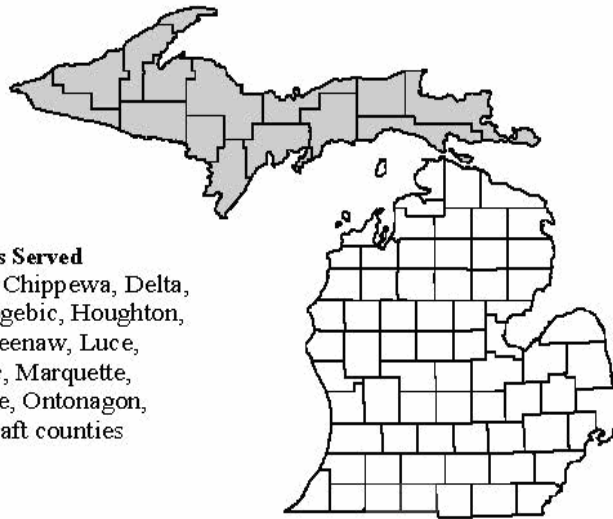


# **2016 ANNUAL IMPLEMENTATION PLAN**

## **U.P. AREA AGENCY ON AGING, UPCAP SERVICES, INC. 11**



### **Areas Served**

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

**U.P. Area Agency on Aging  
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Field Representative Dan Doezema, 231-929-2531  
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# ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

Michigan Aging and Adult Services Agency

2014-2016

U.P. Area Agency on Aging

FY 2016

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## County/Local Unit of Govt. Review

### AAA Response:

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 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 2016 AIP will be presented to UPCAP's Board of Directors at their meeting on June 26, 2015, requesting a formal resolution of approval. The plan will then be sent via certified mail to the chairperson of each of the 15 County Board of Commissioners within the region by July 6, 2015 requesting approval of the plan as written by July 31, 2015.



## Plan Highlights

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

The Older Americans Act of 1965 requires states to be divided into planning and service areas (PSAs) and that Area Agencies on Aging be designated within each PSA. In 1974 UPCAP was designated as the Upper Peninsula Area Agency on Aging and serves all fifteen counties of the U.P. It's mission is to serve as a leader relative to aging issues on behalf of older persons in the 15 counties we serve. The UPAAA carries out a wide range of functions and systems that are designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities for as long as possible.

Services funded through the UPAAA are available to all senior citizens age 60 or older within the Region. Substantial emphasis is given to serving eligible persons with the greatest social and/or economic need, with particular attention given to low-income, minority individuals. Priority is also given to serving elderly persons who are frail, isolated, homebound, and 75 years of age or older, and who are at greater risk of losing their abilities to live independent lives in the community. The AAA ensures the provision of quality services through selection, funding, contracting, and monitoring local service providers.

**2. 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. Based upon the results of non-scientific surveys, client needs assessments and care plan census data, and current service utilization trends an Area Plan of Services to the Elderly is developed.

The Area Plan provides for development of a comprehensive, coordinated service delivery system, outlines fundable services for the elderly, and summarizes activities of the AAA. The five programs serving the most participants are 1) congregate meals, 2) home-delivered meals, 3) homemaker, 4) home care assistance, and 5) respite.

Conversely, the programs utilizing the most funding are as follows, in order of expenditures: 1) home-delivered meals, 2) congregate meals, 3) respite, 4) homemaker, and 5) home care assistance.

Additional services to be provided by the UPAAA and its partners in 2016 include:

- Information & Assistance
- Care Management
- Chore Service
- Home Injury Control
- Private Duty Nursing
- Adult Day Services
- Transportation
- Disease Prevention/Health Promotion
- Legal Assistance
- Long-term Care Ombudsman



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- Programs for Prevention of Elder Abuse, Neglect & Exploitation
- Kinship Support Services
- Caregiver Education, Support, and Training
- Creating Confident Caregivers

### 3. 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.

The first Program Development Objective is designed to ensure that older adults get the information they need to make healthy life choices, thus improving their quality of life. Through the combined efforts of the AAA and key partners, Creating Confident Caregivers (CCC), PATH, Matter of Balance, and Walk with Ease workshops continue to be offered throughout the region. Additionally, the new Care Transitions Initiative has been implemented to help improve the overall quality for individuals who are hospitalized and reduce re-admissions for high-risk Medicare beneficiaries.

The region's MMAP counselors will also continue to provide outreach and training to beneficiaries about important preventive benefits and screenings available to them via the Medicare program to promote better health and wellness to Medicare beneficiaries.

The second Program Development Objective is to ensure that older adults have a choice in where they live through increased access to information and services. The AAA will continue to be the focal point for long-term care services to all consumers in the region who want them. Working in partnership with the Superior Alliance for Independent Living (SAIL) and other key partners, the AAA has been designated as a fully-functioning regional Aging & Disability Resource Collaborative (ADRC). The AAA has expanded the role of the supports coordinator to fulfill the role of ADRC counselors, and has also included within its boards representatives from important stakeholders to ensure input and recommendations are received from all people requesting services from the AAA.

Additionally, the UPAAA is participating in T-Care, and currently has 5 trained T-Care managers providing targeted services to caregivers via this program. The Veterans Administration Self Determination/Home & Community-Based Care project identifies veterans needing long-term care, providing care management and a combination of services from the waiver program. All of these projects are founded in the principles of person-centeredness and self-directed care.

The Plan's third Program Development Objective supports increased awareness of elder abuse, neglect, and exploitation within the region. The AAA continues to offer elder abuse education to any entity interested, and has worked to update and improve its training and education programs to meet the changing trends. The UPAAA is also partnering with local TRIADs and AARP to help bring awareness of elder abuse issues to the region.

Programs are consistently being researched and developed by the UPAAA to meet the needs of those who are served. These endeavors will continue so that anyone within the region will have the information, services, and support they need to lead a better quality of life in the setting of their choice.



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

UPCAP has positioned itself to play a significant role in Michigan’s Dual Eligible Medicaid/Medicare Integrated Care (IC) initiative. As such, UPCAP will continue to engage and build on its relationships with key IC stakeholders including the U.P. Health Plan, Northcare (the PIHP), service provider networks, the ADRC of the U.P., the Department of Human Services, the Medicare/Medicaid Assistance Program (MMAAP), Superior Alliance for Independent Living (SAIL) and local elected officials, playing a major role in the Integrated Care Demonstration Initiative proposal for the region in 2016.

