

2020—2022 Multi Year Plan  
**FY 2020 ANNUAL IMPLEMENTATION PLAN**  
U.P. AREA AGENCY ON AGING UPCAP SERVICES, INC. 11



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**Planning and Service Area**

Alger, Baraga, Chippewa, Delta,  
Dickinson, Gogebic, Houghton, Iron,  
Keweenaw, Luce, Mackinac, Marquette,  
Menominee, Ontonagon, Schoolcraft

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Table of Contents

	Page
County/Local Unit of Government Review .....	1
Plan Highlights .....	2
Public Hearings .....	7
Scope of Services.....	9
Planned Service Array .....	14
Planned Service Array Narrative .....	16
Strategic Planning .....	17
Regional Service Definitions.....	20
Access Services .....	23
Direct Service Request.....	25
Program Development Objectives .....	33
Advocacy Strategy.....	41
Leveraged Partnerships .....	43
Community Focal Points.....	45
Other Grants & Initiatives .....	55
Appendices.....	57
Budgets & Other Documents.....	63

**FY 2020 ANNUAL IMPLEMENTATION PLAN**

U.P. Area Agency on Aging

FY 2020

**County/Local Unit of Govt. Review**

UPCAP's responsibility as the ex officio secretary for the Upper Peninsula Association of County Commissioners plays a vital role in the agency's overall ability to address the needs of older adults, particularly as these needs impact county government activities. This has been extremely advantageous in terms of influencing decisions related to local funding for senior programs and/or decisions to pursue local senior millage elections. A copy of the final proposed FY 2020-2022 Multi-Year Plan will be presented to UPCAP's Board of Directors at their meeting on June 28, 2019, requesting a formal resolution of approval. A request will then be sent via certified mail to the chairperson of each of the 15 County Board of Commissioners within the region by July 1, 2019 asking for approval of the plan as written by July 31, 2019.

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FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Plan Highlights

**1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.**

In 1974 UPCAP Services, a non-profit multi-purpose human services organization, was designated as the Upper Peninsula Area Agency on Aging (UPAAA). A 22-member Board of Directors and a 14-member Advisory Council assist the UPAAA in accomplishing its mission of serving older adults in the Upper Peninsula. The UPAAA's Board of Directors is composed of seniors, elected officials, leading local citizens representing U.P. counties, and other members of the private sector. In addition, the Board appoints an Advisory Council composed primarily of individuals age 60 and older, who are eligible participants in programs under the Area Agency's Area Plan. Advisory Council members also include individuals representing seniors who may be low-income, those with disabilities, minority groups, health care and advocacy organizations, and the general public. Advisory Council members meet at least six times a year to advocate for senior programs and needs, conduct public hearings, aid in the development of the Area Plan, and review and comment on policies, programs, and legislation affecting the elderly.

The UPAAA is a regional focal point for aging services and programs for persons with disabilities. The mission of the U.P. Area Agency on Aging is to serve as a leader relative to all aging issues on behalf of older persons in the 15 counties of the Upper Peninsula of Michigan. With the help of its partners, the UPAAA carries out a wide range of functions related to advocacy, planning, coordinating, inter-agency linkages, resource and program development, information sharing, brokering, monitoring and evaluation; and is designed to lead to the development of comprehensive and coordinated systems serving each community within the region. These systems are intended to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

**2. A summary of the area agency's service population evaluation from the Scope of Services section.**

According to the U.S. Census Bureau's latest American Community Survey (ACS 2017), there are now 84,765 older adults eligible for Older American's Act and Older Michiganian's Act funded services in Michigan's Upper Peninsula. The region is comprised of 16,452 square miles, about one-third of the State's land area. Yet the U.P.'s population comprises only about 3% of the State's total population. This equates to a population density of approximately 19 persons per square mile. This has always created unique challenges in providing services to those needing them throughout the region, and proves to become more challenging as our population becomes older and more frail - and as the workforce declines.

According to the ACS 2017, demographic trends over the past few years show a 10% increase of those age 60 plus, with a subset of those folks age 85 and older also increasing by almost 4%. Additionally, about 9.5% percent of those aged 60 or older are now in poverty, an increase of approximately 10% since 2010. Yet the overall population of those under age 60 has declined by 3%. Over the past several years, many of our local communities have experienced challenging economic times with the closing or removal of key area business, some of which were the main employer for those communities. This has caused the younger generation to leave the area, shrinking the workforce available to agencies that provide direct care services like those the UPAAA and its' partners provide to older adults. In fact, the counties of Keweenaw and Ontonagon now have fewer adults aged 20-59 than those aged 60 and older.

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Demographic trends indicate that as time goes on, the numbers of adults age 85+ will continue to increase while those in the workforce decrease. The challenge will be for the UPAAA to continue to provide leadership in advocacy and education throughout the PSA, engaging its partners and the communities we serve to think and act creatively in the coming years so that needs of older adults and those with disabilities continue to be met in person-centered ways.

**3. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.**

The UPAAA studies needs among the elderly and those with disabilities within the region, and prioritizes services to meet those needs. The Area Plan provides for development of a comprehensive, coordinated service delivery system, outlines fundable services for the elderly, and summarizes activities of the UPAAA. The five programs serving the most participants are 1) home-delivered meals, 2) congregate meals, 3) homemaker, 4) home care assistance, and 5) respite. Equally, the programs utilizing the most funding are as follows, in order of expenditures: 1) home-delivered meals, 2) congregate meals, 3) homemaker, 4) home care assistance, and 5) respite.

Additional services to be provided by the UPAAA and its partners in 2020 include:

- Information & Assistance
- Care Management
- Chore Service
- Home Injury Control
- Nursing Services (Regional Service Definition)
- Emergent/Unmet Needs (Regional Service Definition)
- Adult Day Services
- Transportation
- Disease Prevention/Health Promotion
- Legal Assistance
- Long-term Care Ombudsman
- Programs for Prevention of Elder Abuse, Neglect & Exploitation
- Kinship Support Services
- Caregiver Education, Support, and Training
- Creating Confident Caregivers

**4. Highlights of planned Program Development Objectives.**

The UPAAA's Plan sets forth three Program Development Objectives for which significant efforts will continue to be applied to meet the growing and emerging needs of the region's older adults. A brief synopsis of each are as follows:

1. More communities within the region will conduct an aging-friendly community assessment and apply for recognition to the Aging & Adult Services Agency (AASA) as a Community for a Lifetime: the objective is to assist at least one additional community within the PSA to conduct an aging-friendly community assessment and apply for recognition to the Aging & Adult Services Agency (AASA) as a Community for a Lifetime.

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

2. Ensure that older adults have a choice in where they live through increased access to information and services: the objective is that by using the principles of person-centered planning, more services and options will be available to consumers, allowing them to live as independently as possible and assure that they have choices in where they live. Additionally, we will enhance the caregiver experience, and thus their effectiveness, by providing improved access to information, support and resources so that they can successfully care for their loved ones at home, as well as for themselves.

3. Protect older adults from abuse, neglect, and exploitation: the objective is to increase community awareness and understanding of elder abuse issues and how to report suspected cases of abuse, so that the incidents of abuse towards older adults in the region will decrease.

**5. A description of planned special projects and partnerships.**

The UPAAA has always placed great emphasis on the development and preservation of strong partnerships to meet the needs of older adults in the most cost-effective and practical way. Special projects with partners in which we are currently participating are as follows:

- Veterans Self-Directed Care Program: partnering with the Veterans Administration to provide self-directed assessments and care planning to veterans facing long term care needs.
- Diabetes Prevention Program: partnering with Public Health of Delta and Menominee Counties and the U.P. Diabetes Outreach Network (UPDON) in Marquette County to provide this program to anyone in these areas who would like to know how to better manage their health and prevent Type 2 Diabetes.
- MI State University Falls Prevention Program: partnering to promote the evidence-based Matter of Balance program throughout the U.P, assisting to provide classes and recruit new coaches so that this program will be available to more people throughout the region, including in those areas not previously served.
- Alzheimer's Disease Supportive Services Program: partnering with AASA, we will continue to provide dementia education & workshops for in-home service agencies, community organizations, family caregivers, and the general public on topics related to identifying, relating to, living with and/or caring for someone with a dementia-related illness.
- National Kidney Foundation: as part of a 3-year grant received from the Administration for Community Living, the UPAAA will be assisting the National Kidney Foundation in developing and expanding the on-line model of the Personal Action Towards Health (PATH) programs. This will allow folks with internet access to attend classes via the web rather than attempting to travel to classes which may be in areas far from their home, or which may be difficult for many to attend.
- PREVNT Initiative: the UPAAA has received an additional grant from AASA to continue to provide community presentations and increasing awareness and education on Elder Abuse, Neglect and Exploitation, and how to report suspected abuse. We plan to increase outreach to tribal communities; one tribe has expressed interest in working more closely with us to develop an elder abuse prevention plan for their Elders.
- Michigan Mobility Challenge: partnering with MUVE-P3 and other community partners in the region to provide and expand on-demand and scheduled accessible transportation options to the underserved in the central Upper Peninsula through a grant received from the MI Department of Transportation.

UPCAP has also played a role in Michigan's Dual Eligible Medicaid/Medicare Integrated Care (IC) initiative. UPCAP will continue to engage and build on its relationships with key stakeholders of the IC. Additionally, UPCAP has had a long-lasting and viable relationship with the Superior Alliance for Independent Living (SAIL,



FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

the U.P. CIL), working together on many projects, including the ADRC of the U.P., the Nursing Facility Transition Program and many others. The UPAAA Executive Director is a member of the SAIL Board and the SAIL Executive Director is a member of the UPAAA Policy Board. The goal of both agencies is to provide a seamless and integrated service delivery system to older adults and those with disabilities across the continuum.

**6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.**

Increased efficiency in service delivery and program management is a continual goal for the UPAAA. The AAA continues to work to increase the proficiency of services provided to older adults throughout the region in the most economic ways possible, by promoting open dialogue and technical assistance to its partners through the quality assurance process, and through regularly scheduled meetings, collaboratives, and advisory groups. Additionally, a concerted effort continues to be made to help nutrition partners better manage the rising costs of providing both congregate and home-delivered meals in a vastly rural area.

UPCAP/UPAAA's 2-1-1 Call Center is AIRS Accredited, which is the primary quality assurance mechanism for affirming Information & Assistance program excellence. The UPAAA has received accreditation from the American Association of Diabetes Educators and is a Medicare certified provider for diabetes education. Additionally, the UPAAA has preliminary recognition status from the Centers for Disease Control and Prevention for its National Diabetes Prevention Program, which started in 2016. We will continue to pursue full recognition status to help sustain diabetes education programs, as well as to continue to promote health education and wellness to those at risk for Type 2 Diabetes.

The UPAAA will be pursuing accreditation through the National Committee for Quality Assurance in 2020, in order to better deliver efficient, effective person-centered care that meets people's needs, helps keep people in their preferred setting and aligns with the State's requirements for home and community-based care.

**7. A description of how the area agency's strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the MYP and help address the increased service demand.**

The UPAAA's strategy for developing non- or underfunded programs and providing necessary resources will continue by entering into Memorandums of Understanding with partner agencies to promote and manage various programs in creative ways. These MOUs promote the utilization of volunteers to provide Evidence-Based Disease Prevention programs, MMAP, transportation, and LTC Ombudsman services in particular. It remains a challenge to appropriately manage, train, and supervise these volunteers and programs with the limited funding allowed, as each require specific requirements and skill sets.

UPCAP, as a multi-purpose non-profit organization, administers a variety of other programs which positively impact on the UPAAA's purpose and mission. UPCAP continually encourages utilization of its region-wide AIRS accredited 2-1-1 Information and Referral System as a gateway for all programs and resources available in throughout the region. Almost one-half of the calls received by the Call Center are requests for information or assistance related to long-term care, caregiving, and housing issues. Other programs supporting the UPAAA's mission include congregate housing development and management, and the Mediation Program, which resolves disputes and disagreements between parties (i.e. landlord-tenant, medical billing, caregiver issues, etc).

**U.P. Area Agency on Aging**

**FY 2020**

Working together across the agency and with all of our community partners will help to increase capacity and, at the very least, maintain important programs and services that the UPAAA provides.

**8. Highlights of strategic planning activities.**

In an effort to collect the information necessary to create a meaningful and successful multi-year plan for services to older adults, the UPAAA staff meets with community partners at least quarterly to discuss trends, issues, and opportunities concerning the delivery of needed/requested goods and services to older adults throughout the region. The AAA Advisory Council is also a sounding board, advocating for the needs of older adults in the region, and meets bi-monthly to plan and strategize how best to meet those needs in the most cost-effective manner.

Additionally, the UPAAA conducted 4 public forums in March and April 2019 in several areas of the region to garner input from older adults themselves. During these forums, an informal discussion was held to review services that are currently available, as well as those that might not be. People in attendance discussed their gratitude for services received, but also shared concerns for those services that are not available, especially those they felt were necessary to maintain their own homes. Participants at these forums were also asked to complete a survey to help track their needs and wants for the AAA planning process. This survey was also provided to area senior centers, community partners, and is available on-line at the agency's website.

Finally, key UPAAA staff met several times to discuss input received from all sources, and worked together to identify the strengths and weaknesses of the agency, the needs and wants of older adults and those with disabilities in the region, and to develop a plan to best serve most older adults and those with disabilities in most parts of the PSA in the coming years.



**FY 2020 ANNUAL IMPLEMENTATION PLAN**

U.P. Area Agency on Aging

FY 2020

**Public Hearings**

Date	Location	Time	Barrier Free?	No. of Attendees
06/06/2019	Superior Alliance for Independ	01:30 PM	Yes	2
06/18/2019	UPCAP-Escanaba	01:00 PM	Yes	18

Firstly, the UPAAA held four public forums throughout the region in an effort to gain direct input from the population served. Forums were held at the Pickford Township Hall in Chippewa County, the Iron County Senior Center in Iron County, the Cloverland Senior Center in Ontonagon County and at UPCAP in Delta County. All forums were marketed on the agency website, shared with all service providers and partner agencies, sent to local senior and community newspapers and other media outlets for publication, and flyers were distributed at the forum locations and other venues close by. At all forums, the facilitator presented an overview of the area agency on aging and its main functions, the planning process, and the reasons why the UPAAA is seeking input. A written survey was also developed and participants were encouraged to complete this survey. The written survey is also available via the UPCAP/UPAAA website. All information and input obtained via the surveys was utilized in the program development process.

In order to prompt meaningful discussion, the facilitator asked the following questions of the attendees: what services listed in the UPAAA services brochure were attendees familiar with or have used, which services are they not familiar with or wanted to know more about; and how easy is it to find out about or request those services in their communities? Also, did they think some services listed in the brochure were not available in their area, and if so, why do they think this is true? And finally, did they need or want services not listed on the current AAA services brochure? In all locations, most people were satisfied with the services available to older adults in their communities. Many people were concerned about managing their health and wellbeing, and some felt that there were not enough health and wellness programs offered, or perhaps that not enough advertising about classes and services was done to let people know about all the programs available to them. And while many loved the senior meal program, they felt that there would be greater participation if more brunch or evening meals were served. Another group wanted their meal program opened more than 2 days per week as it serves good food, is the only real opportunity for social engagement in their small town, and is very popular. They believed it could serve 3-4 days a week and still retain a large crowd of participants. An unmet need in many rural areas was non-medical transportation; many folks do not have access to stores, senior centers, meal sites, and other social engagements unless they have a good neighbor willing and able to assist them. A big issue this past winter was lack of available and affordable assistance with snow removal (roofs, snow plowing) as many areas got so much snow that roofs were caving in or people could not get out of their houses and driveways. It was felt that there should be programs available to help with emergent needs such as these when they endanger a person's home or health. Lastly, the looming Opioid Crisis was discussed as it affects all of us, including seniors. All of these issues and comments were carefully considered and have been implemented into the current MYP where feasible.

Secondly, two Public Hearings were held to solicit input on the draft MYP. A press release/meeting notice regarding the public hearings was shared with the UPAAA Service Provider Network, the UPAAA Board of

**U.P. Area Agency on Aging**

**FY 2020**

Directors and Advisory Council, posted on UPCAP's website, and submitted to the following newspapers:

Escanaba Daily Press

Iron Mountain Daily News

Houghton Daily Mining Gazette

Marquette Mining Journal

Public hearings on the MYP for 2020-2022 were held on June 6th at the Superior Alliance for Independent Living (SAIL) in Marquette and on June 18th at UPCAP/UP Area Agency on Aging. The MYP was presented at the beginning of each meeting with a brief overview of the purpose and intention of the plan, followed by a description of the goals and objectives noted throughout the plan. Each attendee was provided with a draft copy of the MYP 2020-2022. Attendees were invited to comment verbally or in writing. Most of the discussion at the public hearings had to do with lack of affordable and available transportation and housing; demographic changes and the continued and very problematic direct care workforce shortage; the need to attract younger seniors to congregate meal programs in new and innovative ways; and support for continued health and wellness programs across the region. All comments were reviewed and carefully considered, however none of the comments necessitated any substantial changes to the MYP.

