The following are recommendations from the Michigan Office of Services to the Aging staff. We intend to get broader input from the field over the next months, possibly using a blog. Based on staff experience with current core program funds as well as the variety of AoA special grants, we make the following suggestions for consideration as the reauthorization process moves forward.

A. Better coordination between AoA, CMS and National Disability groups.

B. Move Title V back to AoA from DOL, remove the participation cap and the 48 month participant time limit in the program.

C. Add the Elder Justice Act (if not enacted as a free standing Act), and a new title on housing to OAA. Provide funding for them as well as the Mental Health section.

D. Add the concepts of Project 2020.

E. Expansion of HCBS, CLP/VA pilots.

F. Update language, including a focus on person centeredness.

G. Enhance focus on nursing facility culture change via consumer direction.

H. Provide flexibility for nutrition between congregate and home delivered meals as well as for non Medicaid caregiver support.

I. Expand the network’s capacity to provide ADRC activity.

J. Focus on planning for the baby boom age wave.

K. Use research to demonstrate that OAA core programs are cost effective.

L. Move demonstration grants, which are successful to permanent funding e.g. the ADDGS, now ADSSP.

M. Support National Ombudsman Resource Center continuation with increased funding.

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