The AAA is also partnering with the Office of Services to the Aging and AAA Regions 9 & 10 to pilot increased utilization of evidence-based programs by MI Choice participants. Giving MI Choice participants the resources and encouragement they need to attend evidence-based wellness programs will help them to better manage their own health and will also help them meet the goal of remaining in their own homes and communities for as long as possible. Additionally it will help sustain and even grow these very important and popular programs within the P

The UPAAA has recently partnered with AARP Michigan to help bring awareness of elder abuse and caregiving issues to the region, and to support passage of the Michigan Caregiver Advise, Record, Enable (CARE) Act that would support and equip family caregivers with the basic information and training they need when their loved one goes into the hospital and as they transition home.

The UPAAA is a regional focal point for aging services and programs for persons with disabilities. Its mission is to serve as a leader relative to all aging issues on behalf of older persons within the PSA. With the assistance of key partners such as local Community Action Agencies, Commissions on Aging, and others, the AAA carries out a wide range of functions and is designed to develop comprehensive and coordinated systems that will assist older persons in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible. The AAA will continue to strengthen and support these relationships, while identifying new and creative programs and funding sources to carry out innovative programs of interest to the people we serve.

**5. 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.**

Specific management initiatives the AAA plans to continue are to increase the effectiveness and efficiency of services provided to older adults throughout the region by promoting open dialogue among its partners through quality assurance process, and through regularly scheduled meetings, collaboratives, and advisory groups. Additionally, a concerted effort is being made to help nutrition partners better manage the rising costs of providing both congregate and home-delivered meals in a vastly rural area.

The UPAAA is also working to achieve CARF Accreditation in Case Management/Home & Community Services in order to promote the quality, value and optimal outcome of services being delivered to older adults in the region.

**6. A description of how the area agency’s strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the AIP.**

The AAA’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.



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in creative ways. These MOUs promote the utilization of volunteers to provide EBDP programs, MMAP 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, 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. Almost one-half of the calls received by the Call Center are request for information or assistance related to long-term care, care giving, and housing issues. Other programs supporting the UPAAA's mission include congregate housing development/management; the Community Corrections Program, which annually provides over 60,000 hours of community services at senior centers and residences; and the Mediation Program, which resolves disputes and disagreements between parties (i.e. landlord-tenant, medical billing, caregiver issues, etc).



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## Public Hearings

Date	Location	Time	Is Barrier Free	No of Attendees
06/16/2015	Escanaba UPCAP Conference	01:00 PM	Yes	20

### Narrative:

The public hearing was held on June 16th to solicit concerns, issues and ideas from the community. Notice of the public hearing was made via the agency website, local newspapers, notices to senior centers and provider agencies, and at board and advisory meetings at least thirty (30) days in advance of the scheduled hearing. Persons were given the opportunity to request a Summary Draft of the 2016 AIP, which was made available prior to the hearing, and to provide written testimony and comments if unable to attend the hearings in person. Persons notified of the public hearings included elected officials, service providers, older persons and the general public.

At the public hearing the Summary Draft Plan was presented by the AAA Planner, highlighting the process for development of the plan, service priorities, program development and advocacy objectives, and work plans for service directly provided by the Area Agency on Aging. Given the number of individuals present, comments, concerns, and the exchange of ideas was conducted in an informal fashion providing the opportunity for a free-flowing discourse.

Two issues were brought forth at the hearing. One attendee speaking on behalf of partners who provide OAA services to seniors commented that the unit rates allowed for in-home service workers are not adequate to attract quality/experienced employees. The rates are not keeping up with other industries; places like Wal-Mart and McDonalds pay more and offer benefits, and it's very hard to compete when you cannot provide comparable wages. This has resulted in a shortage of workers, especially in rural areas. Many times there are waiting lists because there are just not enough workers to meet the demand.

Another attendee was concerned about caregiver issues and reiterated that well-paid experienced workers are necessary to provide services that support caregivers. Caring for folks who have Alzheimer's or other dementia takes special skill and so often agencies do not have the funding to 1) pay a competitive wage, and 2) provide adequate training in order to meet the needs caregivers and their care recipients have.

AAA staff did acknowledge that these workforce issues were major barriers across the board with all in-home services. There needs to be a major shift in terms of policies and funding for in-home services as the need is only going to grow as time progresses. This issue will be added to the AAA's advocacy strategy for this and subsequent area plans until the issue is adequately addressed.

No other comments, written or otherwise, were received by the UPAAA.





## Scope of Services

**1. Describe changes from the approved FY 2014-2016 MYP, if any, to the AAAs priorities for addressing identified unmet needs within the PSA for FY 2016.**

We have no particular changes to our priorities for addressing unmet needs in the region. With the help of our partners, the UPAAA continues to search out new and innovative ways to address the needs of older adults within the region.

**2. When a customer desires services not funded under the AIP/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 consumer anywhere in the region, a referral to 2-1-1 is made to assist the person in finding alternative resources. The 2-1-1 Call Specialists work with the caller to first identify their particular need(s), and then secondly to locate the resources that will help meet those needs in the best way possible. The Call Specialist will follow up with the consumer to ensure that they were connected appropriately to the resource and are receiving the help that they chose. A referral to the Care Management program will be made if the person desires the assistance of a Care Manager to provide further assistance with this process. All Care Managers and 2-1-1 Call Specialists have received training in Person-Centered Planning and follow these principles when assisting any consumer.



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## 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> </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> </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> <li>• Creating Confident Caregivers *</li> <li>• Caregiver Supplemental Services *</li> <li>• Kinship Support Services *</li> <li>• Caregiver Education, Support and Training</li> </ul>
<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>• Home Delivered Meals *</li> <li>• Assistive Devices &amp; Technologies *</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



## Planned Service Array Narrative

The primary methodology for determining the specific needs of older adults in the region is through the provision of assessments, care-planning, and previous client-specific data collected and maintained in one of the two databases used by the UPAAA. These two databases are 1) NAPIS (National Aging Program Information System) and, 2) MICIS (MI Choice information System). These databases provide specific information related to service demand and utilization patterns. In addition to the information obtained from these two data systems, the UPAAA obtains feedback by conducting a comprehensive Needs Survey at least once during the multi-year plan cycle. The surveys ask respondents to rank existing services in order of their top five priorities, and also to rank their top five perceived needs and concerns from a list of over 20 aging-related topics. The survey format also allowed respondents to add their own comments and concerns if those were not pre-listed on the form. Other sources utilized for identifying needs within the service area included public hearings as part of the AIP process, census data, formal and informal input from area service providers, input from the AAA Advisory Council and the UPCAP Board of Directors, and from UPAAA staff. Quarterly program status reports submitted by the UPAAA subcontractors were also utilized in determining service need, gaps in existing service capacity, and service availability. Michigan's Upper Peninsula (UP) is comprised of 16,452 square miles, about one-third of the State's land area. Yet the UP's population comprises only about 3% of the State's total population. The UP is sparsely populated 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 the 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 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 recent budget cuts, increased fuel costs, the mandatory increase in the minimum wage, and 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. Some 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. Therefore, they have chosen to provide a service (or not) for their area. These are the main reasons that a particular service may or may not be available throughout the PSA.