No written comments have been received by the UPAAA, to date.

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Scope of Services

**1. Describe key changes and current demographic trends since the last MYP to provide a picture of the potentially eligible service population using census, elder-economic indexes or other relevant sources of information.**

According to the U.S. Census Bureau's latest American Community Survey (ACS 2017), there are now 84,765 older adults eligible for Older American's Act and Older Michiganian's Act funded services in Michigan's Upper Peninsula. The region is comprised of 16,452 square miles, about one-third of the State's land area. Yet the U.P.'s population comprises only about 3% of the State's total population. This equates to a population density of approximately 19 persons per square mile. This has always created unique challenges in providing services to those needing them in this region and proves to become more challenging as our population becomes older and more frail, and as the workforce declines.

Per the ACS 2017, demographic trends over the past few years show a 10% increase of those age 60, with a subset of those folks age 85 and older also increasing by almost 4%. Additionally, about 9.5% percent of those aged 60 or older are now in poverty, an increase of approximately 10% since 2010. Yet the overall population of those under age 60 has declined by almost 3%. Changes to our region's demographics are as follows:

	<u>Total U.P. Pop</u>	<u>Aged 60+</u>	<u>Aged 85+</u>	<u>Total 65+ Below Poverty</u> (data available only for 65+)
2010:	312,731	76,496	8,181	4,869
2017:	305,245	84,765	8,487	5,657

Over the past several years, many of our local communities have experienced challenging economic times with the closing or removal of key area business, some of which were the main employer for those communities. This has caused the younger generation to leave the area, shrinking the workforce available to agencies that provide direct care services like those the UPAAA and its' partners provide to older adults. In fact, the counties of Keweenaw and Ontonagon now have fewer adults aged 20-59 than those age 60 and older.

Conversely, some U.P. communities are thriving; with unemployment at its lowest rates in 50 years, there is stiff competition for public service jobs. Additionally, funding for in-home services is not keeping up with the demand for these services; with the exception of the nutrition program, funding amounts have remained relatively stagnant for OAA in-home services. Nor does funding allow for adequate pay to obtain and retain these workers in a vastly rural area.

Demographic trends indicate that as time goes on, the numbers of adults age 85+ will continue to increase while those in the workforce decrease. The challenge will be for the UPAAA to continue to provide leadership in advocacy and education throughout the PSA, engaging its partners and the communities we serve to think and act creatively in the coming years so that needs of older adults and those with disabilities continue to be met in person-centered ways.

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

**2. Describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc. Include older persons as well as caregivers and persons with disabilities in your discussion.**

The U.P.'s minority population age 60 plus is currently less than 5%. The largest recognized minority group is American Indian, with 2628 tribal elders living in the Upper Peninsula. The UPAAA partners with several tribes to help provide services to elders, but many do not take advantage of the services available through the AAA. As part of their culture, they rely on their families and their tribe to meet their needs. As such, the UPAAA does not anticipate that there will be a significant increased need for services to tribal elders in the next planning cycle.

However, over 88,000 individuals in the region are living with a disability, a 40% increase from 2013. This comprises 29% of the total population. Of these, 25,685 individuals are age 60 or older. Adding this population with those aged 85+, who also often present with complex issues and chronic conditions, bring the total of people potentially needing services the UPAAA and their partners provide to over 34,000. As many as 25-50% of older individuals also have some form of dementia. And, while numbers are not available to show how many family caregivers are living in the region, we know that the demand for assistance with caregiving is increasing. In the latest census figures, 640 families identify as kinship families (grandparents caring for grandchildren). Waiting lists for respite and adult day services remain an issue. Many folks who do receive assistance through these programs have unmet needs because they require more assistance than what can be provided. This trend proves to become more severe as the number of 'old-old' increases, and as older parents can no longer care for their spouses, grandchildren, or adult children with disabilities. Many of them will require care themselves.

Most residents of the U.P. that are older and disabled have health care, usually through Medicare and Medicaid. However, even with Medicare prescription drug coverage, many folks are struggling to afford life-saving medications such as insulin due to skyrocketing costs; in some cases these increases have amounted to 500% over the last 8 years. Other issues facing older adults in this area is the lack of affordable dental care, even for people with Medicaid coverage. Lack of dental care soon leads to other health issues and affects quality of life. Additionally, many folks have expressed concerns over finding adequate transportation to see specialists and providers who accept Medicare and Medicaid reimbursement, especially when these providers are located hundreds of miles away. It will be a great challenge for the UPAAA and its partners to come up with new and innovative funding sources and programs to help the needs older adults face with these issues.

Due to these and other chronic issues, the UPAAA has prioritized the need for increased capacity for caregiver support, advocacy and training as well as increased funding and programs to meet the needs for non-emergency medical transportation and in-home services by direct care workers.

**3. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.**

The UPAAA will continue to enter into contracts or purchase of service agreements in order to meet the needs of underserved populations. Outreach efforts will be accomplished by 1) prioritizing and targeting in the RFP

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

process; 2) consumer assessments through Care Management and the subsequent purchasing of needed services through a purchase of service process; 3) continued utilization of the aging network and its I & A system, including promotion of 2-1-1 usage; and, 4) standardized prescreening and assessment of potential program participants coupled with service coordination at the local level.

The AAA will work with providers to, at a minimum, maintain (and at best increase) the number and percentage of individuals served and to increase targeting efforts towards underserved target groups, with specific attention paid to low-income minority groups. This will continue to be a challenge as those aged 85 and older increased by 4% since 2010, while overall population decreased by almost 3%. This is indicative of a trend that will likely continue as more and more Baby Boomers age into the system.

**4. Provide a summary of the results of a self-assessment of the area agency's service system dementia capability using the ACL/NADRC "Dementia Capability Assessment Tool" found in the Document Library. Indicate areas where the area agency's service system demonstrates strengths and areas where it could be improved and discuss any future plans to enhance dementia capability.**

Currently the UPAAA utilizes its 2-1-1 call center specialists to conduct pre-screens for the Care Management and MI Choice Waiver programs. There are also protocols in place to assist call specialists in determining the needs of an individual, including determining whether they may have a cognitive impairment or possible dementia. If this is believed to be a possibility, additional information about a caregiver or representative is sought, and information about the caller's living arrangements is collected. All of this information is then passed to a care manager who will complete the assessment and care planning process to address the needs of the caller, and their caregiver if necessary. This may include a referral to a physician or clinic for a diagnostic evaluation.

Programs such as OAA-funded programs, Creating Confident Caregivers, Powerful Tools for Caregivers, and others are provided by the UPAAA to help caregivers and individuals with cognitive impairment receive the services they need to enhance their quality of life. Care managers and supports coordinators are social workers or registered nurses. Care managers and supports coordinators provide critical knowledge and coordination of services, and continually seek to address the progression of the disease process, allowing for flexibility in arranging services and moving within care systems to meet the needs of the individual and their family. They, the 2-1-1 call specialists, and key AAA staff have received extensive training in dementia and other cognitive issues. Many of these staff are trainers, coaches, and Master Trainers of the evidenced-based programs provided by the UPAAA listed above.

During this multi-year planning cycle, the UPAAA is committed to seeking, and hopefully implementing, new programs that will help families caregive successfully for longer periods of time. New funding and programs such as the BRI Care Consultation program and the Alzheimer's Disease Initiative-Specialized Supportive Services project will provide additional information, training, respite, and services to caregivers and their families - especially those in isolated rural areas.

**5. When a customer desires services not funded under the MYP or available where they live, describe the options the area agency offers.**

Whenever the UPAAA is not able to meet current needs of the customer anywhere in the region, a referral to 2-1-1 is made to assist the person in finding alternative resources to help meet those needs. The 2-1-1 call



FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

specialists work with the caller to first identify their particular needs, and secondly locate resources to help meet those needs in the best way possible. The call specialist will follow-up with the individual to ensure that they were connected appropriately to the resource and are receiving the help that they chose. If long term care information is needed or requested, the 2-1-1 call specialists will make the referral to a care manager or options counselor. All care managers, 2-1-1 call specialists, and options counselors have received training in Person-Centered Planning and follow these principals when assisting customers.

As unmet needs/trends are identified, the UPAAA works to incorporate programs and strategies within the Multi-Year and Annual Implementation Plan processes whenever feasible.

**6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2020-2022 MYP.**

The UPAAA intends to address the unmet needs of program participants in various ways. First, the services that appear to be critical to keep people in their own homes will have top priority for funding, such as home care assistance, home-delivered meals, and respite care. Secondly, new partner agencies will be sought who can meet the needs of participants where others may not be able or willing to do so. Third, two new regional service definitions are being sought to help meet 1) emergent unmet needs, and 2) nursing services. These services will fill current gaps in service delivery for various crisis-type issues that no other program or service can meet, such as help paying for life-saving medications not covered by insurance, roof-shoveling and snow plowing during extreme winter seasons, furnace repair or replacement, etc. Nursing services will help prevent hospitalization and early nursing home admissions for care management clients by providing intermittent in-home nursing services not allowed under other traditional payer sources.

Fourth, the UPAAA will pursue a grant from the MI Health Endowment Fund to conduct a regional assessment that will identify existing non-emergency medical transportation (NEMT) services and providers; examine service, funding and resource needs; determine gaps between needs and available services; and finally, develop an action plan and strategy to address those gaps. Additionally in this vein, and through a partnership with MUVE-P3 and others, we will participate in a pilot program to expand the availability of non-medical transportation in the rural areas of the central counties in the region where little or no transportation services currently exist. And lastly, the UPAAA will continue to advocate for increased funding to support hiring, training and sustaining a larger workforce of competent direct care service workers to meet the needs of a growing elder population.

**7. Where program resources are insufficient to meet the demand for services, reference how your service system plans to prioritize clients waiting to receive services, based on social, functional and economic needs.**

As directed by the Older American's Act, substantial emphasis must be given to serving eligible persons with the greatest social and/or economic needs, with particular emphasis given to low-income minority individuals. The UPAAA enters into contracts or purchase of service agreements in order to meet the desired outcomes. All contracted partners are required to utilize NAPIS assessment and re-assessment forms developed by the UPAAA that are specifically designed to identify the social, functional, and economic needs of the individual requesting service. Each person is assigned a priority factor, and those with the highest scores are provided services before others. If there is a waiting list for requested services, those with the highest priority scores will receive the first available opportunity for that service before all others. The UPAAA also continues to contract with minority service providers such as the Sault Tribe of Chippewa Indians and the Hannahville Tribe. The AAA



FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

will continue working with the region's providers to increase the number of consumers served in all target areas, with special emphasis given to low-income minority groups.

**8. Summarize the area agency Advisory Council input or recommendations (if any) on service population priorities, unmet needs priorities and strategies to address service needs.**

As noted earlier, significant discussion has ensued during advisory council meetings regarding the following:

1. Lack of sufficient, affordable transportation in a vastly rural area.
2. The chronic shortage of available, competent direct-care staff to meet the needs of older adults and those with disabilities that will allow them to remain in their own homes for as long as possible.
3. The needs of family caregivers for additional information, training, and resources to ease their burdens and allow them to provide care to their loved ones successfully and for longer periods of time.
4. The fact that funding and services are not increasing as the population of older adults is increasing; these needs will only grow over time as current demographic trends continue.
5. The Opioid Crisis is very real in the PSA, and the potential for abuse is huge. Initiatives and partnerships must be implemented to help solve this problem from an aging perspective.

These issues and more have been prioritized in this Multi-Year plan. The UPAAA is committed to working with current and new partners to ensure that strategies are identified and carried out to meet the increasing needs of older adults in the coming years.

**9. Summarize how the area agency utilizes information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources.**

The UPAAA continues to search out new and innovative ways to address the needs of older adults within the region. Caregiver support and training programs, along with health promotion and disease prevention programs provided by the UPAAA and its partners should help to improve the health and well-being of our aging population, improving their quality of life and thus avoiding the need for increased in-home services or nursing home placement. Having close partnerships with such entities as the MI State University Extension office and the National Kidney Foundation, for example, allows us to share funding and grants they receive to expand and promote these very important programs.

The UPAAA is also working very closely with nutrition service providers to improve the quality and efficiency of the congregate and home-delivered meal programs, which are the two of the largest and most costly programs currently provided within the PSA. Additionally, a new transportation initiative for the central Upper Peninsula should help fulfill the need for critical transportation to allow those in the most rural areas access to their physicians, specialists, shopping, congregate meal programs, etc.

We will continue helping those facing nursing home placement and their families understand their options, and helping them manage their care in a way of their choosing via the region's Nursing Home Transitions and Care Management programs. We believe this helps ease the burden of health care costs and allows older adults to age in place in the setting of their choice.

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Planned Service Array

	Access	In-Home	Community
<b>Provided by Area Agency</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Information and Assistance</li> </ul>		<ul style="list-style-type: none"> <li>• Disease Prevention/Health Promotion</li> <li>• Long-term Care Ombudsman/Advocacy</li> <li>• Programs for Prevention of Elder Abuse, Neglect, and Exploitation</li> <li>• Creating Confident Caregivers</li> <li>• Kinship Support Services</li> </ul>
<b>Contracted by Area Agency</b>	<ul style="list-style-type: none"> <li>• Transportation *</li> </ul>	<ul style="list-style-type: none"> <li>• Chore *</li> <li>• Home Care Assistance</li> <li>• Home Injury Control</li> <li>• Homemaking</li> <li>• Home Delivered Meals</li> <li>• Respite Care</li> <li>• Critical/Emergent Unmet Needs: a service and/or an item that is required to meet a need essential to a client's independence and no other resources are available to meet this need.</li> <li>• Nursing Services: Covered on an intermittent basis for a participant who requires nursing services for the management of a chronic illness or physical disorder in the participants home and are provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the direct supervision of a registered nurse. Nursing services are for participants who require more periodic or intermittent nursing for the purpose of preventive interventions to reduce the occurrence of adverse outcomes such as hospitalizations and nursing facility admissions. Nursing services should not duplicate services available through Medicaid or other third payer resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> <li>• Congregate Meals</li> <li>• Legal Assistance</li> <li>• Long-term Care Ombudsman/Advocacy</li> <li>• Caregiver Education, Support and Training</li> </ul>

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

<b>Local Millage Funded</b>	<ul style="list-style-type: none"> <li>• Case Coordination and Support *</li> <li>• Outreach *</li> <li>• Transportation *</li> </ul>	<ul style="list-style-type: none"> <li>• Chore *</li> <li>• Homemaking *</li> <li>• Home Delivered Meals *</li> <li>• Respite Care *</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> <li>• Congregate Meals *</li> <li>• Disease Prevention/Health Promotion *</li> <li>• Senior Center Operations *</li> <li>• Senior Center Staffing *</li> </ul>
<b>Participant Private Pay</b>	<ul style="list-style-type: none"> <li>• Transportation *</li> </ul>	<ul style="list-style-type: none"> <li>• Chore *</li> <li>• Home Care Assistance *</li> <li>• Homemaking *</li> <li>• Respite Care *</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> <li>• Congregate Meals *</li> <li>• Disease Prevention/Health Promotion *</li> <li>• Legal Assistance</li> </ul>
<b>Funded by Other Sources</b>	<ul style="list-style-type: none"> <li>• Case Coordination and Support *</li> <li>• Outreach *</li> <li>• Transportation *</li> </ul>	<ul style="list-style-type: none"> <li>• Chore *</li> <li>• Home Care Assistance *</li> <li>• Homemaking *</li> <li>• Assistive Devices &amp; Technologies *</li> <li>• Respite Care *</li> <li>• Friendly Reassurance *</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Services *</li> <li>• Disease Prevention/Health Promotion *</li> <li>• Home Repair *</li> <li>• Senior Center Operations *</li> <li>• Senior Center Staffing *</li> </ul>

\* Not PSA-wide

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Planned Service Array Narrative

For the most part, the planned service array reflects the preferences of local communities within the PSA. The Upper Peninsula is uniquely rural with a population density of only 19 persons per square mile. This poses a significant problem in providing access to all older persons needing services. The primary barrier for seniors in this region is the inability to access community and medical services. Many who are no longer able to drive or keep up the family home do not always have access to affordable transportation and housing options. Additionally, most service providers are struggling with the cost of providing necessary services, particularly in the extreme rural areas of the region. Providers are expressing concerns over the impact of stagnant funding, increased fuel costs, the mandatory increase in the minimum wage, and workforce shortages. They are frustrated by the inability to maintain a consistent and experienced workforce at a price they can afford.

