

MHEF Convening 2025 ACLS Updates

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Bureau of Aging, Community Living, and Supports



Mission

MDHHS provides services and administers programs to improve the health, safety, and prosperity of the residents of the state of Michigan.

Bureau of Aging Community Living, and Supports (ACLS)



- The ACLS Bureau was created in October 2021 by the Executive Reorganization that merged the Bureau of Medicaid Long-Term Care Services and Supports and the Aging and Adult Services Agency (AASA).
- ACLS oversees of a variety of Medicaid, Older Americans Act, and other state and federally funded home and community-based service programs and facility-based long term care activities. ACLS also performs functions of policy support, program development, and grants management for a variety of programs and services.

Long Term Supports & Services (LTSS)

- Care provided in the home, in community-based settings, or in facilities, such as nursing homes.
- Care for older adults and people with disabilities who need support because of age; physical, cognitive, developmental, or chronic health conditions; or other functional limitations that restrict their abilities to care for themselves.
- A wide range of services to help people live more independently by assisting with personal and health care needs and activities of daily living.

LTSS Funding

LTSS programs and services are funded through a variety of manners:

- Private pay
- Long term care insurance
- **Medicaid**
- **Older Americans Act**
- U.S. Department of Veterans Affairs
- **Medicare**

HCBS LTC Continuum

HOME AND COMMUNITY-BASED SERVICES COMPARISON CHART

Individuals who need Long Term Services and Supports have choices. For individuals who are eligible, Medicaid funded home and community-based service options may include Program for All-Inclusive Care for the Elderly (PACE), MI Choice, MI Health Link, Home Help, and D-SNP. Older Americans Act programs are not Medicaid funded and there is no income eligibility to receive services. This chart compares the features of the programs that offer alternatives to nursing home care. The purpose is to allow individuals to make informed choices about the program that will best meet their needs. Not all programs are currently available in all areas of the state.

<u>Program Feature</u>	<u>PACE</u>	<u>MI Choice</u>	<u>MI Health Link</u>	<u>MI Health Link + MI Health Link HCBS Waiver</u>	<u>Home Help</u>	<u>Dual-Special Needs Program (D-SNP)</u>	<u>Older Americans Act (OAA) Funded Programs</u>
AGE	55+	18+	21+	21+	Any	18+	60+ FOR MOST
Individual must meet nursing facility level of care eligibility	YES	YES	NO	YES	NO	NO	NO
Must have both Medicare and Medicaid to qualify	NO	NO	YES	YES	NO	YES	NO
Combines Medicare and Medicaid Benefits	YES	NO	YES	YES	NO	NO	NO
Expanded financial eligibility rules (income limits set annually for a calendar year.)	YES - individuals can have a gross income of up to 300% of SSI (\$2,901 per month in 2025) and still qualify for enrollment.	YES - individuals can have a gross income of up to 300% of SSI (\$2,901 per month in 2025) and still qualify for enrollment.	NO - unless the individual resides in a nursing home (skilled nursing facility) or is enrolled in the MI Health Link Waiver.	YES - individuals can have a gross income of up to 300% of SSI (\$2,901 per month in 2025) and still qualify for enrollment.	NO	NO	Not an income-based program
The individual will have to meet a Medicaid Deductible (Spend-Down) to qualify for benefits	NO - If you are eligible for Medicaid and your income is below the limit, you will not have a spend-down if you enroll in PACE.	NO - If you are eligible for Medicaid and your income is below the limit, you will not have a spend- down if you enroll in MI Choice.	NO - Individuals who have a spend-down are not eligible for MI Health Link.	NO - If you are eligible and your income is below the income limit, you will not have a spend-down if you enroll in MI Health Link + MI Health Link Waiver.	YES- The day the spend-down is met, the client may receive services.	Spend down beneficiaries are not eligible.	NO
Enrollment Start Date	After PACE eligibility is confirmed and enrollment paperwork is completed by the 24th, then PACE is active the first day of the next month.	No sooner than the date of the MI Choice assessment. Can be any day of the month, unless transferring from another long-term care program.	The first day of the month after MI Health Link enrollment is confirmed.	The first day of the month in which MDHHS approves MI Health Link + MI Health Link Waiver eligibility.	The case opening date is the latter of the DHS-390 (Adult Services Application) received date, the DHS-54A (Medical Needs) signature date, and the referral date.	First day of the month after Medicare enrollment is confirmed.	After assessment is completed