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**Targeting**

**1. Describe changes for FY 2016, if any, to the area agency's targeting strategy for the MYP cycle, including planned outreach efforts with underserved populations. If none, mark NA in the provided dialog box.**

N/A

**2. If there are changes to the area agency's targeting strategy, indicate in the second dialog box how specific goals or targets will be addressed in FY 2016**



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## Regional Service Definitions

Service Category	Fund Source	Unit of Service
<input type="checkbox"/> Access <input type="checkbox"/> In-Home <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Title III PartB <input checked="" 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 _____	One annual health screening per person

**Service Name/Definition**

HEALTH SCREENING-Contract

**Minimum Standards**

Previously approved; this regional service definition will be discontinued in FY 2016.

**Rationale (explain why activities cannot be funded under an existing service definition)**

N/A

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 _____	Each hour that PDN service is provided.

**Service Name/Definition**

PRIVATE DUTY NURSING - Contract

**Minimum Standards**

Previously approved.

**Rationale (explain why activities cannot be funded under an existing service definition)**

N/A



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## Access Services

### Care Management

<u>Starting Date</u>	10/01/2015	<u>Ending Date</u>	09/30/2016
Total of Federal Dollars	\$36,000.00	Total of State Dollars	\$473,459.00

Geographic area to be served

All 15 counties of the U.P.

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

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 caregiver case management using the T-CARE model, and the Veterans Self-Directed Home and Community-Based Program in partnership with the Veteran's Administration Medical Center in Iron Mountain, MI. The information below for the current year is accurate through 5/1/15.

#1. The UPAAA will utilize Older Michiganian Act resources to provide comprehensive, person-centered Care Management services to individuals who screen eligible for LTSS via a standardized screening process. The UPAAA will conduct approximately 240 screenings of individuals requesting Long Term Care Supports & Services (LTSS), and conduct initial assessments for an estimated 200 individuals screening eligible for LTSS. The UPAAA will open active case activities for an estimated 179 individuals who meet the NFLOC criteria for LTSS, initiating 179 person-centered support and service plans

#2. The UPAAA will utilize OAA and OMA resources to provide comprehensive, person-centered case management services to caregivers of older adults with Alzheimer's disease or other forms of dementia or who are otherwise burning out from the demands of providing informal supports to those older adults needing extensive LTSS. The UPAAA will also offer and conduct T-CARE screening to all caregivers who access the UP 2-1-1 Call Center in search of supports but for whom their loved ones do not pass the MI Choice Screen. Each UPAAA T-CARE trained Manager will meet with a minimum of two caregivers of older adults to assess the caregiver's needs utilizing the T-CARE process. Each UPAAA T-CARE trained Manager will open a minimum of one new T-CARE case and develop a person-centered caregiver support plan.

#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 67 veterans and anticipates receiving 40 referrals annually.

Number of client pre-screenings:	Current Year:	160	Planned Next Year:	240
Number of initial client assessments:	Current Year:	137	Planned Next Year:	206
Number of initial client care plans:	Current Year:	119	Planned Next Year:	179
Total number of clients (carry over plus new):	Current Year:	159	Planned Next Year:	240



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

Current Year: 1:30

Planned Next Year: 1:30

### Information and Assistance

Starting Date 10/01/2015

Ending Date 09/30/2016

Total of Federal Dollars \$70,000.00

Total of State Dollars \$0.00

Geographic area to be served

All 15 counties of the U.P.

### 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 caregivers, family members, and older adults, including individuals living in rural and isolated areas.

Activities:

#1. - Continue to update the region's comprehensive aging service data base using AIRS Taxonomy and the "Refer" software system used for 2-1-1 to ensure the system is accurate and current.

#2. 2-1-1 staff will continue to coordinate with Emergency Management Coordinators for all 15 Counties via the U.P. 911 Authority in regards to 2-1-1's role in the event of a national or regional disaster. Memorandums of Understand have been developed between the 2-1-1 program and the region's emergency management systems which detail the AAA's regional role in the coordination of necessary services in the event of a national or regional disaster.

#3. - Continue to conduct a public relations campaign across the region to inform the public of the 2-1-1 Information & Assistance program, 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.

#4. - Assist in conducting the region's annual Age Well, Live Well Conference for older adults so that they may learn about services, resources, classes, and issues that will help them live healthier and more productive lives throughout their life span.



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## Direct Service Request

### Disease Prevention/Health Promotion

Total of Federal Dollars     \$20,096.00                      Total of State Dollars     \$0.00

Geographic Area Served     All 15 counties within the PSA

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

The availability of evidence-based educational programs such as PATH (personal Action Towards Health), Walk with Ease, and Matter of Balance that are designed to promote healthy and active lifestyles will be expanded to allow more older adults to participate throughout the region, to improve their health and quality of life.

Activities:

PATH: 13 PATH workshops will be offered throughout the region, with the goal of 120 people successfully completing the program.

Chronic Pain Self-Management: 4 workshops will be offered, with at least 40 people completing the program. A Leader training will also be scheduled, with the goal of training at least 12 additional people as leaders to help expand the program within the region.

Diabetes PATH: As part of the Michigan Health Endowment Fund (MHEF) grant provided by the Area Agency on Aging Association of Michigan, the Diabetes PATH program will expand within the PSA; the AAA will offer 18 workshops, with 150 people completing the program. The AAA also plans to obtain another Master Trainer who can help train group leaders, assist with conducting workshops, and monitor program fidelity. In addition, the AAA plans to train 12 new group leaders in areas of the region that are currently underserved.

The UPAAA also plans to offer Diabetes PATH as part of its accredited Diabetes program to Medicare beneficiaries, seeking reimbursement from CMS for both group education and individual counseling. The plan is to offer at least 2 of these group programs in FY 2016, with at least 15 people completing the program.

Matter of Balance: Also as part of the MHEF, the UPAAA is able to better expand the Matter of Balance program throughout the region. With the help of area partners, it is anticipated that 10-12 new Matter of Balance coaches will be trained and 15 classes will be offered throughout the region, with at least 120 people completing the program. The agency will continue to provide technical support and assistance to ensure program fidelity and success.

Arthritis Foundation's Walk with Ease: Utilizing 5 new leaders from area partners, the UPAAA will sponsor 8 Walk with Ease workshops within three counties of the region in FY2016, with at least 65 participants completing the program. Additionally, the AAA is planning on training an additional 4 leaders in three other counties within the PSA so that the program can be expanded to reach more participants. The UPAAA will





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continue to provide technical support and assistance to ensure program fidelity and success throughout the expansion of this program.