The competitive bidding process used by the UPAAA allows partner agencies to pick and choose to provide services funded by the AAA. Various partners choose not to apply for funding for some services because they don't feel the need for that particular service in their community, or it may be because they feel the amount of funding is not sufficient to provide that service. Many partners often receive funding from other sources (federal and state grants, millage, etc) that allows them to expand on or provide other services they feel are needed in their local communities. UPAAA staff work closely with these partners to identify gaps in service, locate new sources of funding for necessary and requested services, and provide new programs that will help meet the changing needs of older adults within their communities.

Strategic Planning

**1. Summarize an organizational Strengths Weaknesses Opportunities Threats (SWOT) Analysis.**

The UPAAA identified many strengths, such as:

- We are a regional, multi-purpose organization administering many programs and services that compliment each other for the good of our clientele.
- We are comprised of longstanding, dedicated, and experienced staff committed to the mission and vision of the UPAAA.
- We have a strong financial position with many diversified funding sources.
- We have significant support and respect from elected officials, i.e.: county commissioners who work with UPCAP to identify new and creative ways to meet the needs of people living in the PSA.
- We are progressive and forward-thinking, successfully taking on new projects and services before others in the field.
- We are well-respected by the aging network, government entities, community organizations, and other stakeholders at all levels.

However, we were also able to identify some weaknesses:

- Communication and access are both challenges due to our extremely large and rural geographic area. There are still several areas of the region where cell phone service and internet is not available.
- We have a lack of providers willing and/or able to provide needed services across the realm. Many are struggling to find innovative ways to recruit and keep direct-care staff at wages they can afford to pay. There is currently limited availability of well-trained direct-care staff to meet the demand of in-home service needs across the region, due to high turnover and competition for other available service employment.
- UPAAA staff are over-extended because limited grants do not typically allow for additional hires for new projects.

Looking forward, we anticipate the following opportunities:

- Many new grant opportunities are available to meet the needs of both formal and informal caregivers, a population group that is growing rapidly. Grant opportunities also continue to increase in the areas of fall prevention, health and wellness.
- The ability to offer private pay options to help fund and provide services to keep people healthy.
- Medicare reimbursement for diabetes management and prevention education.
- The potential opportunity for participation and growth in the managed care realm.

There may be some potential threats, as follows:

- The overall population in the state is shrinking, which could affect future funding. Additionally, the population of folks in the workforce is shrinking while the number of older adults age 85 and over is increasing.
- Partner agencies/service providers in the region have been unwilling or unable to change or modify programming to meet the needs of new, younger seniors which has resulted in declining participation at many congregate meal sites, which in turn may cause a decline in future funding received for this program.
- Mandated managed care and the medicalization of long term care may limit our programs and abilities in the future.

U.P. Area Agency on Aging

FY 2020

**2. Describe how a potentially greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or managed health care could impact the organization.**

A greater role in these programs could allow the organization to free up more resources for those people who may not be waiver eligible, or to find and assist those who may fall between the cracks as far as care management and other service provision is concerned. However, a lesser role in the future will limit the success of the care management program, or may even eliminate the need for care management. This may result in a loss of efficiency in the use of coordinated service programs, and would certainly eliminate experienced, long-standing agency personnel.

We anticipate that there could be significant changes to the MI Choice Waiver and other Medicaid long term care services in the near future. As this occurs, the UPAAA will work to make the adjustments necessary to accommodate these changes.

**3. Describe what the area agency would plan to do if there was a ten percent reduction in funding from AASA.**

The UPAAA has considered this very carefully, and has determined that the following may happen if a 10% reduction in funding occurs:

- Payments to community partners/providers would be reduced overall.
- The number of people currently assisted would be reduced, due to an increased need to further prioritize services for those most in need. Additionally, some people who do not meet the highest priority screening may lose current services.
- Some services that are considered to be 'non-essential' may no longer be offered, such as homemaking.

**4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as National Center for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations**

While the UPAAA was working towards CARF accreditation, it was determined that the process and final result may not be as beneficial as was initially thought. The UPAAA is currently pursuing becoming accredited through the National Committee for Quality Assurance, as this may prove to be the most advantageous path in the future.

UPCAP/UPAAA's 2-1-1 Call Center is AIRS accredited, which is the primary quality assurance mechanism for affirming Information & Assistance program excellence. The UPAAA has received accreditation from the American Association of Diabetes Educators and is a Medicare certified provider for diabetes education. Additionally, the AAA has preliminary recognition status from the Centers for Disease Control and Prevention for its National Diabetes Prevention Program. We will continue to pursue full recognition status to help sustain diabetes education programs, as well as to continue to promote health education and wellness to those at risk for Type 2 Diabetes.

**5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.**

Due to the extreme rural nature and geographic location of our region, the UPAAA has had to increasingly rely on technology to complete every day business. We currently have 6 physical offices within our 15 county



## U.P. Area Agency on Aging

FY 2020

region. While extensive travel is still the norm for UPAAA staff, technology has helped to decrease some of this. All in-home and community staff have been issued tablets or laptops and scanners or portable printers so that data can be immediately retrieved and entered while working in the field. This helps to keep staff and records much more organized, timely, and allows for better time management. Additionally, UPCAP uses COMPASS, Vendor View and NAPIS software which provides expedited communication regarding service delivery and allows contracted agencies to bill for services electronically.

UPAAA staff also utilize both the Lifesize video conferencing system and WebEx with WebCams to hold meetings, provide training and also technical assistance to all staff in the field as well as to our community partners. This has saved time and resources, because extensive travel can be reduced or even eliminated for both staff and our partners. We are hopeful that AASA and will have video conferencing soon so that costly trips downstate to attend mandatory meetings can be reduced.

The UPAAA is actively reaching out to the public via social media. We use our website, Facebook and Twitter to advertise our programs and services, as well as community opportunities and news events and trends we feel are pertinent to those we serve. Although surveys show that many older seniors do not access social media (or even the internet) for information, we do know that their families and caregivers do. We also know that younger seniors (the Baby Boomers) are more likely to use the internet and be social media savvy.

The UPAAA will continue to look for new and better ways to use technology to reach more people in a very rural area. This is a challenge as there are still many rural areas that do not have access to broadband internet. However, we are currently in the process of developing and/or implementing on-line education and consultation programs for caregivers, care recipients, and persons with chronic disease. If these types of programs prove popular in this area, and as more people have access to the internet, we may expand on these options.

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Regional Service Definitions

**Service Name/Definition**

Critical/Emergent Unmet Needs: a service and/or an item that is required to meet a need essential to a client's independence and no other resources are available to meet this need.

Rationale (Explain why activities cannot be funded under an existing service definition.)

There are no existing service standards that fit the definition of this service.

Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input checked="" type="checkbox"/> In-Home <input type="checkbox"/> Community	<input checked="" type="checkbox"/> Title III PartB <input type="checkbox"/> Title III PartD <input type="checkbox"/> Title III PartE <input type="checkbox"/> Title VII <input type="checkbox"/> State Alternative Care <input type="checkbox"/> State Access <input type="checkbox"/> State In-home <input type="checkbox"/> State Respite <input type="checkbox"/> Other _____	Based upon per item cost

**Minimum Standards**

All formal and informal supports and resources must be exhausted before a request under this service definition will be approved by the UPAAA Director. Services and/or items will be directly purchased by the UPAAA once it is determined that they meet the minimum standard for a critical/emergent need. Items and services that may be purchased include (but are not limited to) the following:

- \* Disaster relief funding due to floods, fire, etc.
- \* Household appliances, furnace, plumbing repair or replacement
- \* Medical transportation or other medically emergent needs (including dental, hearing, vision) not available through insurance, community volunteer organizations, or other resources
- \* Moving-related expenses
- \* Emergency food assistance
- \* One-time snow plowing or snow removal (i.e. roof)
- \* Furniture or items that promote independence
- \* Other items and services that are deemed emergent, meet this service definition, and are approved by the UPAAA Director.

The following service or items may not be purchased with Critical/Emergent Needs funds:

- \* Prescription and health plan premiums
- \* Cleaning above and beyond homemaking or chore services
- \* Home repairs/upgrades covered by weatherization programs

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

**Service Name/Definition**

Nursing Services: Covered on an intermittent basis for a participant who requires nursing services for the management of a chronic illness or physical disorder in the participants home and are provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the direct supervision of a registered nurse. Nursing services are for participants who require more periodic or intermittent nursing for the purpose of preventive interventions to reduce the occurrence of adverse outcomes such as hospitalizations and nursing facility admissions. Nursing services should not duplicate services available through Medicaid or other third payer resources.

Rationale (Explain why activities cannot be funded under an existing service definition.)

There is currently no AASA Standard or service category for nursing services. In order to prevent hospitalizations or early nursing home admissions, some care management clients with chronic conditions may require the intermittent services of an RN or LPN that is not allowed under other traditional payer sources.

Service Category	Fund Source			Unit of Service
<input type="checkbox"/> Access	<input checked="" type="checkbox"/> Title III PartB	<input type="checkbox"/> Title III PartD	<input type="checkbox"/> Title III PartE	One hour providing allowable nursing services
<input checked="" type="checkbox"/> In-Home	<input type="checkbox"/> Title VII	<input type="checkbox"/> State Alternative Care	<input type="checkbox"/> State Access	
<input type="checkbox"/> Community	<input type="checkbox"/> State In-home	<input type="checkbox"/> State Respite		
	<input type="checkbox"/> Other _____			

**Minimum Standards**

1. When the participant's condition is unstable, could easily deteriorate, or when significant changes occur, a nurse visits for observation and evaluation. The purpose of the observation and evaluation is to monitor the participant's condition and report findings to the participant's physician or other appropriate health care professional to prevent additional decline, illness, or injury to the participant.

2. The supports coordinator must communicate with both the nurse providing this service and the participant's health care professional to assure the nursing needs of the participant are being addressed.

3. Participants must meet at least one of the following criteria to qualify for this service:

- Be at high risk of developing skin ulcers, or have a history of resolved skin ulcers that could easily redevelop.
- Require professional monitoring of vital signs when changes may indicate the need for modifications to the medication regimen.
- Require professional monitoring or oversight of blood sugar levels, including participant recorded blood sugar levels, to assist with effective pre-diabetes or diabetes management.
- Require professional assessment of the participant's cognitive status or alertness and orientation to encourage optimal cognitive status and mental function or identify the need for modifications to the medication regimen.
- Require professional evaluation of the participant's success with a prescribed exercise routine to assure its effectiveness and identify the need for additional instruction or modifications when necessary.
- Require professional evaluation of the participant's physical status to encourage optimal functioning and discourage adverse outcomes.

U.P. Area Agency on Aging

FY 2020

g. Have a condition that is unstable, could easily deteriorate, or experience significant changes AND a lack of competent informal supports able to readily report life-threatening changes to the participant's physician or other health care professional.

4. In addition to the observation and evaluation, a nursing visit may also include, but is not limited to, one or more of the following nursing services:

a. Administering prescribed medications that the participant cannot self-administer (as defined under Michigan Compiled Law (MCL) 333.7103(1)).

b. Setting up medications according to physician orders.

c. Monitoring participant adherence to their medication regimen.

d. Applying dressings that require prescribed medications and aseptic techniques.

e. Providing refresher training to the participant or informal caregivers to assure the use of proper techniques for health-related tasks such as diet, exercise regimens, body positioning, taking medications according to physician's orders, proper use of medical equipment, performing activities of daily living, or safe ambulation within the home.

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FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Access Services

Care Management

<u>Starting Date</u>	10/01/2019	<u>Ending Date</u>	09/01/2020
Total of Federal Dollars	\$47,000.00	Total of State Dollars	\$536,380.00

Geographic area to be served

15 counties of the Upper Peninsula

**Specify the planned goals and activities that will be undertaken to provide the service.**

Goal: Over the course of the multi-year planning period, the UPAAA will assist individuals needing nursing facility level of care to remain at home through the provision of Care Management, utilizing a person-centered planning/self-directed care process. This includes the Veterans Self-Directed Home and Community-Based Program in partnership with the Veteran's Administration Medical Center (VAMC) in Iron Mountain, MI.

Activities:

1. The UPAAA will utilize Older Michiganian Act (OMA) resources to provide comprehensive, person-centered Care Management services to individuals who screen eligible for Long Term Care Supports & Services via a standardized screening process. In 2020, the UPAAA will conduct approximately 466 screenings of individuals requesting Long Term Care Supports & Services (LTSS), and conduct initial assessments for an estimated 245 individuals screening eligible for LTSS. The UPAAA will initiate an additional 50 person-centered support and service plans for persons who meet the Nursing Facility Level of Care criteria for LTSS, with an overall goal of assisting at least 76 persons with LTSS in FY 2020.

2. Care managers will be trained in and utilize the MI CAPABLE program to address participants' self-identified problems in home safety, fall prevention, and activities of daily living by integrating home modifications/repairs and which also includes the development of functional and personal goals to keep the participant safe, active, healthier and in their own home and community for as long as possible.

3. The UPAAA will continue to work with the local VAMC to provide person-centered, self directed long-term supports and services to eligible Veterans throughout the Upper Peninsula and northeastern Wisconsin. The UPAAA will conduct assessments and develop appropriate supports and services plans for all veterans referred to it by the local VAMC who are willing to utilize a self-directed approach to the provision of LTSS. The agency is currently serving 56 veterans and anticipates receiving 50 new referrals annually.

4. The AAA will continue its contractual relationship with SAIL to purchase transition services for individuals wanting to leave nursing facility placement in favor of community-based options through the Waiver Program or other community-based systems for individuals who may be ineligible for or do not want waiver services.

Number of client pre-screenings:	Current Year:	444	Planned Next Year:	466
Number of initial client assessments:	Current Year:	233	Planned Next Year:	245
Number of initial client care plans:	Current Year:	45	Planned Next Year:	50
Total number of clients (carry over plus new):	Current Year:	71	Planned Next Year:	76

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Staff to client ratio (Active and maintenance per Full time care

Current Year: 1:12

Planned Next Year: 1:12

Information and Assistance

Starting Date 10/01/2019

Ending Date 09/01/2020

Total of Federal Dollars \$70,000.00

Total of State Dollars \$0.00

Geographic area to be served

15 counties of the Upper Peninsula

Specify the planned goals and activities that will be undertaken to provide the service.

Goal: Over the course of the multi-year planning period, the UPAAA will increase awareness and improve access to available resources for older adults, individuals with disabilities, caregivers, and family members, including individuals living in isolated and rural areas.

Activities:

1. UPCAP will work closely with Michigan 2-1-1 and the other six call centers in Michigan to enhance and improve the region's comprehensive data base using AIRS Taxonomy and following the Michigan 2-1-1 protocol to ensure the system is accurate and current.
2. I & A staff will continue to coordinate with Emergency Management Coordinators for all 15 counties via the U.P. 911 Authority in regards to its role in the event of a national or regional disaster.
3. I & A staff will continue to utilize screening tools to identify specific target populations such as family caregivers, those who identify as LGBT, tribal elders, etc. so that they can better understand their potentially unique needs and make appropriate referrals.
4. Continue conducting a public relations campaign across the region to inform the public of the 2-1-1 Information and Assistance Call Center, increasing its call volume by 10% over the next fiscal year as a result of additional television and radio advertising, and other public relation events. The Call Center will also increase access to information and assistance through a partnership with the MI Department of Health & Human Services via their MI Bridges portal, and by the ability to access the 2-1-1 database through a texting option.



FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Direct Service Request

Disease Prevention/Health Promotion

Total of Federal Dollars \$44,469.00

Total of State Dollars \$0.00

Geographic Area Served 15 counties of the Upper Peninsula

**Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

GOAL: The availability of evidence-based educational programs such as PATH (Personal Action Towards Health), Diabetes Education, and Matter of Balance that are designed to promote healthy and active lifestyles will be expanded to allow older adults in the region the opportunity to learn ways to improve their health and quality of life.

Activities:

1. Seek out and work with new key partners such as MI State University Extension, Tribal Health clinics and others to promote and increase the availability of fall prevention programs such Matter of Balance and Tai Chi throughout the region.
2. Continue to work with new and existing partners to provide PATH (Personal Action Towards Health), Diabetes PATH, Chronic Pain Self-Management, and Matter of Balance to all who want to participate; especially to more rural areas of the region and to those areas not previously served.
3. Partner with the National Kidney Foundation in their quest to develop and promote an online model of the PATH program to allow people to access classes via the internet in their own homes.
4. Offer at least one 12-month National Diabetes Prevention Program class in each year of the multi-year plan, with at least 10 people completing the program in each class.
5. Outreach to new partners such as local and regional healthcare providers and federally qualified health centers to help sponsor and provide evidence-based health and wellness programs at their locations.

**Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).**

**(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.**

**(B) Such services are directly related to the Area Agency's administrative functions.**

**(C) Such services can be provided more economically and with comparable quality by the Area Agency.**

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

(C) Such services can be provided more economically and with comparable quality by the Area Agency.

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

**Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

An RFP for this service was created, sent to current contracted agencies and service providers, and published in local papers and on the UPCAP website during the RFP process. No agency applied to be considered as a provider for this service. Historically, there have been no provider agencies willing or able to offer these programs throughout all 15 counties within the region for the limited amount of funds received to administer the program. In order to provide a variety of evidence-based disease prevention programs throughout the region, given the limited resources available, a region-wide organization such as the AAA provides the best opportunity to serve the greatest number of individuals. AAA staff are experienced in providing this type of training, and UPCAP has utilized it's own resources to obtain Master Trainer certification for several staff in many of the classes affiliated with this service definition.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

**Long Term Care Ombudsman**

Total of Federal Dollars      \$19,585.00      Total of State Dollars      \$59,857.00

Geographic Area Served      15 counties of the Upper Peninsula

**Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

GOAL: To provide assistance and advocacy to residents of licensed long-term care facilities; to resolve complaints through problem identification, education, and information on appropriate rules and residents' rights; to make referrals to appropriate community resources as needed or requested.

Activities:

1. Increase awareness of the Ombudsman program through presentations at resident family council meetings and distribution of program materials to residents, family members, and other interested parties. The Ombudsman will provide information to the public through print and local media, participation in local health and community fairs, and in consultation with local agencies.
2. The Ombudsman program manager will continue to encourage long term care facilities to promote change within their facilities to offer a better quality of life to all residents, including promoting the concepts of emergency preparedness, exploitation, restraints and wound/pressure sore care. This and other topics that will help to ensure quality will be highlighted during the Best Practices Conference held annually.
3. Promote and provide training on the ombudsman program, resident's rights, elder abuse and other topics of interest to facility staff of long-term care facilities as needed and requested throughout the region.
4. The Ombudsman will continue to be involved with the Region 8 Healthcare Coalition, participating in conference calls and educational sessions on Emergency Preparedness and the role of the Ombudsman in

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

those situations.

5. The Ombudsman will publish a newsletter for volunteer Ombudsman on a regular basis to ensure that they are kept up-to-date on breaking news related to their roles, and on upcoming training events that they may be required to attend.
6. The Ombudsman program will work with state regulators to offer continuing education credits through the Best Practices Conference for Social Work, Nursing, Administrator & Activity Director CEUs and will also work to make this conference web-based to help reduce costs and allow more to attend.
7. The Ombudsman Program Manager will continue to participate in quarterly scheduled training where collaborating with other Ombudsman across the state is the goal. Topics vary at each quarterly meeting, but always is directed to enhance and assist the Ombudsman in gaining additional knowledge of how to effectively advocate for all long term residents.
8. The Ombudsman program will work to promote and increase family council meetings at long term care facilities to encourage family members to discuss their concerns and successes with issues they may have or had with the facility, as well as providing support to one another in their caregiving roles.
9. Ombudsman Program Manager will complete training and begin utilizing the new MI Ombudsman NORS reporting system that will allow for more detailed and uniform reporting of resident issues and concerns across the state.

**Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).**

- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.**
- (B) Such services are directly related to the Area Agency's administrative functions.**
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**Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

An RFP for this service was created, sent to current contracted agencies and service providers, and published in local papers and on the UPCAP website during the RFP process. No other provider agency is willing or available to offer LTC Ombudsman services throughout the region. The UPAAA has demonstrated it's capabilities to advocate on behalf of nursing facility residents, to mediate disputes, and through it's "Best Practices" Conference, assist the nursing home industry in improving the quality of care provided to facility residents.

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).

**Prevention of Elder Abuse, Neglect and Exploitation**

Total of Federal Dollars      \$9,166.00      Total of State Dollars      \$0.00

Geographic Area Served      15 Counties of the Upper Peninsula

**Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

GOAL: To Increase community awareness and understanding of elder abuse, neglect, and exploitation across all 15 counties of the region, thus minimizing the likelihood of abuse from occurring.

Activities:

1. Promote & provide updated training and education programs to in-home service organizations, long-term care facilities, senior centers, and other agencies providing services to older adults, as requested throughout the PSA.
2. Work with the Ombudsman program to conduct elder abuse presentations to families and caregivers of people in long-term care facilities within the region.
3. In conjunction with the PREVNT grant received from the MI Department of Health & Human Services, various elder abuse prevention presentations will be made to community organizations and businesses who may deal with older adults such as banks, lending institutions, civic organizations, etc. Additionally through this grant, television commercials and public service announcements about elder abuse and its prevention will be developed and played across the region regularly and as funding permits.
4. UPAAA's direct service providers will be expected to complete a mandatory, annual CMS Fraud, Waste & Abuse training for all staff; newly hired staff must complete within 90 days of hire.
5. Continue working with MMAP to train and recruit volunteers to provide outreach and education in their communities about Medicare fraud and abuse. Assist them in outreach activities by making available outreach tools such as pertinent flyers, handouts, newsletter articles, Senior Medical Patrol (SMP) Bingo and playing cards.

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FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

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An RFP for this service was created, sent to current contracted agencies and service providers, and published in local papers and on the UPCAP website during the RFP process. No agency applied to be considered as a provider for this service. Historically, there have been no provider agencies willing or able to offer Elder Abuse Education services throughout all 15 counties within the region for the amount of funds received to administer the program. In order to provide Elder Abuse Education throughout the region, given the limited resources available, a region-wide organization such as the AAA provides the best opportunity to serve the greatest number of individuals. UPAAA staff have received extensive training and are experienced in providing this type of programming to target audiences, and have successfully provided trainings in nursing facilities, senior centers, homes for the aged, Adult Foster Care facilities, and to others engaged in the provision of in-home services for many years.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

**Kinship Support Services**

Total of Federal Dollars \$14,000.00 Total of State Dollars \$0.00

Geographic Area Served 15 counties of the Upper Peninsula

**Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

GOAL: Over the course of the multi-year planning period, the UPAAA will increase awareness and improve access to available resources for Grandparents and others caring for a relative's child(ren).

Activities:

1. Continue to update the region's comprehensive 2-1-1 data base to ensure the system has up-to-date referral sources applicable to kinship families.
2. Work closely with 2-1-1 call specialists to prescreen kinship care applicants and provide additional referrals to supportive services when available.
3. Conduct a public relations campaign across the region to inform the public of the Kinship Program and the supportive services it can provide. This will include producing a television commercial, a new brochure to be shared with partners working with children and grandparents, and updates to the Community Connect website to include kinship care services. Specifically, marketing efforts will be targeted to counties/areas where kinship families have not been identified and/or assisted in the past.
4. Utilize Title III-E resources to assist approximately 200 children in kinship situations during the multi-year planning cycle, so that they receive basic necessities and/or supplemental services that allow them to participate in events, clubs, and programs available to any child in a traditional home setting.



FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

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An RFP for this service was created, sent to current contracted agencies and service providers, and published in local papers and on the UPCAP website during the RFP process. No agency applied to be considered as a provider for this service. Historically, there have been no provider agencies willing or able to offer Kinship Support Services throughout all 15 counties within the region for the amount of funds received to administer the program. In order to provide this service more uniformly throughout the region, and given the limited resources available, a region-wide organization such as the UPAAA that can utilize it's 2-1-1 Call Center as the gateway to the program and is available to everyone, provides the best opportunity to serve the greatest number of individuals facing kinship care responsibilities in all areas of the Upper Peninsula.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

**Creating Confident Caregivers**

Total of Federal Dollars      \$5,000.00      Total of State Dollars      \$0.00

Geographic Area Served      15 counties of the Upper Peninsula

**Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

GOAL: To reduce the stress of caregiving by providing information and strategies to help empower family caregivers to manage daily life and their own well-being by offering and expanding Creating Confident Caregivers (CCC) classes, targeting previously underserved areas and culturally diverse populations.

Activities:

1. Recruit and train an additional 1-2 leaders to ensure the ability to reach projected goals, especially in the



FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

underserved areas of the region.

2. Conduct at least 18 workshops within at least 5 of the 15 counties throughout the PSA during the 3 year planning cycle, with approximately 150 caregivers completing the class during that timeframe.
3. Continue to partner with agencies providing in-home services, medical clinics, tribal organizations, and adult day care centers to help promote CCC and identify family caregivers who could benefit from the program.
4. Through the Alzheimer's Disease Supportive Service Program (ADSSP) grant, provide mini-workshops developed using CCC training material on aspects of dementia and dementia care important to family and informal caregivers. We will promote the CCC program during these presentations and encourage more family members to attend the more intense and informative 6-week course.

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An RFP for this service was created, sent to current contracted agencies and service providers, and published in local papers and on the UPCAP website during the RFP process. No agency applied to be considered as a provider for this service. Due to the lack of funding for this program, as well as its complex nature, it is difficult to find true volunteers to lead these classes. The AAA does have agreements with a few partners to provide CCC services in limited areas of the region, but it has been necessary to rely heavily on AAA staff to provide most CCC classes. The region currently has 3 certified Master Trainers and 2 Leaders; three of these are UPAAA staff. Also, due to the very rural nature of the region, leaders may have to travel several hours to reach a workshop destination. Agency CCC leaders have the ability to travel throughout the Upper Peninsula, coordinating other job responsibilities and thus reducing program cost. The UPAAA will continue to seek additional funding sources, and to recruit new leaders so that all who could benefit from this program throughout the region will have the opportunity to do so.

**Describe the discussion, if any, at the public hearings related to this request. Include the date of the hearing(s).**

**U.P. Area Agency on Aging**

**FY 2020**

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U.P. Area Agency on Aging

FY 2020

Program Development Objectives

Area Agency on Aging Goal

- A. At least one community within the region will complete an aging-friendly community assessment and receive recognition as a Community for a Lifetime by 9/30/2020.**

State Goal Match: 2

Narrative

The demographic transition underway in the region will require that organizations and individuals take action to support independent, healthy aging for older adults. There are many potential stakeholders who are either unaware of the dramatic increase to the older adult population, or do not fully understand the magnitude of the impact. Ensuring that our region can support healthy aging is a priority, by implementing appropriate solutions in a variety of unique and vastly rural settings. Communities for a Lifetime (CFL) promotes linkages between the aging network, municipalities and private partnerships to assess and promote the aging-friendliness of a community. To this end, the UPAAA will work to recruit and support a network of local leaders who will work within their communities to promote programs and services that will meet the needs of older adults, their families, and caregivers; attract and retain more residents, and be able to provide them with a better quality of life.

Objectives

1. One new community within the PSA will receive recognition as a Community for a Lifetime by 9/30/2020.  
Timeline: 10/01/2019 to 09/30/2020

Activities

1. Working closely with the AAA Executive Board and area partners, identify at least one community that has an interest and the resources to conduct an aging friendly community assessment in their area, formulating a workgroup consisting of public and private participation and representation by older adults for this purpose.
2. The workgroup will meet to plan steps and strategies to conduct the required assessment within the first 8 months of the process.
3. Once the assessment is completed, the workgroup will identify the communities strengths and weakness, and develop an action plan for making improvements and promoting assets for both short-term and long-term goals. The steps within the action plan will be prioritized based on the group's recommendations.
4. The completed application with all pertinent documentation will be submitted to AASA by Septmeber 1, 2020 or as soon thereafter as possible.
5. The UPAAA will assist any other community, city or county within the PSA willing and able to complete the CFL process.

Expected Outcome

Through the CFL assessment and recognition process, at least one additional city or community within the region will be identified as aging-friendly, promoting a better quality of life for older adults choosing to remain in that community throughout their lifespan.

- B. Help older adults maintain their health and independence at home and in their community.**

State Goal Match: 2

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Narrative

It is the mission of the UPAAA that all older adults within the region have the ability to remain in their own homes and communities for as long as they choose. Regional needs surveys conducted by the agency indicate that people are concerned about having enough affordable housing options within their own communities as they age in place, as well as having accessible and affordable services available to them to help them remain in their own homes. As the population ages and more people are being cared for by family or other informal caregivers, the UPAAA is looking for ways to better support these caregivers with education, training, and supportive services. We know that caregiver burnout is often the reason why many individuals with dementia end up in long term care facilities prematurely, and is also the likely cause of many health issues faced by the caregiver themselves. Also, the lack of sufficient resources in many rural areas makes it difficult to provide respite and other necessary services to help families successfully caregive for longer periods of time.

Providing critical information on the myriad of services and choices when families face long term care needs is imperative to ensuring that they have the knowledge and assistance needed to make decisions best for them. Use of person-centered planning to provide options and services through programs and resources such as Care Management, Communities for a Lifetime, MMAP, and readily accessible services available through the Older American's Act will help ease the burden of health care costs and allow those who choose to do so age in place in the setting of their choice.

Objectives

1. Provide consumers with options and assistance in obtaining self-directed community-based care when facing the need for long term supports and services.  
Timeline: 10/01/2019 to 09/30/2022

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Activities

1. The UPAAA's 2-1-1 database will be maintained and updated to reflect all in-home/community services and residential options, including LGBT resources and demographics and identifying those agencies and businesses determined to be LGBT friendly. Information & Assistance (I & A) call specialists will continue to conduct intake on all requests for information on long term care, with referrals made to care managers/supports coordinators for unbiased, one-on-one assistance with long term care planning.
2. Care managers/supports coordinators will provide information and assistance to all care management and MI Choice Waiver clients on person-centered planning and self-directed care. Those who choose to direct their own care will be provided assistance and support in doing so. Care managers will promote Residential Services options for waiver-eligible consumers residing in assisted living facilities so that they can remain in their residence of choice.
3. I & A call specialists and care managers will continue to participate in comprehensive training in advanced options, person-centeredness, LGBT and sensitivity training, and benefits counseling practices and philosophies so that the UPAAA can remain the long term care connection for individuals of any age and/or disabilities within the region.
4. Care managers will be trained in and utilize the MI CAPABLE program to address participants' self-identified problems in home safety, fall prevention, and activities of daily living by integrating home modifications/repairs and includes the development of functional and personal goals to keep the participant safe, active, healthier and in their own home and community for as long as possible.
5. Development of a new Regional Service Definition for Nursing Services for care management participants who require more periodic or intermittent nursing for the purpose of preventive interventions to reduce the occurrence of adverse outcomes such as hospitalizations and nursing facility admissions when no other traditional funding source is available.
6. The UPAAA will continue to work under contract with the local Veteran's Administration Medical Clinic (VAMC) to provide self-directed home and community-based long term care services to veterans needing long-term care services, with a specific emphasis on self-determination and person-centeredness in developing those services.
7. The UPAAA will continue its contractual relationship with SAIL to purchase transition services for individuals wanting to leave nursing facility placement in favor of home and community-based options.
8. The UPAAA will continue to pursue other opportunities and projects that will allow any consumer in the region who desires to remain in the community setting to do so, even when facing complex care needs.

Expected Outcome

All consumers in the region will be provided with complete and unbiased information on community-based options, services and supports so that they can make informed, self-directed decisions concerning their individual needs.

2. Ensure adequate community services are available to those who need them to enable them to remain in their own homes for as long as they choose.  
Timeline: 10/01/2019 to 09/30/2022

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Activities

1. Seek out new resources, partnerships and opportunities to expand the availability of evidence-based wellness programs like Personal Action Towards Health (PATH), Matter of Balance, and Diabetes Prevention Education to anyone who wants to participate, so that they can learn strategies to maintain their health and wellness for longer periods of time.
2. Work with provider agencies to improve recruitment, training and retention of direct care workers by utilizing new technologies, resources and training programs that help to ensure a more stable and efficient workforce.
3. Develop a new Regional Service Definition to address one-time emergent needs (such as snow plowing, furnace repairs, emergency food or medical relief, etc) of older adults trying to remain in their own homes, where no other formal or informal supports or resources are available to meet the need.
4. Partner with NorthCare Network and others to develop a coalition that will evaluate the Opioid Crisis throughout the region and cultivate strategies for decreasing the amount of opioid misuse and fraud, especially as it pertains to older adults.
5. Pursue a grant from the MI Health Endowment Fund to conduct a regional assessment that will identify existing non-emergency medical transportation (NEMT) services and providers; examine service, funding and resource needs; determine gaps between needs and available services; and develop an action plan and strategy to address those gaps.
6. Through a partnership with MUVE-P3 and others, participate in a pilot program to expand the availability of non-medical transportation in the rural areas of the central counties in the region where little or no transportation services currently exist.
7. Advocate for increased funding to ensure current services continue to be available to an expanding older population.

Expected Outcome

More older adults will have the opportunity to age in place because necessary services and programs needed to help them remain in their own homes will be available and affordable.