Medicaid Long-Term Care Programs



Program	Service Delivery Model	Program Description	Program Enrollment
MI Health Link*	Managed Care via Integrated Care Organizations	Medical, behavioral health and long-term care services for MI Health Link program enrollees.	~32,000
MI Choice	Managed Care via MI Choice Waiver Agencies	Home and community-based services for Medicaid-enrolled individuals who qualify for nursing home-level care.	~13,000
PACE	Managed Care via PACE Organizations	Community-based, all-inclusive care for individuals age 55+ who qualify for nursing home-level care.	~5,700
Home Help	Fee for Service via Individual and Agency Providers	Personal care services to individuals who need hands-on assistance in order to live independently in their home.	~53,000
Nursing Homes	Fee for Service	Skilled nursing care for individuals needing full-time custodial care or rehabilitation services.	~33,500

**Federal regulations require the state to convert the MI Health Link program to an “integrated” Dual Eligible Special Needs Plan (D-SNP) by 2026. MDHHS is currently working on this transition.*

Michigan's Medicaid Program has a Vast Reach

Medicaid covers one in five individuals living in the U.S. In Michigan, the coverage rate is even higher—**one in four Michiganders**.

Michigan's Medicaid program affords health coverage to over **2.6 million Michiganders** each month, including:

1 million children;

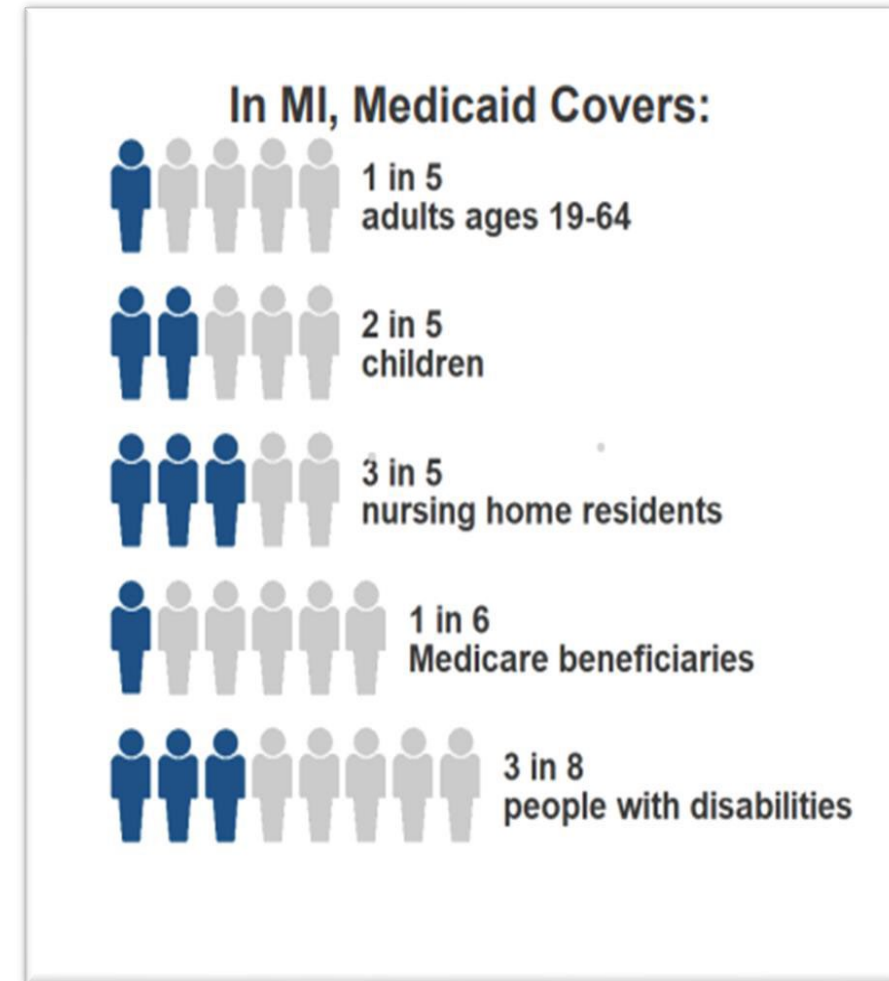
300,000 people living with **disabilities**;

168,000 seniors; and

Nearly **725,000 adults** in the **Healthy Michigan Plan**.

45% of births in Michigan are covered by Medicaid.

*Graphic from: Kaiser Family Foundation
August 2024 Michigan Fact Sheet*



Medicaid Enrollees and Expenditures



ACLS – State Unit on Aging (SUA)



- State Units on Aging (SUAs) are designated state-level agencies that are responsible for developing and administering multi-year state plans that advocate for and provide assistance to older residents, their families, and, in many states, for adults with physical disabilities.
- The 56 SUAs are located in each of the 50 states as well as the District of Columbia, Guam, Puerto Rico, American Samoa, the Mariana Islands, and the Virgin Islands.

Older Americans Act (OAA)

- The OAA was passed by Congress in 1965, reauthorized in 2020. The OAA is currently up for reauthorization.
- The OAA was the first federal level initiative aimed at providing comprehensive services for older adults. It created the national “aging network” comprising the federal Administration on Aging, SUAs, and area agencies on aging (AAAs) at the local level.
- The OAA authorizes funding for grants to states, research, and development projects.