**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 services 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**

(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.

**Provide a detailed justification for the 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 completed in May 2015. 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 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 the UPAAA has utilized it's own resources to obtain Master Trainers 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     \$9,584.00

Total of State Dollars     \$42,546.00

Geographic Area Served     All 15 counties of the PSA

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



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GOAL: To provide assistance and advocacy to residents of licensed long-term care facilities; to resolve complaints through problems identification and definition, education, and information on appropriate rules and residents rights, and making referrals to appropriate community resources.

### 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 at the annual U.P. Senior Convention, and in consultation with local agencies.
2. 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 would / pressure sore care. This and other topics that will help to ensure quality will be highlighted during the Best Practices Conference scheduled for October 6, 2015.
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 participate in regularly scheduled collaboration conference calls with the Waiver Director, local CIL and Transition Coordinators.
5. The Ombudsman will continue to participate in regularly scheduled Quality Assurance Collaborative meetings to provide input on LTC issues related to residents' rights and issues facing participants in long-term care programs/facilities.
6. 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.
7. The Ombudsman program will work with state regulations to offer continuing education credits through the Best Practices Conference for Social Work, Nursing, Administrator & Activity Director CEUs.
8. The Ombudsman Program Manager will continue to participate in regularly scheduled Advisory meetings at Tendercare, Munising, MI.
9. The Ombudsman Program Manager will continue to participate in quarterly scheduled Ombudsman 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.



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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 services 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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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 completed in May 2015. No other provider agency is willing or available to offer LTC Ombudsman services throughout the region. The UPAAA has demonstrated its 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.

**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     \$9,494.00                      Total of State Dollars     \$0.00

Geographic Area Served     All 15 counties of the PSA

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

It is the goal of the UPAAA to increase community awareness and understanding of elder abuse, neglect, and exploitation across all 15 counties of the region, thus preventing 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



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people in long-term care facilities within the region.

3. Train volunteers via the region's TRIADs to provide community presentations utilizing an 'adult learners' approach.

4. Partner with AARP Michigan to promote and educate caregivers and the public about elder abuse and exploitation prevention.

5. The UPAAA's direct service providers will be expected to complete a mandatory, annual CMS Waste, Fraud & Abuse training for all staff; newly hired staff must complete within 90 days of hire.

6. 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 newsletter articles, SMP Bingo and SMP playing cards.

**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 services provision request (more than one may be selected).**

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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 completed in May 2015. 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. AAA staff are experienced in providing this type of training to the 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.



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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     \$20,000.00                      Total of State Dollars     \$0.00

Geographic Area Served     All 15 counties within the PSA

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

The goal for FY 2016 is to sustain and potentially expand Creating Confident Caregivers classes, targeting underserved areas.

Activities:

1. Recruit and train an additional 2-4 leaders to ensure our ability to reach our projected goals, especially in the underserved areas of the region.
2. Hold at least 10 workshops throughout the PSA, with the goal of 80 caregivers completing the class.
3. Continue to partner with agencies providing in-home services, medical clinics, and adult day care centers to help promote the program and identify family caregivers who could benefit from these classes.

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Due to the lack of funding for this program, as well as it’s 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 4 certified Master Trainers and 2 Leaders; four of these are AAA staff. 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



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and thus reducing program cost. The AAA 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).**

During the public hearing held on June 16th, one attendee was concerned about caregiver issues and reiterated that well-paid experienced workers are necessary to provide services that support caregivers. Caring for folks who have Alzheimer's or other dementia takes special skill and so often agencies do not have the funding to 1) pay a competitive wage, and 2) provide adequate training in order to meet the needs caregivers and their care recipients have.

AAA staff did acknowledge that these workforce issues were major barriers across the board with all in-home services. There needs to be a major shift in terms of policies and funding for in-home services as the need is only going to grow as time progresses. This issue will be added to the AAA's advocacy strategy for this and subsequent area plans until the issue is adequately addressed.



## Program Development Objectives

### Area Agency on Aging Goal

A. Goal 1: Work to improve the health and nutrition of older adults.

**State Goal Match: 1, 7**

#### NARRATIVE

Proper nutrition, health promotion, and disease prevention 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 costly nursing home placement. Programs such as care management, PATH, Creating Confident Caregivers and many others the UPAAA provides with it's region's partners ensures that those who participate will get th information, care, and resources they need to live dignified, healthier lives in their own homes and communiti for as long as possible.

#### OBJECTIVES

1. Increase the number of MI Choice participants in evidence-based wellness programs.

**Timeline: 10/01/2015 to 09/30/2016**

#### Activities

1. UPCAP will partner with AAA Regions 9 and 10 and the AASA to pilot increased utilization of evidenc-based programs by MI Choice participants.

2. Care Managers/Supports Coordinators will provide information on evidence-based programs to participants and caregivers and encourage participation based on the identified needs of the participant and/or caregiver.

3. Care Managers/Supports Coordinators will assure access to evidence-based programming, utilizing MI Choice resources to provide transportation, aide assistance, and to pay the cost of the participant's attendance at the program(s).

#### Expected Outcome

Increase the capacity for evidence-based wellness programs' sustainability, utilizing non-grant resources.

2. Continue utilization of an evidence-based Care Transitions program to improve transitions from hospitals home or another setting of the participant's choice.

**Timeline: 10/01/2015 to 09/30/2016**

#### Activities

1. All AAA Care Managers have been or will be trained in the essentials of care transitioning, utilizing one of the evidence-based models initially funded through the Affordable Care Act.

2. UPCAP will continue to work with the Upper Peninsula Health Plan and local community hospitals to implement it's formal care transition process.

3. Transition Coordinators will work with participants to assure that the primary care physician is aware o



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the discharge plan and that pharmacy orders are consistent with the treatment plan, and followed as intended.

### Expected Outcome

UPCAP will work with the Upper Peninsula Health Plan and area hospitals to assist at least 20 participants via Transition Coordinators which will help improve the process for transitions from hospital to home or other setting, and to reduce the amount of readmissions for high-risk Medicare beneficiaries.

3. Partner with the region's nutrition providers to provide a more streamlined and cost-effective system for the provision of congregate and home-delivered meals in accordance with AASA minimum standards, and work to encourage new seniors to participate in the congregate meal program.

**Timeline: 10/01/2015 to 09/30/2016**

### Activities

1. The UPAAA will provide technical assistance and oversight to all nutrition providers awarded a contract to provide meals to seniors in their service area, with special emphasis on assisting agencies to pursue innovative strategies that encourage younger participants to attend the congregate meal program in their communities. This will include the promotion and sponsorship of an annual Nutrition Providers' Best Practices Conference to discuss and promote these strategies.