3. Enhance caregiver efficacy by providing improved access to information, support, and resources.  
Timeline: 10/01/2019 to 09/30/2022



FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Activities

1. 2-1-1 Information & Assistance staff and care managers will utilize a recently developed screening tool to identify family caregivers and better understand their needs so that appropriate referrals to programs and services can be made to assist them in being successful caregivers for longer periods of time.
2. Participate in initiatives such as the evidence-based Alzheimer's Disease Initiative-Specialized Supportive Services Project and BRI Care Consultation to provide education, assistance and support to informal and family caregivers and their care recipients, especially those in more rural areas where programs to support caregivers are not as accessible.
3. Continue to partner with Copper Country Mental Health, the Alzheimer's Association and others to expand evidence-based programs and workshops such as Creating Confident Caregivers, Respite Education & Support Tools (REST), and Powerful Tools for Caregivers throughout the region. This will be accomplished by pursuing additional funding opportunities, training more leaders and conducting more classes and workshops in order to meet the needs of a growing caregiver population.
4. Encourage and assist in-home service agencies to provide training and education to direct care workers so that they can better serve family caregivers, especially those caring for loved ones with Alzheimer's Disease or other dementia-related illness.
5. Kinship Support Services will be made more readily available to all kinship caregivers eligible for these services throughout the region, by use of a central intake system via the UPAAA's 2-1-1 Call Center.
6. The UPAAA Caregiver Programs Manager will participate in the MI Dementia Coalition to better connect individuals living with dementia and their families with resources, and to facilitate the sharing of successful models and best practices among practitioners and across communities.
7. Increase public awareness about brain health, dementia and risk factors, and promote early detection and diagnosis of dementia-related illnesses.
8. Advocate for increased funding for caregiver and respite programs to ensure current services continue to be available to an expanding older population.

Expected Outcome

Families and informal caregivers will receive the education, training, respite, and support they need to caregive successfully and enjoy a better quality of life.

4. Identify housing needs on a county-by-county basis and where applicable, provide assistance in addressing those identified needs.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. Work with county commissioners to identify local housing needs and issues through regularly-scheduled UPCAP board meetings.
2. Allocate funding through Title III for home modifications and home injury control to assure a safe home environment and accommodate disabilities.
3. Continue to provide at least two trainings per year to housing managers throughout the region, providing updated information on the needs of older adults, those with disabilities, and those facing chronic health conditions.
4. Continue to work with local housing authorities, Rural Development, MSHDA, and HUD to seek new and innovative ways to ensure that safe and affordable housing is available where and when needed.

U.P. Area Agency on Aging

FY 2020

Expected Outcome

Sufficient affordable, safe and age-friendly housing options will be available to older adults and those with disabilities to allow them to continue to live independently and assure they have a choice in where they live.

**C. Protect older adults from abuse, neglect, and exploitation.**

State Goal Match: 3

Narrative

Abuse and neglect of vulnerable adults is not always intentional, nor is it always recognized as abuse. Providing critical information about elder abuse and neglect to the public, including what abuse is, residents' rights, Medicare fraud, where to report it and how to prevent it may help reduce the incidents of abuse, neglect and fraud, and will help to ensure that any potential incidents are reported to the proper authorities.

Objectives

1. Increase community awareness and understanding of elder abuse, neglect, and financial exploitation across the region.  
Timeline: 10/01/2019 to 09/30/2022

Activities

1. Using PREVNT, promote and provide updated training and education programs to senior centers, nursing homes, adult foster homes and other agencies providing services to older adults, as requested.
2. Also using PREVNT, educate the public via community seminars at churches, civic organizations, senior centers, places of business, and others to explain what elder abuse, neglect and exploitation is, and how to report suspected abuse to local authorities.
3. Encourage, promote and provide training, education and respite for family caregivers who are facing burnout to circumvent potentially abusive situations.
4. Continue to provide television commercials and public service announcements about elder abuse and how to report it using various forms of social media.

Expected Outcome

Service providers and the general public will become more aware of residents' rights and elder abuse issues and how to report them, and the incidents of abuse towards older adults in the region will decrease.

2. Assure visibility and access of the Long Term Care Ombudsman.  
Timeline: 10/01/2019 to 09/30/2022

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Activities

1. Increase awareness of the Ombudsman program through presentations at resident and family council meetings and distribution of program materials to residents, family members, and other interested parties. The ombudsman will provide information to the public through print and local media, participation in health fairs, and in consultation with local agencies.
2. Ensure that residents understand their rights and know where to go for help if they feel they are being abused, neglected, or exploited in any way.
2. Continue to train competent volunteer Ombudsman so that at least one volunteer Ombudsman is retained and available in each county, and to enhance the visibility, availability, and effectiveness of the Ombudsman program throughout this vast region.
3. As part of the PREVNT team, Ombudsman and volunteers will promote and provide training on resident's rights, elder abuse and other topics of interest to facility staff of long-term care facilities and others as needed and requested throughout the region.
4. Host a 'Best Practices' conference for all residential and long term care staff in the region, allowing facilities within the region to showcase their talents and best practices to their peers, as well as providing information and advocacy tips from professionals around the country on topics important to the industry.
5. Promote and increase family council meetings at long term care facilities throughout the region to encourage family members to discuss their concerns and successes with issues they may have or had with the facility, understand residents rights and potential elder abuse situations, as well as providing support to one another in their caregiving roles.

Expected Outcome

Ensure that residents understand their rights and know where to go for help if they feel they are being abused, neglected, or exploited in any way. Additionally, staff working in long term care facilities will receive appropriate and effective training on the prevention of elder abuse, and will understand their duties as mandatory reporters, thus improving the quality of life for the people in their care.

3. Increase community awareness and understanding of Medicare & Medicaid fraud and abuse across the region.

Timeline: 10/01/2019 to 09/30/2022

Activities

1. Work with the region's Medicare/Medicaid Assistance Program (MMAAP) to further train and update all UP counselors so that they will be able to better identify cases of Medicare/Medicaid Fraud and Abuse and understand the manner in which to properly report such issues.
2. Conduct a total of 30 outreach/training events specific to Medicare/Medicaid fraud and abuse in each county of the PSA during the 3 year planning cycle, targeting Medicare beneficiaries and family members as well as other non-traditional partners, in order to assure cost savings to both beneficiaries and Medicare/Medicaid overall.
3. Participate in initiatives and partnerships to address the growing opioid crisis, including the buying, selling and illegal procurement of opioids, to help solve this problem from an aging perspective.

U.P. Area Agency on Aging

FY 2020

Expected Outcome

Medicare/Medicaid beneficiaries in the region will become more aware of marketing/billing abuses associated with the Medicare & Medicaid programs, as well as being aware of and/or receiving assistance with opioid misuse. They will know how and where to report these abuses, thus saving money for both the beneficiary, Medicare, and Medicaid.

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FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Advocacy Strategy

The following advocacy strategies were formulated from a variety of sources. Input was solicited through surveys and discussions at public input sessions and public hearings. In addition, the UPAAA received input from County Commissioners through its role as administrator for the U.P. Association of County Commissioners. Additional issues were presented through other required collaborations and advisory boards.

The AAA will continue to promote, support, and advocate for programs and services that are person-centered, evidenced-based, and community-based.

The AAA will advocate for increased capacity and expanded access to the MI Choice Program and other community-based long term care options to meet the needs of a rapidly increasing aging population.

The AAA will advocate for increased funding from the Older Americans and Older Michiganians Acts in line with increased cost of providing services and meeting the needs of older adults utilizing these funds.

The AAA will continue to play a role in Michigan's Dual Eligible Medicaid/Medicare Integrated Care Initiative, building on its relationships with key stakeholders with the goal of promoting and securing seamless service delivery for Integrated Care in the region.

The AAA will continue to advocate for the provision of adequate funding for non-emergency medical and non-medical transportation and to promote the service as an essential component to low-income and rural consumers.

The AAA will continue to work in collaboration with groups representing and advocating for the prevention and treatment of chronic conditions and disabilities, including: UPDON, MI Arthritis Foundation, U.P. Alzheimer's Association, MSU Extension, local Health Plans, Superior Alliance for Independent Living (SAIL), and others to develop and conduct evidenced-based disease prevention programs throughout the region.

The AAA will advocate for the provision of additional funding and support for preventive services, including home injury control, elder abuse prevention, caregiver education and training, chore services, and nutrition and wellness (EBDP) programs.

The AAA will promote, support and advocate for adequate wages and training for direct care workers, in order to overcome in-home worker shortages and meet the increasing needs of older adults who want to age in place.

The AAA will advocate for continuation and expansion of the MI Medicare/Medicaid Assistance Program (MMAP). Through MMAP, trained volunteers provide information and counseling to Medicare beneficiaries concerning Medicare and Medicaid eligibility, enrollment and coverage, medical bills, prescription drug coverage, and supplemental and long term care insurance at no charge.

The AAA will continue to play an active role and advocate for increased affordable housing options including the development of senior housing projects in rural areas and for the increased provision of supportive

**U.P. Area Agency on Aging**

**FY 2020**

services in housing facilities.

Additional advocacy issues will be selected throughout the multi-year planning cycle based on input received from older adults, service providers, county commissioners, area agency staff, and through input provided by the AAA Advisory Council, Quality Collaborative, ADRC Collaborative, and the UPCAP Board of Directors. Members of these groups will continue their advocacy efforts as in the past, taking positions on various topics and issues of concern to older adults in the region.

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U.P. Area Agency on Aging

FY 2020

### Leveraged Partnerships

**1. Include, at a minimum, plans to leverage resources with organizations in the following categories:**

- a. Commissions Councils and Departments on Aging.**
- b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)**
- c. Public Health.**
- d. Mental Health.**
- e. Community Action Agencies.**
- f. Centers for Independent Living.**
- g. Other**

Various partners throughout the region form a vital link in the region's extensive aging network. Many of the services funded by the UPAAA are offered at meal sites/senior centers run by Commissions on Aging and Community Action Agencies. Services provided include home delivered meals, congregate meals, homemaker aide, home care assistance, in-home respite care, chore services, elder abuse education, transportation, outreach, service coordination, legal assistance, long-term care ombudsman services, and caregiver training. We rely on these strong partnerships to tackle region-specific issues and needs by working together on special projects and grants to meet the needs of older adults and those with disabilities that are not met through traditional avenues. Additionally, Mental and Public Health agencies partner with the UPAAA to provide health and wellness training via evidenced-Based Disease Prevention Programs, and we will be working together to address the opioid crisis and other issues pertinent to health and aging.

The UPAAA also has a strong partnership with the region's Center for Independent Living, known as SAIL. SAIL is a key stakeholder in the ADRC of the U.P. and has trained Information & referral specialists and options counselors available to assist those looking for options counseling when faced with long term care needs. SAIL also provides Medicare/Medicaid Assistance counseling (MMAP) and other community outreach programs essential to meeting the needs of folks with disabilities throughout the region.

UPCAP, a multi-purpose non-profit organization, administers a variety of other programs which although funded outside the aging network, positively impact on the UPAAA's purpose and mission. These programs include congregate housing development and management for seniors, low-income families, and those with disabilities and the Professional Mediation Program, which resolves disputes and disagreements between parties (i.e. landlord-tenant, medical billing, caregiver issues, etc).

**2. Describe the area agency's strategy for developing, sustaining, and building capacity for Evidence-Based Disease Prevention (EBDP) programs including the area agency's provider network EBDP capacity.**

With the help of new and existing grants received by the UPAAA and/or its partners, we have been very successful in recruiting new partners and leaders to provide Evidence-Based Disease Prevention (EBDP) programs throughout the entire region, especially as it relates to the Diabetes PATH and Matter of Balance programs. Our partners have seen the value of these and other EBDP programs, and many are committed to continuing them even after supplemental funding is no longer available. The UPAAA and partners continually discuss ways to keep the programs going, expanding as possible, by seeking out new grant opportunities or using existing funds such as millage or OAA funds. Additionally, charging nominal fees to participants has worked successfully in the past and may be implemented again in order to sustain programs.

**U.P. Area Agency on Aging**

**FY 2020**

Some of the area's health plans have also expressed an interest in paying to have their members participate in EBDP programs that will provide strategies to keep members healthy. The UPAAA will continue to meet and work with its partners and pursue any and all possible funding sources to sustain, and further increase, capacity for these important programs.

DRAFT

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Community Focal Points

**Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community. Explain the process by which community focal points are selected.**

AAA DEFINITION FOR COMMUNITY: A “community” is an interacting body of various individuals with common interest, living cooperatively, in a common location. A “community focal point” is a facility established to encourage and provide the maximum collocation and coordination of services for older individuals.

RATIONALE FOR DEFINITION AND SELECTION OF COMMUNITY FOCAL POINTS: The UPAAA will have community focal points designated at three levels: at the local level, Care Management level, and Regional Level. The UPAAA serves as the regional focal point for assuring access to information and services for older adults across the Upper Peninsula through the U.P. Senior Helpline and the 2-1-1 Call Center, both which serve as toll-free information and assistance services. Care Management access sites serve as a focal point for frail individuals who have in-home service needs and who are at risk of nursing home placement. Multi-service senior centers will be given special consideration in the designation of focal points at the local level. The UPAAA will work with county and local officials to designate focal points in each county. Because of the rural nature of the Upper Peninsula, and the fact that many older people live on homesteads in sparsely populated townships, rural centers located in isolated areas may be designated as focal points if they can meet the criteria. The criterion designed by the UPAAA has set the standards which must be met prior to designation. The standards reflect requirements which address safety, health, fair and equal treatment and service delivery. In counties where no agency meets every criterion for a community focal point as set forth below, the UPAAA will designate the most appropriate agency that best meets the needs and criteria of a community focal point, to ensure local access to needed information and services.

Although an abundance of services are available through senior centers/meal sites, their low visibility can act as an impediment to service utilization. Official designation as a “community focal point” is expected to increase coordination with other applicable agencies to improve accessibility and visibility. In order for senior centers to be designated as a “focal point” for services for elderly individuals, they should meet the following requirements:

1. The facility must meet all the fire, safety, and health code standards addressed in the Michigan Office of Services to the Aging Operating Standards for Service Programs and all local and state fire, safety, and health requirements.
2. Each designated focal point should be open for services at least 2 days or 16 hours per week, and provide at least 3 services.
3. Each designated focal point should provide meal services (Older Americans Act Congregate Meals OR locally funded programs).
4. Each designated focal point should have a telephone and an individual available to respond to local inquiries about information and referral services.
5. Each designated focal point should work with other community agencies and institutions to maximize coordination for access to other services and opportunities, including the promotion of 2-1-1.
6. Each designated focal point must have adequate insurance.
7. Each designated focal point should adhere to the Code of Ethics including compliance with the Freedom of Information Act (5 U.S. Code Annotated, Section 552). This requires that certain information be freely available to the public and requires confidential treatment of personal information.

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

9. Each designated focal point shall be barrier free.

10. Each designated focal point shall not discriminate against any individual regardless of age, sex, color, religion, creed, or handicaps.

**Community Focal Point Effectiveness:** As noted above, community focal points in the Upper Peninsula are designated at three levels. At the local level, community centers/senior centers serve as the primary focal point. These centers are well established and have been providing services to local citizens for over 35 years. And while these local entities may not be the most sophisticated, they provide a level of service intervention and information and assistance adequate to meet the immediate service needs of local seniors. The UPAAA has been working with these local centers and their parent organizations to find ways to make the centers more responsive to “new age” needs of seniors, such as access to the internet and implementing health & wellness programming.

The second level is that of the five regional Care Management offices. Based on the consistency of referrals, these offices are viewed as the primary “pipeline” to long-term care services as well as for intervention with local providers when services provided by those agencies are insufficient to meet consumer demands. Although access to the MI Choice Waiver Program remains limited, care manager outreach activities have proven effective in keeping appropriate referrals for community-based long-term care services at a consistent level.

On the regional level, the Area Agency’s effectiveness as a “focal point” continues to increase as consumers, family and provider agencies access the AAA’s web site, the Senior Help Line, and the 2-1-1 Call Center. The introduction of the 2-1-1 call system and designation as the single point of entry for long-term care has helped moved the agency into the limelight as the primary focal point for all aging, disability, and long term care services in the Upper Peninsula.

**Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.**

Name:	Cloverland Senior Citizen Center
Address:	Box 298, Ewen, MI 49925
Website:	
Telephone Number:	(906) 988-2463
Contact Person:	Mary Abrams
Service Boundaries:	Ontonagon County
No. of persons within boundary:	2710
Services Provided:	Information and assistance, social activities, senior meals

Name:	Crystal Falls Senior Center
Address:	601 Marquette Ave., Crystal Falls, MI 49920
Website:	
Telephone Number:	(906) 875-6709

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Contact Person: Beverly Wilcox  
Service Boundaries: Iron County  
No. of persons within boundary: 4274  
Services Provided: Information and assistance, meals, social activities

Name: Dickinson County Senior Citizen Center  
Address: 700 Crystal Lake Blvd., Iron Mountain, MI 49801  
Website: [www.dicsami.org/senior\\_centers](http://www.dicsami.org/senior_centers)  
Telephone Number: (906) 774-5888  
Contact Person: Gary Carlson  
Service Boundaries: Dickinson County  
No. of persons within boundary: 7463  
Services Provided: Senior meals, information and assistance, social activities

Name: Escanaba Senior Citizen Center  
Address: 225 North 21st St., Escanaba, MI 49829  
Website: [www.mdscaa.org](http://www.mdscaa.org)  
Telephone Number: (906) 786-8850  
Contact Person: Lydia LaPalm  
Service Boundaries: Delta County  
No. of persons within boundary: 10,991  
Services Provided: Information, outreach, social activities, senior meals, MMAP, homemaker, personal care, respite services

Name: Felch Senior Citizen Center  
Address: Felch Twp. Community Center, Felch, MI 49831  
Website: [www.dicsami.org/senior\\_centers](http://www.dicsami.org/senior_centers)  
Telephone Number: (906) 246-3559  
Contact Person: Becky Nord  
Service Boundaries: Dickinson County  
No. of persons within boundary: 7463  
Services Provided: Information and assistance, outreach, social activities, senior meals

Name: Forsyth Senior Center Forsyth Community Bldg.  
Address: 165 N. Maple St., Gwinn, MI 49841  
Website:  
Telephone Number: (906) 346-9862  
Contact Person: Brian Veale  
Service Boundaries: Marquette County

**FY 2020 ANNUAL IMPLEMENTATION PLAN**

**U.P. Area Agency on Aging**

**FY 2020**

No. of persons within boundary: 16,470  
Services Provided: Information, outreach, senior meals, social activities, homemaker services

Name: Gladstone Senior Citizen Center  
Address: 303 North 8th St, Gladstone, MI 49837  
Website: www.mdscaa.org  
Telephone Number: (906) 428-2201  
Contact Person: Lisa Trotter  
Service Boundaries: Delta County

No. of persons within boundary: 10,991  
Services Provided: Information, outreach, senior meals, social activities, homemaker, personal care, and respite services

Name: Gogebic Co Senior Center - Mill Street Garden  
Address: 100 S. Mill Street, Bessemer, MI 49911  
Website:  
Telephone Number: (906) 667-0283  
Contact Person: Donna Heikkala  
Service Boundaries: Gogebic County

No. of persons within boundary: 5016  
Services Provided: Information, outreach, social activities, senior meals, homemaker, respite, chore services, personal care, MMAP

Name: Hermansville Senior Citizen Center  
Address: Box 236, Hermansville, MI 49847  
Website: www.mdscaa.org  
Telephone Number: (906) 498-7735  
Contact Person: Pam Haluska  
Service Boundaries: Menominee County

No. of persons within boundary: 7186  
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

Name: Iron County Senior Citizen Center  
Address: 800 4th Avenue, Iron River, MI 49935  
Website: www.dicsami.org/senior\_centers  
Telephone Number: (906) 265-6134  
Contact Person: Jan Gibson  
Service Boundaries: Iron County



FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

No. of persons within boundary: 4274  
Services Provided: Information and assistance, outreach, social activities, senior meals

Name: Ishpeming Senior Center  
Address: 320 S. Pine St., Ishpeming, MI 49849  
Website:  
Telephone Number: (906) 485-5527  
Contact Person: Elyse Bertucci  
Service Boundaries: Marquette County  
No. of persons within boundary: 16,470  
Services Provided: Information, outreach, homemaker, senior meals, social activities

Name: Lake Gogebic Senior Citizen Center  
Address: 109 Pine St., P.O. Box 361, Bergland, MI 49910  
Website:  
Telephone Number: (906) 575-3461  
Contact Person: Joan Harris  
Service Boundaries: Ontonagon County  
No. of persons within boundary: 2710  
Services Provided: Information, outreach, social activities, homemaker, personal care, and respite services

Name: Manistique Senior Citizen Center  
Address: 101 Main St., Manistique, MI 49854  
Website:  
Telephone Number: (906) 341-5923  
Contact Person: Jennifer VanDyck  
Service Boundaries: Schoolcraft  
No. of persons within boundary: 1847  
Services Provided: Information, outreach, senior meals, social activities, transportation, and homemaker services

Name: Marquette Senior Services Center  
Address: 300 W. Spring St., Marquette, MI 49855  
Website: [www.mqtcty.org/senior](http://www.mqtcty.org/senior)  
Telephone Number: (906) 228-0456  
Contact Person: Maureen Sullivan  
Service Boundaries: Marquette County  
No. of persons within boundary: 16,470

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Services Provided:	Information, outreach, MMAP, homemaker, senior meals, social activities
Name:	Menominee Senior Citizen Center
Address:	905 10th St., P.O. Box 811, Menominee, MI 49858
Website:	www.mdscaa.org
Telephone Number:	(906) 863-2158
Contact Person:	Renelle Betters
Service Boundaries:	Menominee County
No. of persons within boundary:	7186
Services Provided:	Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services
Name:	Mid-County Senior Citizen Center
Address:	P.O. Box 102, U.S. 41, Daggett, MI 49821
Website:	www.mdscaa.org
Telephone Number:	(906) 753-6986
Contact Person:	Becky Thoun
Service Boundaries:	Menominee County
No. of persons within boundary:	7186
Services Provided:	Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services
Name:	Negaunee Senior Center
Address:	410 Jackson St., Negaunee, MI 49866
Website:	
Telephone Number:	(906) 475-6266
Contact Person:	Kristy Malmsten
Service Boundaries:	Marquette County
No. of persons within boundary:	16,470
Services Provided:	Information, outreach, homemaker, senior meals, social activities, MMAP
Name:	Newberry Community Action Agency
Address:	405 Newberry Ave., Newberry, MI 49868
Website:	www.clmcaa.com
Telephone Number:	(906) 293-5621
Contact Person:	Catarina Edison
Service Boundaries:	Luce County
No. of persons within boundary:	1804
Services Provided:	Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Name: Norway-Vulcan Senior Center  
Address: 608 Main Street, Norway, MI 49870  
Website:  
Telephone Number: (906) 563-8716  
Contact Person: Susan Slining  
Service Boundaries: Dickinson County  
No. of persons within boundary: 7463  
Services Provided: Information and assistance, social activities, meals

Name: Pickford Senior Citizen Center  
Address: Pickford Twp. Hal, Pickford, MI 49774  
Website: www.clmcaa.com  
Telephone Number: (906) 647-2204  
Contact Person: Lisa Sims  
Service Boundaries: Chippewa County  
No. of persons within boundary: 8659  
Services Provided: Information and assistance, social activities, senior meals

Name: Rapid River Twp. Senior Citizen Center Omni Center  
Address: 10574 N. Main St., P.O. Box 6, Rapid River, MI 49878  
Website: www.mdscaa.org  
Telephone Number: (906) 474-9039  
Contact Person: Gail Zierk  
Service Boundaries: Delta County  
No. of persons within boundary: 10,991  
Services Provided: Information, outreach, senior meals, social activities, homemaker, personal care, and respite services

Name: Rock Senior Citizen Center  
Address: 3892 W. Maple Ridge, Rock, MI 49880  
Website: www.mdscaa.org  
Telephone Number: (906) 356-6420  
Contact Person: Becky Carey  
Service Boundaries: Delta County  
No. of persons within boundary: 10,991  
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

Name: Sagola Twp. Senior Citizen Center

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Address: 205 Sagola Ave., Sagola, MI 49881  
Website: www.dicsami.org/senior\_centers  
Telephone Number: (906) 542-3273  
Contact Person: Nancy George  
Service Boundaries: Dickinson County  
No. of persons within boundary: 7463  
Services Provided: Information and assistance, social activities, senior meals

Name: Sewell Avery Senior Citizen Center  
Address: 524 Ashmun St., P.O. Box 70, Sault Ste. Marie, MI 49783  
Website: www.clmcaa.com  
Telephone Number: (906) 632-3363  
Contact Person: Toni Phillips  
Service Boundaries: Chippewa County  
No. of persons within boundary: 8659  
Services Provided: Information, outreach, senior meals, social activities, homemaker, personal care, and respite

Name: St. Ignace Senior Citizen Center  
Address: 1210 North State Street, St. Ignace, MI 49781  
Website: www.clmcaa.com  
Telephone Number: (906) 643-8595  
Contact Person: Don Wright  
Service Boundaries: Mackinac County  
No. of persons within boundary: 3817  
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite

Name: UPCAP Care Management  
Address: 912 Carpenter Avenue, Iron Mountain, MI 49801  
Website: www.upcap.org  
Telephone Number: (906) 774-9918  
Contact Person: Jean Legault  
Service Boundaries: Dickinson, Iron Counties  
No. of persons within boundary: 11,737  
Services Provided: Information & Assistance, Care Management, Outreach, MMAP

Name: UPCAP Care Management-Hancock  
Address: 787 Market Street, Suite 7, Hancock, MI 49930

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Website: www.upcap.org  
Telephone Number: (906) 482-0982  
Contact Person: Jean Fettig  
Service Boundaries: Houghton, Baraga, Keweenaw Counties  
No. of persons within boundary: 11,215  
Services Provided: Information & Assistance, Outreach, Care Management, MMAP

Name: UPCAP Care Management-Iron Mtn  
Address: 912 Carpenter Avenue, Iron Mountain, MI 49801  
Website: www.upcap.org  
Telephone Number: (906) 774-9918  
Contact Person: Jean Legault  
Service Boundaries: Dickinson, Iron Counties  
No. of persons within boundary: 11,737  
Services Provided: Information & Assistance, Care Management, Outreach, MMAP

Name: UPCAP Care Management-MQT  
Address: 1025 Commerce Drive, Suite B, Marquette, MI 49855  
Website: www.upcap.org  
Telephone Number: (906) 228-6169  
Contact Person: Nora Kessel  
Service Boundaries: Alger, Marquette Counties  
No. of persons within boundary: 19,596  
Services Provided: Information & Assistance, Outreach, Care Management, MMAP

Name: UPCAP Care Management-SSM  
Address: 2956 Ashmun Street, Sault Ste. Marie, MI 49783  
Website: www.upcap.org  
Telephone Number: (906) 632-9835  
Contact Person: Terri Marsh  
Service Boundaries: Chippewa, Luce, Mackinac Counties  
No. of persons within boundary: 7,880  
Services Provided: Information & Assistance, Outreach, Care Management, MMAP

Name: UPCAP-Esc  
Address: 2501 14th Ave. SOutH, Escanaba, MI 49829  
Website: www.upcap.org  
Telephone Number: (906) 786-4701

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Contact Person: 2-1-1  
Service Boundaries: All 15 counties of the U.P.  
No. of persons within boundary: 83,000  
Services Provided: Information & assistance, Outreach, Care Management, MMAP, health & wellness programs,

Name: Alger County Commission on Aging  
Address: 1604 Sand Point Rd., Munising, MI 49862  
Website:

Telephone Number: (906) 387-2439  
Contact Person: Kristine Lindquist  
Service Boundaries: Alger County  
No. of persons within boundary: 3126  
Services Provided: Information, outreach, homemaker, personal care, respite, adult day services, health & wellness programs, MMAP

Name: Amasa Senior Citizen Center  
Address: 601 Marquette Ave., Amasa, MI 49903  
Website: [www.dicsami.org/senior\\_centers](http://www.dicsami.org/senior_centers)  
Telephone Number: (906) 822-7284  
Contact Person: Judy Cornelia  
Service Boundaries: Iron County  
No. of persons within boundary: 4274  
Services Provided: Information and assistance, social activities, senior meals

Name: Baragland Senior Citizen Center  
Address: Box 258, 6 North Main St., L'Anse, MI 49946  
Website:  
Telephone Number: (906) 524-6711  
Contact Person: Pamela Anderson  
Service Boundaries: Baraga County  
No. of persons within boundary: 2373  
Services Provided: Information, outreach, social activities, homemaker, personal care, transportation and respite

Name: Breen Senior Citizen Center  
Address: 244 Parkway St., Kingsford, MI 49802  
Website: [www.dicsami.org/senior\\_centers](http://www.dicsami.org/senior_centers)  
Telephone Number: (906) 774-5110  
Contact Person: Laurie Helberg/Sheila Wood



FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Service Boundaries: Dickinson County  
No. of persons within boundary: 7463  
Services Provided: Information and assistance, social activities, senior meals

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Name: Chatham Manor Senior Nutrition Site  
Address: N5282 Gladstone St., Chatham MI 49816  
Website:  
Telephone Number: (906) 439-5101  
Contact Person: Wilma Hill  
Service Boundaries: Alger County  
No. of persons within boundary: 3126  
Services Provided: information and assistance, social activities, senior meals

DRAFT

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

Other Grants and Initiatives

**1. Briefly describe other grants and/or initiatives the area agency is participating in with AASA or other partners.**

The AAA is involved in numerous health & wellness initiatives, such as PATH (Personal Action Towards Health), Diabetes-PATH, Chronic Pain Management, PATH Chronic Disease Management, and Matter of Balance. Other initiatives the UPAAA administers and is committed to are PREVNT, MMAP, and MI Health Link Outreach & Education.

The UPAAA is also committed to bringing programs to the region that will assist family caregivers, especially those caring for loved ones with Alzheimer's Disease or other related dementia. We currently participate in the evidence-based Alzheimer's Disease Initiative-Specialized Supportive Services project to bring dementia education to all; the Respite Education and Support Tools (REST) program to train staff and volunteer respite workers; and Powerful Tools for Caregivers and Creating Confident Caregivers to support, train, and educate family and informal caregivers.

The MI Health Endowment Fund (MHEF) has been critical in allowing the UPAAA to expand existing programs and bring in new initiatives to the region, such as providing funding to expand fall prevention and chronic health maintenance programs. We are currently working with the MHEF to bring the BRI Care Consultation program to the region to provide web-based and telephone assistance and support to individuals with chronic conditions and their caregivers. The UPAAA is also seeking a grant from the MHEF to conduct a regional assessment to determine gaps in non-emergency medical and non-medical transportation needs and to develop an action plan and strategy to address those gaps and needs.

The UPAAA has recently entered into a partnership with MUVE-P3 and others to support and participate in a pilot program to expand the availability of non-medical transportation in the rural areas of the central counties of the region where little or insufficient transportation services currently exist. If successful, it will be a model that could help meet the transportation needs of other rural communities in the region.

The AAA continues to rely heavily on partnerships to promote and support all these initiatives and ultimately to reach the greatest number of participants that can benefit from these important programs.

**2. Briefly describe how these grants and other initiatives will improve the quality of life of older adults within the PSA.**

All of these initiatives are designed to enhance the health and wellness of older adults in a variety of ways, thus improving the quality of life of older adults who participate. PATH, Matter of Balance, and Chronic Pain Self-Management are all evidenced-based prevention programs that are proven to work to help older adults manage and improve their health, adding confidence and fulfillment throughout their lifespan. This is done by promoting wellness activities such as exercise, good nutrition, taking medications as prescribed, and encouraging open dialogues with medical professionals.

Powerful Tools for Caregivers, Creating Confident Caregivers, REST, the Alzheimer's Disease Initiative-Specialized Supportive Services project and BRI Care Consultation provide education, support, and

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

respite for caregivers and promote caregiver self-care which ultimately leads to healthier and more productive lives for all involved. These programs also help caregivers become more confident and savvy in their caregiving skills, and ultimately extends the length of time that the care receiver is able to live in the community, avoiding costly nursing home placement.

PREVNT projects train personal care aides working with seniors in their homes how to provide quality care and how to prevent and detect elder abuse, so that the incidents of abuse towards vulnerable adults in the region will decrease. PREVNT has also been recently expanded to help teach community members and the general public about elder abuse, neglect and exploitation.

MMAAP counselors help beneficiaries understand and utilize their health care benefits in the best way possible to ensure they get the health care they need, for the lowest cost. MMAAP counselors promote Medicare's extensive preventive and drug benefits, and routinely screen people for extra help programs they may be entitled to so that fixed incomes are better managed, thus promoting a better quality of life. MMAAP counselors are also helping dually-eligible Medicare & Medicaid beneficiaries understand their options regarding the new MI Health Link demonstration project. This new project offers a coordination of care delivery system so that people won't have to navigate these complicated programs by themselves, which may help to ensure the maximization of benefits and better quality of care.

Working with MUVE-P3 on the transportation pilot program in conjunction with conducting a regional assessment of non-emergency medical and non-medical transportation gaps in service is critical to working towards meeting the transportation needs in our extremely rural region. Many older adults have very limited or nonexistent access to senior centers, congregate meal programs, health and wellness programs, and even to shops and stores critical to meeting their basic needs. Providing adequate transportation will help older adults and those with disabilities become more independent, fulfilled and able to remain in their own homes for longer periods of time.

