting lists for the first time [due to sequestration]. The partial offset of the sequester for Fiscal Years 2014-15 only allowed for a small portion of aging services funding to be restored. The AAA 1-B and the NCOA urge Congress to replace the remainder of the sequester with balanced deficit reduction. (NCOA, 2015)

Transportation and Mobility (Federal/Michigan):

The AAA 1-B joins the SEMCOG in advocating for policies that provide adequate and sustainable funding for roads, local transportation and mobility management services that take into account the changing nature of fuel consumption and ensure access to local services.

Retirement Security

Housing Affordability & Options (Federal/ Michigan):

The AAA 1-B joins the SEMCOG and the Disability Network of Oakland/Macomb Counties in advocating for communities with a full spectrum of housing options including access to affordable, appropriate and safe housing for older adults and adults with disabilities. We advocate for: Increasing rental assistance for older adults and adults with disabilities; Legislation which returns the oversight of manufactured housing parks to local government who may be poised to better address resident needs, concerns and opportunities; and, Rectify the inequity in tax structure for homes in manufactured housing parks.

Protect Programs that Support Financial Security (Federal/Michigan):

The AAA 1-B joins the NCOA in advocating against potential cuts to programs such as the Supplemental Nutrition Assistance Program, Senior Community Services Employment Program (SCSEP), the Low-Income Home Energy Assistance Program (LIHEAP), the Social Services Block Grant (SSBG) or the Community Services Block Grant (CSBG). AAA 1-B advocates for legislation which protects and promotes equitable access to affordable supplemental health insurance coverage such as Medigap policies.

Elder Abuse Prevention Efforts (Michigan):

The AAA 1-B advocates for state policies which promote the message that in Michigan there is No Excuse for Elder abuse including: The passage of SB 49/ SB 50 to increase penalties and offer stricter sentencing guidelines for perpetrators of elder abuse with a portion of penalties used to prevent future instances of elder abuse; Legislation designed to help financial institutions educate older adults and adults with disabilities on the rights and risks of joint accounts; Adequate resources for the Adult Protective Services programs.
Long-Term Care Supports Services

Make Michigan a No Wait State for Home and Community Based Services (Michigan):
The AAA 1-B joins the Silver Key Coalition in advocating for an increase in state resources totaling $5 million over FY 2016/17 to make Michigan a “no wait state” for non-Medicaid in-home services and to fully serve significant individual unmet need.

Rebalance Michigan’s Long-Term Care System to Support Choice (Michigan):
The AAA 1-B advocates for an increase in MI-Choice Medicaid Waiver funding to offer nursing home eligible older adults and adults with a disability a choice of settings in which to receive care. In 2014 there were 27,072 Medicaid nursing home residents and 10,011 MI-Choice Waiver and PACE participants. We support efforts to equalize this ratio which would serve individuals in their setting of choice, produce significant savings to the state and increase the ability of the state to reduce wait lists.

The AAA 1-B advocates that the MI Health Link Dual Eligible Integrated Care demonstration project reach its full potential in expanding access to Home and Community Based Services, for Long-Term Care Medicaid eligible participants.

Protect the Solvency of MI-Choice Medicaid Waiver Program (Michigan):
In 2014 the MI-Choice Medicaid Waiver Program shifted from a fee-for-service reimbursement model to a managed care model. Under this model waiver agents are reimbursed a capitated-rate per participant. These capitated-rates are based upon the average medical costs of individuals. Individuals with medical needs that far exceed the reimbursement rate place the waiver agent at a significant risk for insolvency. As such, the AAA 1-B advocates that the Department of Health and Human Services implement risk sharing strategies designed to protect the solvency of all waiver agents.

Expand the Program for the All-Inclusive Care for the Elderly (PACE) (Michigan):
The AAA 1-B joins the Older Michiganian’s Day Steering Committee in encouraging the expansion of PACE programs across the state. PACE helps to keep older adults and adults with disabilities in the communities they call home and out of more costly institutional settings by offering a complete package of coordinated health and long-term care services for person eligible for both Medicare and Medicaid. The PACE program costs on average 47% less than institutionalized care.

Healthy Aging

Evidence-Based Programs (Federal/Michigan):
The AAA 1-B joins the NCOA and N4A in advocating for Evidence-based prevention programs that provide great value because they have been proven to work through rigorous scientific evaluation and peer review, as well as have measurable results. These programs target critical issues such as falls prevention through “A Matter of Balance” and chronic conditions through the “Diabetes Self-Management Program”. Research shows that community based self-management programs, can save money and improve health outcomes by significantly delaying functional impairments, helping to prevent secondary conditions, and reducing hospitalization and other health resource utilization, particularly among those with multiple chronic conditions.

Home Safety (Michigan):
In 2002, the medical costs of senior falls in Michigan totaled $657 million. Adjusted for inflation, the 2014 cost would be more than $850 million. Including rehab and follow up costs, the total cost of falls in Michigan in 2014 was nearly $3.8 billion. Recognizing that nearly three-quarters of all senior falls occur inside or in close proximity to the home, we advocate for legislation which provides incentives for making homes safer, accessible and caregiver friendly.

Support for Diversity Inclusion in the Elliott-Larsen Civil Rights Act (Michigan):
The AAA 1-B emphasizes a person-centered philosophy which values and respects the interests, needs, wishes and lifestyle choices of the individuals served. The Michigan Department of Civil Rights report: Report on LGBT Inclusion Under Michigan Law with Recommendations for Action, found that a majority of these elders have experienced discrimination based upon their sexual orientation or gender identity/expression. Support for embedding protections for sexual orientation and gender identity/expression in employment, housing and public accommodations in state law is in direct alignment with a person-centered philosophy and offers LGBT elders dignity, respect and a greater quality of life. As such, the Area Agency on Aging 1-B supports the inclusion of both sexual orientation and gender identity/expression as protected classes in the Elliott-Larsen Civil Rights Act.

650,805
Older Adults Age 60+ Call Region 1-B Home in 2015
Sources for More Information:

1. Access:


Population projections are provided by State Demographer Eric Guthrie based on projections developed for the Michigan Department of Transportation, March 2012.

2. Long-Term Care Support Services:
http://silverkeycoalition.com/yahoo_site_admin/assets/docs/Silver_Key_Coalition_White_Paper.4874521.pdf

Michigan Department of Community Health Medical Services Administration Budget Overview Presentation (2015)

AAA 1-B Actuarial Report, 2014

www.oldermichigani ansday.com

3. Retirement Security:


4. Healthy Aging:


http://www.learnnottofall.com/content/fall-facts/where-seniors-fall.jsp