2. All nutrition providers will participate in a nutrient analysis program, taking measures to increase efficiency and cost-effectiveness without sacrificing quality.

3. The UPAAA will continue to encourage and promote the use of Project Fresh to help provide high-quality nutrition opportunities and help sustain local farm/produce production.

### Expected Outcome

Nutritious, cost-effective meals will be provided to all older adults needing home-delivered meals or wanting to participate in congregate meal programs throughout the PSA. Additionally, the region will move toward a more consumer-friendly environment for younger seniors and meet their needs for socialization and nutrition.

4. The availability of evidence-based educational programs such as PATH, Healthy Eating, Walk with Ease, and Matter of Balance that are designed to promote healthy and active lifestyles will become more readily available to older adults throughout the region.

**Timeline: 10/01/2015 to 09/30/2016**

### Activities

1. Publish and disseminate promotional materials on all EBDP programs, utilizing local media and other available cost-effective venues.

2. Target outreach efforts to senior housing residents, long-term care residents, and health professionals who work with older adults.

3. Utilize the 2-1-1 Call Center as the gateway to gaining access to information about the EBDP program





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available in the region, including times, locations, and the ability to register for local classes within one phone call.

4. Sponsor training of leaders and coaches, focusing on the utilization of volunteers and partner agency staff willing and able to promote and conduct EBDP programs.

5. With the help of partners and local lay leaders, arrange to provide additional classes in those areas where there is a need or interest in the program.

### Expected Outcome

Up to 12 new lay leaders in the various PATH programs, 10 Matter of Balance coaches, and 4 Walk with Ease coaches will be trained to help expand these programs within the region. At least 24 various PATH classes (including those specific to chronic pain and diabetes), 15 Matter of Balance classes, 2 Healthy Eating classes and 4 Walk with Ease classes will be held within the PSA, focusing on areas of the region previously underserved. Older Adults who complete these programs will be better able to manage their own health and thus have a better quality of life.

- B. Ensure that older adults have a choice in where they live through increased access to information and services  
**State Goal Match: 2, 6**

### NARRATIVE

It is the objective of the UPAAA to ensure that all people within the region have the ability to choose their place of residence throughout their lifespan. 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. 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. Programs such as Care Management, Nursing Home Transitions, Communities for a Lifetime, MMAP, and all 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 in community-based residential facilities the option to age in place.

**Timeline: 10/01/2015 to 09/30/2016**

#### Activities

- 1. 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.
- 2. UPAAA staff will research and seek out community and assisted living providers, building positive relationships with those that promote and deliver excellence in care for the purpose of contracting for direct services through the Residential Services option of the waiver program.
- 3. The agency will partner with the developers who are participating in the Affordable Assisted Living Project, joint effort between the Department of Community Health and MSHDA, to provide waiver services to people facing skilled care needs in certain assisted living facilities built for this purpose, rather than



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moving them to a skilled nursing facility.

4. The AAA will assure that all Residential Services settings meet or have a realistic plan in place to meet the federal home and community-based setting requirements. This will include on-site monitoring to verify compliance.

5. The AAA 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

More consumers in the region will be given the opportunity to age in place within in a community-based setting of their choosing, rather than being forced to enter more costly nursing home placement.

2. Enhance and improve information and assistance programs to support consumer-directed long term care and residential options.

**Timeline: 10/01/2015 to 09/30/2016**

### Activities

1. 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 AAA can remain the long term care connection for individuals of any age and/or disabilities within the region.

2. The UPAAA's 2-1-1 database will be maintained and updated to reflect all in-home and community services and residential options. 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. Additionally, call specialists have been trained to conduct screenings for individuals who may benefit from participation in T-CARE and to make referrals to the specially-trained T-CARE care managers.

### Expected Outcome

All consumers in the region will be provided with complete and unbiased information on long term care and community-based options and services, as well as information and assistance with caregiving issues, so that they can make informed, self-directed decisions concerning their individual needs.

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

**Timeline: 10/01/2015 to 09/30/2016**

### Activities

1. Work with county commissioners to identify local housing needs and issues through monthly 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



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updated information on the needs of older adults, those with disabilities, and those facing chronic health conditions.

4. The UPAAA will assist communities in obtaining "Community for a Lifetime" status as requested. The program provides communities and their local government the opportunity to receive state recognition by completing an aging friendly community assessment and then implementing improvements needed as a result of the assessment. By doing so, communities will be in a better position to promote their city, as well as understand their weaknesses so they can be in a better position to obtain grant funding and work on improvements. The UPAAA has recently started working with the Escanaba Senior Task Force to begin this process. A Senior Advisory Board will be developed and steps will be taken to make sustainable changes on improvements where recommendations have been made.

5. 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.

### Expected Outcome

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

- 4. Provide consumers with options and assistance in obtaining self-directed community-based care when they are facing nursing home placement.

**Timeline: 10/01/2015 to 09/30/2016**

### Activities

1. 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.

2. The AAA will continue to work under contract with the local VMAC 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.

3. Continue the AAA's 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.

### Expected Outcome

Veterans and consumers both eligible and non-financially eligible for traditional waiver services will be assisted in accessing services that will allow them the ability to self-direct their own care in a more cost-effective and agreeable manner.

- C. Protect older adults from abuse and exploitation.

**State Goal Match: 3, 8**



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### 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. Assure visibility and access of the Long Term Care Ombudsman.

**Timeline: 10/01/2015 to 09/30/2016**

#### 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. 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.

3. The Ombudsman Program Manager will continue to train competent volunteer Ombudsman throughout the region, so that at least one volunteer Ombudsman is retained and available in each county, and to enhance the visibility, availability, and effectiveness of local services.

4. The Ombudsman will continue to participate in regularly scheduled Quality Assurance Collaborative meetings to provide input on LTC issues related to residents' rights and issues facing participants in long-term care programs/facilities.

#### 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.

2. Increase community awareness and understanding of elder abuse, neglect, and financial exploitation across the region.

**Timeline: 10/01/2015 to 09/30/2016**

#### Activities

1. 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. Collaborate with local TRIADs and financial institutions to educate the public via community seminars senior scams and financial exploitation, and how to report suspected scams/cases to local authorities.

3. Work with the Ombudsman program to train the Region's Ombudsman volunteers on how to conduct elder abuse presentations to families and caregivers of older adults and those with disabilities in long term care facilities.



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4. Partner with AARP Michigan to promote their elder abuse education and prevention initiatives. The UPAAA will also place a more significant emphasis in supporting caregivers and providing caregiver training to help circumvent circumstances leading to possible elder abuse, neglect, and/or exploitation, and will advocate for passage of the Michigan CARE Act.

5. As part of the PREVENT project, the UPAAA will arrange and conduct Training to Prevent Elder Abuse and Neglect to personal care aides working in seniors' homes throughout the region.