**3. Briefly describe how these grants and other initiatives reinforce the area agency's mission and planned program development efforts for FY 2020-2022.**

The UPAAA's mission and planned program development objectives are designed to ensure that older adults get the information, support and resources they need to make self-directed and healthy lifestyle choices throughout their lifespan so that they can stay in their own homes and communities for as long as they choose. Utilization of the region's 2-1-1 Call Center as the entry point for accessing objective information and referrals to all of these initiatives, and to many other programs and resources, is the first step in maintaining - and even improving - an older adult's quality of life. Learning to cope with and care for chronic diseases; obtaining knowledge about the importance of exercise and healthy lifestyle choices; learning to become an effective and productive caregiver in a healthy way; being allowed to remain within the community and receive quality, person-centered care and services all help to ensure that older adults and those with disabilities can age in place with dignity and respect, in a manner of their choosing, in the most cost-effective and productive way possible.

**FY 2020 ANNUAL IMPLEMENTATION PLAN**

U.P. Area Agency on Aging

FY 2020

**Appendices**

DRAFT

FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

APPENDIX A

Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	2	0	0	4	22
Aged 60 and Over	0	0	2	0	0	3	19

Board Member Name	Geographic Area	Affiliation	Membership Status
Jerry Doucette	Alger County	Alger County Board of Commissioners	Elected Official
William Menge	Baraga County	Baraga County Board of Commissioners	Elected Official
Don McLean	Chippewa County	Chippewa County Board of Commissioners	Elected Official
David Rivard	Delta County	Delta County Board of Commissioners	Elected Official
Joe Stevens	Dickinson County	Dickinson County Board of Commissioners	Elected Official
Joe Bonovetz	Gogebic County	Gogebic County Board of Commissioners	Elected Official
Sharon Teeple	Chippewa County	Member-at-Large, Bay Mills Tribe	Appointed
Edward Jenich	Houghton	Consumer	Community Representative
Dan LaFolle	Schoolcraft County	Consumer	Community Representative
Jonathan Mead	Region-wide	UPCAP/UPAAA	Appointed
Jan Hafeman	Menominee County	Menominee County Board of Commissioners	Elected Official
Carl Nykanen	Ontonagon County	Ontonagon County Board of Commissioners	Elected Official
Craig Reiter	Schoolcraft County	Schoolcraft County Board of Commissioners	Elected Official
Richard Timmer	Chippewa County	Consumer	Community Representative
Dan Young	Delta County	Member-at-Large	Appointed

**FY 2020 ANNUAL IMPLEMENTATION PLAN**

**U.P. Area Agency on Aging**

**FY 2020**

Sarah Peurakoski	Region-wide	Superior Alliance for Independent Living-SAIL	Appointed
Albert Koskela	Houghton County	Houghton County Board of Commissioners	Elected Official
Tim Aho	Iron County	Iron County Board of Commissioners	Elected Official
Sandra Gayk	Keweenaw County	Keweenaw County Board of Commissioners	Elected Official
Phyllis French	Luce County	Luce County Board of Commissioners	Elected Official
James Hill	Mackinac County	Mackinac County Board of Commissioners	Elected Official
Gerald Corkin	Marquette County	Marquette County Board of Commissioners	Elected Official

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FY 2020 ANNUAL IMPLEMENTATION PLAN

U.P. Area Agency on Aging

FY 2020

APPENDIX B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	2	10	14
Aged 60 and Over	0	0	0	0	2	5	7

Board Member Name	Geographic Area	Affiliation
Jim Bruce	Region-wide	AARP
Connie Fuller	Delta County	Consumer
Lesley Hoffmeyer	Delta County	Hospital
Bille Jo VanTassell	Luce County	Consumer
Sally Kidd	Delta-Menominee-Schoolcraft	Community Action Agency
Pam McKenna	Alger County	Skilled Nursing Facility
Sarah Peurakoski	Region-wide	Superior Alliance for Independent Living-SAIL
Jonathan Mead	Region-wide	Area Agency on Aging
Jamie LaFave	Delta County	Skilled Nursing Facility
Julie Brunette	Marquette County	Upper Peninsula Health Plan
Dr. Tim Kangas	Region-wide	NorthCare Network
Jake Bilodeau	Region-wide	Alzheimer's Association
Patricia Duyck	Region-wide	Dept. of Licensing & Regulatory Affairs
Sarah Buckley	Region-wide	Veterans Administration

U.P. Area Agency on Aging

FY 2020

APPENDIX C  
Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board: 07/01/1997

Outline new or changed criteria that will be used to select providers:

No changes have been made to the proposal selection criteria used by the UPAAA.

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# FY 2020 AREA PLAN GRANT BUDGET

Rev. 04/12/2019

Agency: UPAAA - UPCAP Services, Inc.

Budget Period: 10/01/19 to 09/30/20

PSA: XI

Date: 06/17/19

Rev. No.: 0 Page 1 of 3

## SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	576,292		576,292
2. Fed. Title III-C1 (Congregate)		751,427	751,427
3. State Congregate Nutrition		13,533	13,533
4. Federal Title III-C2 (HDM)		381,647	381,647
5. State Home Delivered Meals		676,402	676,402
8. Fed. Title III-D (Prev. Health)	44,469		44,469
9. Federal Title III-E (NFCSP)	270,017		270,017
10. Federal Title VII-A	12,576		12,576
10. Federal Title VII-EAP	9,166		9,166
11. State Access	40,395		40,395
12. State In-Home	720,262		720,262
13. State Alternative Care	159,102		159,102
14. State Care Management	431,825		431,825
15. St. ANS	62,992		62,992
16. St. Nursing Home Ombs (NHO)	42,546		42,546
17. Local Match			
a. Cash	30,700	80,000	110,700
b. In-Kind	257,500	140,000	397,500
18. State Respite Care (Escheat)	106,892		106,892
19. MATF	168,953		168,953
19. St. CG Support	20,856		20,856
20. TCM/Medicaid & MSO	17,311		17,311
21. NSIP		481,979	481,979
22. Program Income	58,200	1,375,000	1,433,200
<b>TOTAL:</b>	<b>3,030,054</b>	<b>3,899,988</b>	<b>6,930,042</b>

## ADMINISTRATION


Revenues	Local Cash	Local In-Kind	Total
Federal Administration	224,872	50,000	274,872
State Administration	38,839		38,839
MATF Administration	16,700		16,700
St. CG Support Administration	2,050		2,050
Other Admin			
<b>Total AIP Admin:</b>	<b>282,461</b>	<b>50,000</b>	<b>332,461</b>

## Expenditures

	FTEs	
1. Salaries/Wages	3.43	168,896
2. Fringe Benefits		50,117
3. Office Operations		113,448
<b>Total:</b>		<b>332,461</b>

Cash Match Detail	In-Kind Match Detail
Source	Source
Amount	Amount
	Volunteer Time
	50,000
<b>Total:</b>	<b>Total:</b>
-	50,000

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

  
Signature

CFO  
Title

06/17/19  
Date



Agency: UPAAA - UPCAP Services, Inc.

## FY 2020 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Budget Period:

10/01/19

to 09/30/20

Rev. 04/12/2019

PSA: XI

Date:

06/17/19

Rev. No.:

page 2 of 3

\*Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII-EAP	Title VII-A OMB	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Supp	TCM Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	Access Services																			
A-1	Care Management	23,500		23,500			40,395			431,825		62,992					4,000	5,000	60,000	651,212
A-2	Case Coord/supp																			-
A-3	Disaster Advocacy & Outreach Program																			-
A-4	Information & Assis	35,000		35,000															8,000	78,000
A-5	Outreach																			-
A-6	Transportation	10,000		5,000													2,000		2,000	19,000
A-7	Options Counseling																			-
B	In-Home																			
B-1	Chore	2,000															200		300	2,500
B-2	Home Care Assis	110,000						250,000	90,000								10,000	10,000	50,000	520,000
B-3	Home Injury Cntrl	15,000																	2,000	17,000
B-4	Homemaking	171,283						470,262	69,102								25,000	15,700	71,700	823,047
B-6	Home Health Aide																			-
B-7	Medication Mgt																			-
B-8	Personal Care																			-
B-9	Assistive Device&Tech																			-
B-10	Respite Care	30,000		105,000									106,892	76,126	9,403		15,000		28,000	370,421
B-11	Friendly Reassure																			-
C-10	Legal Assistance	37,500																	5,000	42,500
C	Community Services																			
C-1	Adult Day Services	20,000		59,517										92,827	11,453		2,000		1,500	187,297
C-2	Dementia ADC																			-
C-6	Disease Prevent/Health Promtion		44,469																5,000	49,469
C-7	Health Screening																			-
C-8	Assist to Hearing Impaired & Deaf Cmty																			-
C-9	Home Repair																			-
C-11	LTC Ombudsman	7,009				12,576					42,546					17,311			5,000	84,442
C-12	Sr Ctr Operations																			-
C-13	Sr Ctr Staffing																			-
C-14	Vision Services																			-
C-15	Prevnt of Elder Abuse,Neglect,Exploitation				9,168														1,200	10,366
C-16	Counseling Services																			-
C-17	Creat.Conf.CG@ CCC			5,000															600	5,600
C-18	Caregiver Supplmt Services																			-
C-19	Kinship Support Services			14,000															1,600	15,600
C-20	Caregiver E.S.T			23,000															2,600	25,600
*C-8	Program Develop	115,000																	13,000	128,000
	Region Specific																			
	a																			-
	b																			-
	c																			-
	d																			-
	7. CLP/ADRC Services																			-
Sp Co	8. MATF Adm													16,700						16,700
Sp Co	9. St CG Sup Adm														2,050					2,050
	SUPPT SERV TOTAL	576,292	44,469	270,017	9,168	12,576	40,395	720,262	159,102	431,825	42,546	62,992	106,892	185,653	22,906	17,311	58,200	30,700	257,500	3,048,804



**FY 2020 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL**

Rev. 04/12/2019

Agency: UPA44 - UPCAP Services, Inc. Budget Period: 10/01/19 to 9/30/20  
 PSA: XI Date: 06/17/19 Rev. Number 0

page 3 of 3

**FY 2020 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL**

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>Nutrition Services</b>									
C-3	Congregate Meals	698,427		13,533		165,000	625,000	35,000	60,000	1,596,960
B-5	Home Delivered Meals		355,647		676,402	316,979	750,000	45,000	80,000	2,224,028
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	53,000	26,000							79,000
	<b>Nutrition Services Total</b>	<b>751,427</b>	<b>381,647</b>	<b>13,533</b>	<b>676,402</b>	<b>481,979</b>	<b>1,375,000</b>	<b>80,000</b>	<b>140,000</b>	<b>3,899,988</b>

\*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by AASA.

**FY 2020 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL**

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	<b>LTC Ombudsman Ser</b>									
C-11	LTC Ombudsman	7,009	12,576	-	42,546	17,311	-	-	5,000	84,442
C-15	Elder Abuse Prevention	-		9,166			-	-	1,200	10,366
	Region Specific	-	-		-		-	-	-	-
	<b>LTC Ombudsman Ser Total</b>	<b>7,009</b>	<b>12,576</b>	<b>9,166</b>	<b>42,546</b>	<b>17,311</b>	<b>-</b>	<b>-</b>	<b>6,200</b>	<b>94,808</b>

**FY 2020 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL**

Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore									-
B-4	Homemaking									-
B-2	Home Care Assistance									-
B-6	Home Health Aide									-
B-10	Meal Preparation/HDM									-
B-8	Personal Care									-
	<b>Respite Service Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

**FY 2020 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL**

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	<b>Kinship Ser. Amounts Only</b>									
C-18	Caregiver Sup. Services	-					-	-	-	-
C-19	Kinship Support Services	-	14,000				-	-	1,600	15,600
C-20	Caregiver E,S,T	-	-				-	-	-	-
	<b>Kinship Services Total</b>	<b>-</b>	<b>14,000</b>				<b>-</b>	<b>-</b>	<b>1,600</b>	<b>15,600</b>



Planned Services Summary Page for FY 2020			PSA: XI		
Service	Budgeted	Percent	Method of Provision		
	Funds	of the Total	Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 651,212	9.37%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 78,000	1.12%			X
Outreach	\$ -	0.00%			
Transportation	\$ 19,000	0.27%	X	X	
Option Counseling	\$ -	0.00%			
IN-HOME SERVICES					
Chore	\$ 2,500	0.04%	X	X	
Home Care Assistance	\$ 520,000	7.48%	X	X	
Home Injury Control	\$ 17,000	0.24%	X		
Homemaking	\$ 823,047	11.84%	X	X	
Home Delivered Meals	\$ 2,224,028	32.01%		X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 370,421	5.33%	X	X	
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 187,297	2.70%	X	X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,596,960	22.98%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 49,469	0.71%			X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 42,500	0.61%		X	
Long Term Care Ombudsman/Advocacy	\$ 84,442	1.22%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse	\$ 10,366	0.15%			X
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ 5,600	0.08%			X
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 15,600	0.22%	X		
Caregiver Education, Support, & Training	\$ 25,600	0.37%		X	
AAA RD/Nutritionist	\$ 79,000	1.14%			X
PROGRAM DEVELOPMENT	\$ 128,000	1.84%			X
REGION-SPECIFIC					
a.	\$ -	0.00%			
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES					
	\$ 6,930,042				
MATF & ST CG ADMINISTRATION					
	\$ 18,750	0.27%			X
TOTAL PERCENT		100.00%	0.93%	83.17%	15.90%
TOTAL FUNDING		\$ 6,948,792	\$64,000	\$5,779,953	\$1,104,839

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.