Older Michiganians Act (OAA)



- The Older Michiganians Act (Act 180 of 1981) (OMA) created the Commission on Services to the Aging within the Executive Office of the Governor to oversee Michigan's implementation of the Older Americans Act of 1965.
- The OMA created an Office of Services to the Aging as an autonomous entity within the Department of Management and Budget.
- The OMA authorized the designation of AAAs and established programs and services for older persons and caregivers.

Functions of the SUA

- Develops and administers a multi-year state plan. The current plan is approved for fiscal years 2024-2026.
- Coordinates and manages OAA programs for service delivery statewide.
- Oversees grants management, state and federal reporting, training, and quality improvement efforts.
- In Michigan, works with the Commission on Services to the Aging, a Governor-appointed body which advises the Governor and legislature and approves grants and policies.

SUA Programs (Non-Medicaid)

Care Management and In-Home Services

In-home services help older adults who have difficulty managing daily tasks on their own, and care management helps older adults to coordinate the in-home services that help them live as independently as possible.

In 2024, **23,227 older adults** received **815,992 hours/units** of in-home and care management services.

Nutrition Program

Nutrition programs address issues of malnutrition, food insecurity, and social isolation and target older adults in greatest social and/or economic need.

In 2024, **10,649,754 meals** were provided to approximately **95,935 program participants** across the state.

Support for Caregivers

Family caregivers are relatives, friends or neighbors who provide support to individuals needing help with activities of daily living. Family caregivers provide up to 80% of care for Michigan's older adults and those who have a disability.

In 2024, **5,043 caregivers** were supported by **695,070 hours** of adult day, respite care, counseling services, nutrition, training, and supplemental care.

Community Services

Community services, such as crisis services, disease prevention, transportation and elder abuse prevention, help older adults maintain independence at home and in their community.

In 2024, selected community services supported **272,484 older adults** in Michigan.

Current ACLS Projects

- AARP Age Friendly States and Communities Network.
 - Working to improve livability for older adults.
- Bridging Aging and Disability Networks.
 - Collaboration with MI Developmental Disabilities Council.
- Direct Care Workforce Advisory Council.
 - Promoting efforts to strengthen and support DCWs.
- No Wrong Door System.
 - Statewide options counseling and Medicare Counseling.

Current ACLS Bureau Projects



- Home Help Payments Project.
- Home & Community-Based Services (HCBS) ARPA Plan.
- MIHL Transition to MI Coordinated Health (1/1/2026).
- PACE Expansions – Existing PACE Orgs and NE Michigan.
- Electronic Visit Verification (EVV) – 21st Century CURES Act for Medicaid-funded Personal Care and Home Health Care Services.
- OAA Regulations – 3/15/2024 (last update: 1987).
- Coordination between OAA Title III & Title VI.

OAA Title VI Services for Native Elders



- OAA amended in 1978 to establish programs for the provision of nutrition and supportive services for Native Americans.
- Further expansion in 2000 added caregiver support services.
- OAA requires “Collaboration and Coordination” among tribal grantees, service providers, and the SUA.

OAA Title VI Services

Grants to Tribal Organizations provide for a broad range of services for Native Elders:

- Congregate and home-delivered meals.
- Information and referral.
- Transportation.
- Personal care.
- Chores.
- Health promotion and disease prevention.
- Other supportive services, including caregiver supports.

FY2026 Executive Budget Recommendation



- **Improving Dementia Services in Michigan:**

An additional \$2 million general fund for dementia services intended to expand resources available for dementia care and support, establish pilot projects aimed at improving dementia care practices, provide training and education to healthcare professionals and caregivers, and disseminate best practices for dementia care.

- **Program of All-Inclusive Care for the Elderly (PACE) Slot Expansion:**

Enrollment in PACE has grown significantly in recent years. The FY 2026 Executive Budget provides an increase of \$2.9 million Gross (\$1 million general fund) for an additional 54 slots at existing PACE sites (Saginaw, Traverse City, and Newaygo).

FY2026 Executive Budget Recommendation



■ **Medicaid Eligibility Expansion:**

The FY 2026 Executive Recommendation includes \$96.4 million Gross (\$33.1 million general fund) to implement an asset disregard for medically needy Medicaid beneficiaries, which will effectively increase the spend down income level to 100% of the federal poverty level. This change will benefit elderly and other potential beneficiaries with incomes that are low, but not quite low enough to qualify for Medicaid.

■ **Non-Clinical DCW Wage Increase:**

The FY 2026 Executive Budget proposes an investment of \$14 million Gross (\$6.2 million general fund) to address this disparity, extending wage support to contracted workers, and ensure all eligible non-clinical workers receive wage increases.

QUESTIONS?



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