### **Expected Outcome**

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

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

**Timeline: 10/01/2015 to 09/30/2016**

### **Activities**

1. Continue working with the region's Medicare/Medicaid Assistance Program (MMAAP) to further train and update MMAAP counselors so that they are better able to identify cases of Medicare Fraud and Abuse and know how to properly report them.

2. Recruit one more Senior Medicare Patrol Project (SMP) volunteer to be trained to provide outreach and education in their community about Medicare Fraud and Abuse.

3. Conduct at least 20 outreach/training events specific to Medicare fraud and abuse in at least 10 different areas within the region within the current year.

### **Expected Outcome**

Medicare beneficiaries in the region will become more aware of marketing and billing abuses associated with the Medicare program, and will know where to report these abuses, thus saving money for both the beneficiary and Medicare.



## Advocacy Strategy

### AAA Response:

The following advocacy strategies were formulated from a variety of sources. Input was solicited through surveys and discussions at public input sessions, and at the public hearing. 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 with special emphasis on programs that assist family caregivers who provide necessary services to keep their incapacitated loved ones in their own homes for as long as possible.
- The AAA will advocate for passage of the Michigan Caregiver Advise, Record, Enable (CARE) Act that would support and equip family caregivers with the basic information and training they need to better care for their loved ones transitioning from hospital to home.
- 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 continue to advocate for funding of the region's fully-functioning Aging & Disability Resource Collaborative in the region to meet the needs of all consumers requiring information and assistance to understand and access options and services available to them.
- The AAA will advocate for increased funding from the Older Americans and Older Michigianians Acts in line with increased cost of providing services and meeting the needs of older adults utilizing these funds. In particular, funding needs to be adequate to attract and retain quality in-home support staff and to provide required training and supervision for those staff.
- The AAA will play a significant role in Michigan's Dual Eligible Medicaid/Medicare Integrated Care Initiative, continuing to engage and build 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 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, 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, and nutrition and wellness (EBDP) programs.
- 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 services in housing facilities.
- The AAA will continue to encourage counties to pass new millages and to support renewal efforts and additional millages in all counties, to sustain and expand priority and preventive services for older persons.



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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.



## 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, health screening, health counseling, elder abuse education, transportation, outreach, service coordination, case coordination and support, legal assistance, long-term care ombudsman services, and caregiver training. Additionally these partners, as well as others like Mental and Public Health agencies, partner with the UPAAA to provide health and wellness training via evidenced-Based Disease Prevention Programs, and provide assistance with Medicare & Medicaid issues via the MI Medicare/Medicaid Assistance Program (MMAP).

The UPAAA also has a strong partnership with the region’s Centers for Independent Living (SAIL), working together to provide nursing home transition services to anyone who wants to return to their own home or community. SAIL is also 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.

In order to promote and supply evidence-based disease prevention programs throughout the region, the UPAAA relies heavily on other partners like public health departments, MSU Extensions, the YMCA, hospitals and more. This assures that leaders/coaches are located throughout the region, allowing for classes and workshops to be held even in the most remote parts of the U.P.

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; the Community Corrections Program, which annually provides over 60,000 hours of community services at senior centers and residences; 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 FY 2016 for working with ADRC partners in the context of the access services system within the planning and service area.**

The UPAAA is a key stakeholder in the development of a no-wrong door Aging and Disability Resource Center for the Upper Peninsula. UPCAP has a leadership role in the development of the ADRC along with its principle partner, the Superior Alliance for Independent Living (SAIL), the region’s Center for Independent Living. The ADRC of the U.P. is now designated as a fully-functioning ADRC. Working in partnership with SAIL and other key partners such as the region's hospitals, long-term care facilities, mental health agencies, veteran's organizations, MMAP, and other various community service organizations, the AAA will continue to further develop and establish the Aging & Disability Resource Collaborative of the Upper Peninsula (ADRC of the U.P.), as funds allow.





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As part of the ADRC delivery system, the AAA has expanded the role of several of its supports coordinators to fulfill the role of ADRC counselors. Additionally, ADRC of the UP also utilizes UPCAP's fully-trained and certified 2-1-1 call specialists to provide both basic and comprehensive I & A counseling to those requesting it. The AAA has also provided, and will continue to provide, I & A training to the staff of its partner agencies, and will continue to encourage them to become AIRS certified. This will help to ensure that there is a seamless "no wrong door" approach throughout the region when attempting to access ADRC services. The AAA has also included within its boards representatives from important stakeholders such as the regional U.P. Mental Health agencies, Departments of Human Services, Veteran's Administration, long-term care facilities, Upper Peninsula Health Plan, and others to ensure input and recommendations are received from all people requesting services from the AAA.

### **3. Describe how the area agency can support Aging Friendly Community/Community for a Lifetime initiatives within the PSA, with the following as requested (include any past or present efforts underway).**

- a. Community assessments, senior survey results and demographic data that can be shared with community groups to enhance aging friendly assessments.**
- b. Information that can be provided to community groups to enhance the quality of their aging friendly community assessment in such areas as; supportive community systems, health care access, transportation, disease prevention/health promotion, safety, home repair and other relevant areas.**
- c. Technical assistance that can be offered to community groups in developing and collaborating on aging friendly community assessments or improvements.**
- d. Please identify the area agency staff contact regarding Aging Friendly**

The AAA collects data from all sources available as it pertains to demographics of the region, trends, and needs/wants of constituents. Based upon the results of non-scientific surveys, client needs assessments and care plans, other data and most importantly, current service utilization trends, the UPAAA has collected much data that can be shared with community groups to encourage and enhance aging friendly assessments and growth. The UPAAA also participates in partnerships such as community hospital collaboratives that work to assess needs and trends, and local TRIADs that work to develop and maintain safe environments for older adults in a myriad of ways. Through these and other partnerships, the UPAAA works to identify strategies that help to increase access to necessary services such as health care, disease prevention and health promotion, and transportation, to name a few. All of the data and information gleaned from these sources is systematically kept at the UPAAA for current and future reference and projects. This information is available to any entity that requests them. The AAA contact staff person regarding Aging Friendly Communities/Communities for a Lifetime activities is Darren Young, Manager of Business & Community Relations.



## 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 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 must 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 must be open for services at least 2 days or 16 hours per week, and provide at least 3 services.
3. Each designated focal point shall provide Title III-C (Older Americans Act) Congregate Meals Services.
4. Each designated focal point shall have a telephone and a trained person to provide information and referral services.
5. Each designated focal point must 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 may not be located within one mile of another designated focal point.
7. Each designated focal point must have adequate insurance.
8. Each designated focal point must enforce 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.