FY 2020 BUDGET REVIEW SPREADSHEET

Rev. 04/12/2019

Agency:	UPAAA - UPCAP of AAA Regions			Fiscal Year:	FY 2020
Date of SGA:	3/22/2019	SGA No.	Est 2020	Date Reviewed by AASA:	
Date of Budget:	06/17/19	Revision No.	0	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 224,872		\$ 224,872		
State Administration	\$ 38,839		\$ 38,839		
Title III-B Services	\$ 576,292		\$ 576,292		
Title III-C-1 Services	\$ 751,427		\$ 751,427		
Title III-C-2 Services	\$ 381,647		\$ 381,647		
Federal Title III-D (Prev. Health)	\$ 44,469		\$ 44,469		
Title III-E Services (NFCSP)	\$ 270,017		\$ 270,017		
Title VII/A Services (LTC Ombuds)	\$ 12,576		\$ 12,576		
Title VII/EAP Services	\$ 9,166		\$ 9,166		
St. Access	\$ 40,395		\$ 40,395		
St. In Home	\$ 720,262		\$ 720,262		
St. Congregate Meals	\$ 13,533		\$ 13,533		
St. Home Delivered Meals	\$ 676,402		\$ 676,402	AASA COMMENTS	
St. Alternative Care	\$ 159,102		\$ 159,102		
St. Aging Network Srv. (St. ANS)	\$ 62,992		\$ 62,992		
St. Respite Care (Escheats)	\$ 106,892		\$ 106,892		
Merit Award Trust Fund (MATF)	\$ 185,653		\$ 185,653		
St. Caregiver Support (St. CG Supp.)	\$ 22,906		\$ 22,906		
St. Nursing Home Ombuds (NHO)	\$ 42,546		\$ 42,546		
MSO Fund-LTC Ombudsman	\$ 17,311		\$ 17,311		
St. Care Mgt.	\$ 431,825		\$ 431,825		
NSIP	\$ 481,979		\$ 481,979		
SGA TOTALS:	\$ 5,271,103	\$ -	\$ 5,271,103		
				Administrative Match Requirements	
ADMINISTRATION	BUDGET	SGA	DIFFERENCE		
Federal Administration	\$ 224,872	\$ 224,872	\$ -	Minimum federal administration match amount	\$74,957
State Administration	\$ 38,839	\$ 38,839	\$ -	Administration match expended (State Adm. + Local Match)	\$88,839
				Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
Sub-Total:	\$ 263,711	\$ 263,711	\$ -	Does state administration budget equal SGA?	Yes
MATF	\$ 16,700				
ST CG Supp	\$ 2,050				
Local Administrative Match				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ -			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	8%
Local In-Kind Match	\$ 50,000			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 50,000			Amount of MATF Funds budgeted on Adult Day Care	\$ 92,827
Other Admin	\$ -			Is at least 50% of MATF budgeted on Adult Day Care services?	Yes
Total Administration:	\$ 332,461	\$ 332,461	\$ -	Title III-E Kinship Services Program Requirements	
SERVICES:	BUDGET	SGA	% BUDGETED	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	
Federal Title III-B Services	\$ 576,292	\$ 576,292	100.0000%	Are kinship services budgeted at < 10% of the AAA's Title III-E funding?	
Fed. Title III C-1 (Congregate)	\$ 751,427	\$ 751,427	100.0000%	[note: see TL #369 & TL#2007-141]	
State Congregate Nutrition	\$ 13,533	\$ 13,533	100.0000%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	
Federal C-2 (HDM)	\$ 381,647	\$ 381,647	100.0000%	Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements	
State Home Delivered Meals	\$ 676,402	\$ 676,402	100.0000%	Amount required from Transmittal Letter #428. (see cell L 42)	
Federal Title III-D (Prev. Health)	\$ 44,469	\$ 44,469	100.0000%	Budgeted amount Title III-B for LTC Ombudsman.	
Federal Title III-E (NFCSP)	\$ 270,017	\$ 270,017	100.0000%	Is required maintenance of effort met?	
St. Access	\$ 40,395	\$ 40,395	100.0000%	#N/A	
St. In Home	\$ 720,262	\$ 720,262	100.0000%		
St. Alternative Care	\$ 159,102	\$ 159,102	100.0000%	Service Match Requirements	
St. Care Mgt.	\$ 431,825	\$ 431,825	100.0000%	Minimum service match amount required	
State Nursing Home Ombs (NHO)	\$ 42,546	\$ 42,546	100.0000%	Service matched budgeted: (Local Cash + In-Kind)	
St ANS	\$ 62,992	\$ 62,992	100.0000%	Is the service allotment matched at a minimum 10%?	
Sub-Total:	\$ 4,170,909	\$ 4,170,909	100.0000%	Yes	
Local Service Match				Miscellaneous Budget Requirements / Constraints	
Local Cash Match	\$ 110,700			Amounts budgeted for OAA / AASA Priority Services:	
Local In-Kind Match	\$ 397,500			Access:	
				\$68,500	
				In-Home:	
				\$328,283	
				Legal:	
				\$37,500	
Sub-Total:	\$ 508,200			Total Budgeted for Priority Services:	
Title VII/A Services (LTC Ombuds)	\$ 12,576	\$ 12,576	100.0000%	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	
Title VII/EAP Services	\$ 9,166	\$ 9,166	100.0000%	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	
NSIP	\$ 481,979	\$ 481,979	100.0000%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	
St. Respite Care (Escheats)	\$ 106,892	\$ 106,892	100.0000%	(Actual % of Legal)	
MATF	\$ 168,953	\$ 168,953	100.0000%	6.51%	
St. CG Support	\$ 20,856	\$ 20,856	100.0000%	Title III-B award w/o carryover or Transfers in current SGA	
MSO Fund-LTC Ombudsman	\$ 17,311	\$ 17,311	100.0000%	\$576,292	
TCM-Medicaid / CM	\$ -			Amount budgeted for Program Development:	
Program Income	\$ 1,433,200			\$115,000	
				% of Title III-B Program Development (must be 20% or less):	
				19.0%	
				Is Program Development budgeted at 20% or less?	
				Yes	
				Title III-D allotment with carryover:	
				\$44,469	
				Amount budgeted for EBDP Activities, per TL#2012-244:	
				\$44,469	
				Is 100% of Title III-D budgeted on APPROVED EBDP?	
				Yes	
Total Services:	\$ 6,930,042				
Grand Total: Ser.+ Admin.	\$ 7,262,503				

## PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$23,500
b. Case Coord/supp	
c. Disaster Advocacy	\$0
d. Information & Assis	\$35,000
e. Outreach	\$0
f. Transportation	\$10,000
g. Options Counseling	\$0
<b>Access Total:</b>	<b>\$68,500</b>

(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$2,000
b. Home Care Assis	\$110,000
c. Home Injury Cntrl	\$15,000
d. Homemaking	\$171,283
e. Home Health Aide	\$0
f. Medication Mgt	
g. Personal Care	
h. Assistive Device&Tech	\$0
i. Respite Care	\$30,000
j. Friendly Reassure	\$0
<b>In Home Services Total:</b>	<b>\$328,283</b>

(AAA Regional In-Home Service)  
(AAA Regional In-Home Service)

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	
2. Kinship Support	\$14,000
3. Caregiver E,S,T - Kinship Amount Only	\$0
	\$0
<b>Kinship Services Total:</b>	<b>\$14,000</b>

(Other Title III-E Kinship Service)  
(Other Title III-E Kinship Service)

Title III-B Transfers reflected in SGA	Title III-B Award
Title III-B award w/o carryover in SGA	\$576,292
a. Amt. Transferred into Title III-B	\$0
b. Amt. Transferred out of Title III-B	\$0
<b>AoA Title III-B Award Total:</b>	<b>\$576,292</b>

(Use ONLY If SGA Reflects Transfers)

(Always Enter Positive Number)  
(Always Enter Positive Number)

**NOTE: AoA Title III Part B award for the current FY means total award from AoA without carryover or transfers.**



**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #1**

AAA: UPAAA - UPCAP Services, Inc.

FISCAL YEAR: FY 2020

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	28,842		330,373	4,000	5,000	60,000	0	428,215
Fringe Benefits	10,520		118,279					128,799
Travel	2,339		25,941					28,280
Training	130		1,420					1,550
Supplies	629		7,171					7,800
Occupancy	2,175		24,875					27,050
Communications	629		7,057					7,686
Equipment	210		2,390					2,600
Other:	1,526		17,706					19,232
Service Costs								0
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>47,000</b>	<b>0</b>	<b>535,212</b>	<b>4,000</b>	<b>5,000</b>	<b>60,000</b>	<b>0</b>	<b>651,212</b>

SERVICE AREA: UPAAA

(List by County/City if service area is not entire PSA) \_\_\_\_\_

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? \_\_\_\_\_

☒ Yes ☐ No

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES #1**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Volunteer Time			60,000			
Local Resources		5,000				
Totals		5,000	60,000	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #2**

AAA: UPAAA - UPCAP Services, Inc.

FISCAL YEAR: FY 2020

SERVICE: Information and Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs	70,000					8,000		78,000
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>70,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,000</b>	<b>0</b>	<b>78,000</b>

SERVICE AREA: UPAAA

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?

☒ Yes ☐ No

If yes, please describe:

Explanation for Other Expenses:

**SCHEDULE OF MATCH & OTHER RESOURCES #2**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Donated Services - Call Center			8,000			
Totals		0	8,000	0	0	

Difference

0

0

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OK

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OK



**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #3**

AAA: UPAAA - UPCAP Services, Inc.

FISCAL YEAR: FY 2020

SERVICE: Disease Prevention & Health Promotion

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	21,004					5,100		26,104
Fringe Benefits	8,932							8,932
Travel	5,350							5,350
Training	1,400							1,400
Supplies	2,500							2,500
Occupancy	2,300							2,300
Communications	310							310
Equipment								0
Other:	2,673							2,673
Service Costs								0
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>44,469</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,100</b>	<b>0</b>	<b>49,569</b>

SERVICE AREA: UPAAA

(List by County/City if service area is not entire PSA) \_\_\_\_\_

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? \_\_\_\_\_

☒ Yes ☐ No

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES #3**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Volunteer Time			5,100			
Totals		0	5,100	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #4**

AAA: UPAAA - UPCAP Services, Inc.

FISCAL YEAR: FY 2020

SERVICE: Ombudsman

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries		7,428	35,353			5,000		47,781
Fringe Benefits		733	3,489					4,222
Travel	7,009	1,623	7,723					16,355
Training		943	4,484					5,427
Supplies		552	2,628					3,180
Occupancy		669	3,189					3,858
Communications		133	634					767
Equipment								0
Other:		130	618					748
Service Costs		365	1,739					2,104
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>7,009</b>	<b>12,576</b>	<b>59,857</b>	<b>0</b>	<b>0</b>	<b>5,000</b>	<b>0</b>	<b>84,442</b>

SERVICE AREA: UPAAA

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?

☒ Yes ☐ No

If yes, please describe:

**SCHEDULE OF MATCH & OTHER RESOURCES #4**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Vounteer Time			5,000			
Totals		0	5,000	0	0	
Difference		0	0	0	0	
		OK	OK	OK		



**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #5**

AAA: UPAAA - UPCAP Services, Inc.

FISCAL YEAR: FY 2020

SERVICE: Elder Abuse

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries		5,656						5,656
Fringe Benefits		1,210						1,210
Travel		900						900
Training								0
Supplies		575						575
Occupancy		650						650
Communications		75						75
Equipment								0
Other:		100						100
Service Costs								0
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>0</b>	<b>9,166</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,166</b>

SERVICE AREA: UPAAA

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY 2014 AIP?

☒ Yes ☐ No

If yes, please describe:

**SCHEDULE OF MATCH & OTHER RESOURCES #5**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
	Totals	0	0	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #6**

AAA: UPAAA - UPCAP Services, Inc.

FISCAL YEAR: FY 2020

SERVICE: Creating Confident Care Givers

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	2,962					600		3,562
Fringe Benefits	563							563
Travel	450							450
Training	450							450
Supplies	300							300
Occupancy	275							275
Communications								0
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>5,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>600</b>	<b>0</b>	<b>5,600</b>

SERVICE AREA: UPAAA

(List by County/City if service area is not entire PSA) \_\_\_\_\_

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? \_\_\_\_\_

☒ Yes ☐ No

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES #6**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Volunteer Time			600			
Totals		0	600	0	0	
Difference		0	0	0	0	
		OK	OK	OK		



**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #7**

AAA: UPAAA - UPCAP Services, Inc.

FISCAL YEAR: FY 2020

SERVICE: Nutritionist

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	48,204							48,204
Fringe Benefits	24,846							24,846
Travel	2,000							2,000
Training								0
Supplies								0
Occupancy	3,800							3,800
Communications	150							150
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>79,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>79,000</b>

SERVICE AREA: UPAAA

(List by County/City if service area is not entire PSA) \_\_\_\_\_

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? \_\_\_\_\_

☒ Yes ☐ No

If yes, please describe: \_\_\_\_\_

**SCHEDULE OF MATCH & OTHER RESOURCES**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Totals		0	0	0	0	

Difference

OK

OK

OK

**FY 2020 Annual Implementation Plan  
Direct Service Budget Detail #8**

AAA: UPAAA - UPCA Services, Inc.

FISCAL YEAR: FY 2020

SERVICE: Program Development

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	65,404					13,000		78,404
Fringe Benefits	25,486							25,486
Travel	3,000							3,000
Training	1,100							1,100
Supplies	1,500							1,500
Occupancy	5,100							5,100
Communications	1,200							1,200
Equipment	310							310
Other:	2,100							2,100
Service Costs	9,800							9,800
Purchased Services (CM only)								0
								0
<b>Totals</b>	<b>115,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13,000</b>	<b>0</b>	<b>128,000</b>

SERVICE AREA: UPAAA

(List by County/City if service area is not entire PSA)

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP?

☒ Yes ☐ No

If yes, please describe:

**SCHEDULE OF MATCH & OTHER RESOURCES**

**FY 2020**

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Volunteer Time			13,000			
Totals		0	13,000	0	0	

Difference

0

0

0

OK

OK

OK



# AREA AGENCY ON AGING--OPERATING BUDGET

PSA: XI  
Agency: UPAAA

Budget Period: 10/01/19

to: 09/30/20

Date of Budget:

06/17/19

Rev. No.:

Page 1 of 2

Operations		Program Services/Activities															MI Choice Program	
Admin	Program Develop	Cong. Meals	Home Del. Meals	USDA Meals	SCSEP Title V	State Access	Care Mgmt	IIIB Services	IIID Services	IIIE Services	Ombuds-man	Elder Abuse	St. Aging Network	St In Hm, Alt Care, Resp	C/G Spt Merit	TOTAL		
	224,872	115,000	751,427	381,647	481,979	66,975			454,283	44,469	270,017	12,576	9,166				2,812,411	-
	38,839		13,533	676,402			40,395	431,825				59,857		62,992	986,256	208,559	2,518,658	-
			35,000	45,000				5,000	20,700		5,000						110,700	-
	50,000	13,000	60,000	80,000		7,500	4,600	43,000	38,500	5,100	26,000	7,500		7,200	110,000	2,600	455,000	-
																	-	-
											5,000						5,000	10,041,000
	313,711	128,000	859,960	1,183,049	481,979	74,475	44,995	479,825	513,483	49,569	301,017	84,933	9,166	70,192	1,096,256	211,159	5,901,769	10,041,000

		711,960	1,032,049	481,979	60,871			373,793		241,538					986,256	189,109	4,077,555	
								50,000									50,000	8,088,201
156,323	65,404	32,136	16,068	-	4,804	23,297	270,756	13,540	21,004	15,953	39,592	5,656	36,320	-	12,573	713,426	1,292,597	
45,573	20,051	14,003	7,032		924	8,492	70,629	4,953	8,932	5,830	7,041	761	13,252		4,544	212,017	313,091	
13,395	5,435	2,541	1,270		376	1,941	20,938	1,130	1,773	1,365	3,614	449	3,027		1,033	58,287	87,036	
1,000						778	8,023	453	900	453	2,000		1,213			14,820	-	
4,200						324	3,293	189		189			506			8,701	-	
						22	220	12		13			34			301	-	
11,000	5,100	2,500	1,300			1,870	20,089		2,300	1,362	4,125	650	2,916		800	54,012	74,400	
2,500						145	1,459	84		84	250		280			4,802	4,600	
700	310					180	1,929	105		105			281			3,610	10,500	
																-	-	
8,000	1,500					540	5,788	314	2,500	618	3,400	500	843		50	24,053	21,000	
4,500	2,100					101	1,024	59		59			157			8,000	10,000	
800						108	1,098	63	130	63	320	75	169			2,826	3,050	
3,600	1,200	120	30			432	4,576	252	180	252	500	75	674			11,891	16,350	
7,500	3,000	1,700	300			2,010	20,796	8,179	5,350	1,620	9,991	900	3,135		100	64,581	71,800	
2,420	1,100					112	1,134	65	1,400	513	5,800		174			12,718	48,000	
2,000	9,800							1,088								12,888	375	
200						43	73	4			800	100	11		350	1,581	-	
50,000	13,000	95,000	125,000		7,500	4,600	48,000	59,200	5,100	31,000	7,500		7,200	110,000	2,600	565,700	-	
																-	-	
313,711	128,000	859,960	1,183,049	481,979	74,475	44,995	479,825	513,483	49,569	301,017	84,933	9,166	70,192	1,096,256	211,159	5,901,769	10,041,000	



PSA: XI  
 Agency: UPAAA

**AREA AGENCY ON AGING--WAGES AND SALARIES**  
 Budget Period: 10/01/19 to: 09/30/20

Date of Budget 06/17/19  
 Rev. No.: \_\_\_\_\_

Page 2 of 2

Page 2 of 2

Rev. No.:

		Page 1 of 2																		
		Operations		Program Services/Activities																
JOB CLASSIFICATION	FTEs	Admin	Program Develop	Cong. Meals	Home Del. Meals	USDA Meals	SCSEP Title V	State Access	Care Mgmt & Indirect	IIIB Services	IIID Services	IIIE Services	Ombudsman	Elder Abuse	St. Aging Network	St In Hm, A Care, Resp	C/G Spt Merit	TOTAL	MI Choice Program	
AAA Executive Director	0.43	25,936	25,936						3,890									55,762	51,382	
Program Developer	0.80		39,468															39,468	69,631	
Director of Finance	0.39	28,264							22,826								5,653	56,743	30,125	
Deputy Dir of Finance	0.39	18,233							1,823								3,647	23,703	17,744	
Payroll/Systems Mgr	0.39	16,365							1,636								3,273	21,274	17,442	
Nutritionist	0.72			32,136	16,068													48,204	6,981	
QA Specialists	0.25	13,417																13,417	24,156	
Clerical Staff	1.17	21,169							2,629									23,798	16,944	
Contract Specialist	0.05	2,785																2,785	-	
Ombudsman	0.70												39,592					39,592	-	
Elder Abuse Coord	0.10													5,656				5,656	-	
MIS Support Staff	0.53	23,459							1,522									24,981	20,100	
Title V Coord.	0.10						4,804											4,804	-	
CCC,PATH,MOB, Coord.	0.44										21,004	2,413						23,417	-	
LTC/CM Director(s)	0.28	6,695						931	9,458	542		542			1,453			19,621	68,854	
LTC/CM Assistants	0.41							1,103	11,190	641		641			1,719			15,294	35,366	
LTC/CM Admin Assist.	0.72							1,777	18,036	1,033		1,033			2,771			24,650	78,057	
Support Coordinators	5.58							19,486	197,746	11,324		11,324			30,377			270,257	855,815	
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# U.P. Area Agency on Aging

## Organizational Chart