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- 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 U.P. AAA 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. The AAA will also investigate the possibility of sponsoring a conference designed to increase the effectiveness and responsiveness of local centers to the needs of local seniors.

The second level is that of the eight 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**

---

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
No. of persons within boundary:	9300
Service Boundaries:	Delta County
Services Provided:	Information, outreach, senior meals, social activities, MMAP, homemaker personal care, and respite services

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Name:	Sagola Twp. Senior Citizen Center
Address:	205 Sagola Ave., Sagola, MI 49881
Website:	www.dicsami.org/senior_centers
Telephone Number:	(906) 542-3273
Contact Person:	Chris Tramontin
No. of persons within boundary:	6585
Service Boundaries:	Dickinson County
Services Provided:	Information and assistance, social activities, senior meals

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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: Donn Riley  
 No. of persons within boundary: 7635  
 Service Boundaries: Chippewa County  
 Services Provided: Information, outreach, senior meals, social activities, homemaker, person care, and respite

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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  
 No. of persons within boundary: 3315  
 Service Boundaries: Mackinac County  
 Services Provided: Information, outreach, senior meals, social activities, homemaker, person care, and respite

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Name: UPCAP Care Management  
 Address: 787 Market Street, Ste. 7, Hancock, MI 49930  
 Website: www.upcap.org  
 Telephone Number: (906) 482-0982  
 Contact Person: Becky Malette  
 No. of persons within boundary: 10,120  
 Service Boundaries: Baraga, Houghton ,Keweenaw Counties  
 Services Provided: Information and assistance, care management, outreach, MMAP

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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  
 No. of persons within boundary: 4615  
 Service Boundaries: Gogebic County  
 Services Provided: Information, outreach, socila activities, senior meals, homemaker, respite chore services, personal care, MMAP

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Name: Amasa Senior Citizen Center  
 Address: 601 Marquette Ave., Amasa, MI 49903  
 Website: www.dicsami.org/senior\_centers  
 Telephone Number: (906) 822-7284  
 Contact Person: Judy Cornelia  
 No. of persons within boundary: 4045  
 Service Boundaries: Iron County  
 Services Provided: Information and assistance, social activities, senior meals

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Name: Baragaland Senior Citizen Center  
 Address: Box 258, 6 North Main St., L'Anse, MI 49946  
 Website:



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Telephone Number: (906) 524-6711  
 Contact Person: Pamela Anderson  
 No. of persons within boundary: 2070  
 Service Boundaries: Baraga County  
 Services Provided: Information, outreach, social activities, homemaker, personal care, and respite

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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: Jeff Kantz  
 No. of persons within boundary: 6585  
 Service Boundaries: Dickinson County  
 Services Provided: Information and assistance, social activities, senior meals

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Name: Burt Twp. Community Center  
 Address: Braziel St., Grand Marais, MI 49839  
 Website:  
 Telephone Number: (906) 494-2721  
 Contact Person: Gustav Petruske  
 No. of persons within boundary: 2700  
 Service Boundaries: Alger County  
 Services Provided: Information and assistance, social activities, senior meals

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Name: Chatham Senior Nutrition Site Rock River Twp. Hall  
 Address: E3667 State Rd 94, Chatham, MI 49816  
 Website:  
 Telephone Number: (906) 439-5360  
 Contact Person: Kathy Kallio  
 No. of persons within boundary: 2700  
 Service Boundaries: Alger County  
 Services Provided: information and assistance, social activities, senior meals

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Name: Cloverland Senior Citizen Center  
 Address: Box 298, Ewen, MI 49925  
 Website:  
 Telephone Number: (906) 988-2463  
 Contact Person: Mary Abrams  
 No. of persons within boundary: 2460  
 Service Boundaries: Ontonagon County  
 Services Provided: Information and assistance, social activities, senior meals

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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: Brittney Johnson  
 No. of persons within boundary: 6585  
 Service Boundaries: Dickinson County  
 Services Provided: Senior meals, information and assistance, social activities

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Name: Escanaba Senior Citizen Center  
 Address: 225 North 21st St., Escanaba, MI 49829  
 Website: www.mdscaa.org  
 Telephone Number: (906) 786-8850  
 Contact Person: Naomi Fletcher  
 No. of persons within boundary: 9300  
 Service Boundaries: Delta County  
 Services Provided: Information, outreach, social activities, senior meals, MMAP, homemaker personal care, respite services

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Name: Felch Senior Citizen Center  
 Address: Felch Twp. Community Center, Felch, MI 49831  
 Website: www.dicsami.org/senior\_centers  
 Telephone Number: (906) 246-3559  
 Contact Person: Norma Dixon  
 No. of persons within boundary: 6585  
 Service Boundaries: Dickinson County  
 Services Provided: Information and assistance, outreach, social activities, senior meals

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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  
 No. of persons within boundary: 13,270  
 Service Boundaries: Marquette County  
 Services Provided: Information, outreach, senior meals, social activities, homemaker services

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Name: Gladstone Senior Citizen Center  
 Address: 303 North 8th St, Gladstone, MI 49837  
 Website: www.mdscaa.org  
 Telephone Number: (906) 428-2201  
 Contact Person: Sally Kidd  
 No. of persons within boundary: 8437  
 Service Boundaries: Delta County  
 Services Provided: Information, outreach, senior meals, social activities, homemaker, person care, and respite services

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Name: Hermansville Senior Citizen Center  
 Address: Box 236, Hermansville, MI 49847  
 Website: www.mdscaa.org  
 Telephone Number: (906) 498-7735  
 Contact Person: Pam Haluska  
 No. of persons within boundary: 6015  
 Service Boundaries: Menominee County  
 Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker personal care, and respite services

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Name: Iron County Senior Citizen Center  
 Address: 800 4th Avenue, Iron River, MI 49935  
 Website: [www.dicsami.org/senior\\_centers](http://www.dicsami.org/senior_centers)  
 Telephone Number: (906) 265-6134  
 Contact Person: Catherine Bortolameolli  
 No. of persons within boundary: 4045  
 Service Boundaries: Iron County  
 Services Provided: Information and assistance, social activities, senior meals

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Name: Ishpeming Senior Center  
 Address: 320 S. Pine St., Ishpeming, MI 49849  
 Website:  
 Telephone Number: (906) 485-5527  
 Contact Person: Elyse Bertucci  
 No. of persons within boundary: 13,270  
 Service Boundaries: Marquette County  
 Services Provided: Information, outreach, homemaker, senior meals, social activities

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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  
 No. of persons within boundary: 2460  
 Service Boundaries: Ontonagon County  
 Services Provided: Information, outreach, senior meals, social activities, homemaker, person care, and respite services

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Name: Manistique Senior Citizen Center  
 Address: 101 Main St., Manistique, MI 49854  
 Website:  
 Telephone Number: (906) 341-5923  
 Contact Person: Connie Frenette  
 No. of persons within boundary: 2360  
 Service Boundaries: Schoolcraft  
 Services Provided: Information, outreach, senior meals, social activities, transportation, and homemaker services

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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: Jane Palmer  
 No. of persons within boundary: 13,270  
 Service Boundaries: Marquette County  
 Services Provided: Information, outreach, MMAP, homemaker, senior meals, social activities

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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  
 No. of persons within boundary: 6015  
 Service Boundaries: Menominee County  
 Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker personal care, and respite services

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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 Thoune  
 No. of persons within boundary: 6015  
 Service Boundaries: Menominee County  
 Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker personal care, and respite services

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Name: Munising Lakeshore Manor  
 Address: 200 West City Park Drive, Munising, MI 49862  
 Website:  
 Telephone Number: (906) 387-4084  
 Contact Person: Patricia Downs  
 No. of persons within boundary: 2700  
 Service Boundaries: Alger County  
 Services Provided: Senior meals, information and assistance

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Name: Negaunee Senior Center  
 Address: 410 Jackson St., Negaunee, MI 49866  
 Website:  
 Telephone Number: (906) 475-6266  
 Contact Person: Kristy Malmsten  
 No. of persons within boundary: 13,270  
 Service Boundaries: Marquette County  
 Services Provided: Information, outreach, homemaker, senior meals, social activities

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Name: Newberry Senior Citizen Center  
 Address: 405 Newberry Ave., Newberry, MI 49868  
 Website: www.clmcaa.com  
 Telephone Number: (906) 293-5621  
 Contact Person: Donn Riley  
 No. of persons within boundary: 1580  
 Service Boundaries: Luce County  
 Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker personal care, and respite services

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Name: Norway-Vulcan Senior Citizen Center  
 Address: 608 Main St., Norway, MI 49870  
 Website: [www.dicsami.org/senior\\_centers](http://www.dicsami.org/senior_centers)  
 Telephone Number: (906) 563-8716  
 Contact Person: Susan Slining  
 No. of persons within boundary: 6585  
 Service Boundaries: Dickinson County  
 Services Provided: Information and assistance, social activities, senior meals

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Name: Pickford Senior Citizen Center  
 Address: Pickford Twp. Hal, Pickford, MI 49774  
 Website: [www.clmcaa.com](http://www.clmcaa.com)  
 Telephone Number: (906) 647-2204  
 Contact Person: Donn Riley  
 No. of persons within boundary: 7635  
 Service Boundaries: Chippewa County  
 Services Provided: Information and assistance, social activities, senior meals

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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](http://www.mdscaa.org)  
 Telephone Number: (906) 474-9039  
 Contact Person: Judy Lauria  
 No. of persons within boundary: 9300  
 Service Boundaries: Delta County  
 Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker personal care, and respite services

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## Other Grants and Initiatives

### **1. Describe other grants and/or initiatives the area agency is participating in with OSA and other partners.**

The AAA is involved in numerous initiatives, many of which have provided necessary funding to at least sustain important programs for the time being. For instance, PATH (Personal Action Towards Health) is in year 3 of a 3-year grant from the Centers for Disease Control & Prevention which has helped to expand the program throughout the region, with an emphasis on reaching tribal members, veterans, and extremely rural participants.

The Area Agencies on Aging Association of Michigan received a \$5 million grant over two years from the MI Health Endowment Foundation (MHEF). The grant will assist all 16 Area Agencies on Aging to expand Matter of Balance and Diabetes-PATH, helping individuals age 60 and over to prevent falls and better manage their Type 2 Diabetes. The UPAAA is currently working robustly with its regional partners to train more leaders and provide classes in parts of the Upper Peninsula where classes had not been available prior to receiving this grant funding.

The AAA is also participating in other evidenced-based disease prevention programs such as PATH Chronic Pain Management, and PATH Chronic Disease Management, the Arthritis Foundation's Walk with Ease, and Healthy Eating. Additionally, the AAA is involved in the Building Training, Building Quality Initiative (BTBQ) to provide standardized training to in-home personal care aides so they will provide person-centered, quality care to individuals served by contracted OAA partners in the community.

Other initiatives the UPAAA is committed to are T-Care, the Prevent Elder Abuse and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVENT) initiative, the MI Medicare/Medicaid Assistance Program (MMAP), and MI Health Link Outreach & Education. The AAA continues to rely heavily on partnerships with other agencies to promote these initiatives and ultimately to reach the greatest number of participants that can benefit from these important programs.

### **2. 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 wellness in a variety of ways, thus improving the quality of life of older adults who participate. PATH, Matter of Balance, Healthy Eating, and Walk with Ease 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.

T-Care and Creating Confident Caregivers provide education and support for caregivers and promote caregiver self-care which ultimately leads to healthier and more productive residents within the community. They 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. The PREVENT project trains personal care aides working with seniors in their homes about resident's rights and how to prevent and detect elder abuse, so that the incidents of abuse towards vulnerable adults in the region will decrease.



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MMAP 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. MMAP 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. Through grants received via the MI Disability Rights Coalition and MMAP, 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.

### **3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2016.**

The AAA's planned program development objectives are designed to ensure that older adults get the information and resources they need to make self-directed and healthy lifestyle choices throughout their lifespan. Utilization of the region's 2-1-1 Call Center as the entry point for accessing objective, extensive information and referrals to these initiatives - and other programs - 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 helps to ensure that the older person can age with dignity and respect, in a manner of their choosing, in the most cost-effective and productive way possible.



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## Appendices



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## 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	3	21
Aged 60 and Over	0	0	2	0	0	2	18

Board Member Name	Geographic Area	Affiliation	Elected Official	Appointed	Community Representative
Jerry Doucette	Alger County	Alger County Board of Commissioners	Yes		
William Menge	Baraga County	Baraga County Board of Commissioners	Yes		
Don McLean	Chippewa County	Chippewa County Board of Commissioners	Yes		
David Rivard	Delta County	Delta County Board of Commissioners	Yes		
Joe Stevens	Dickinson County	Dickinson County Board of Commissioners	Yes		
Joe Bonovetz	Gogebic County	Gogebic County Board of Commissioners	Yes		
Albert Koskela	Houghton County	Houghton County Board of Commissioners	Yes		
Tim Aho	Iron County	Iron County Board of Commissioners	Yes		
Raymond Chase	Keweenaw County	Keweenaw County Board of Commissioners	Yes		
Ron Ford	Luce County	Luce County Board of Commissioners	Yes		
James Hill	Mackinac County	Mackinac County Board of Commissioners	Yes		
Gerald Corkin	Marquette County	Marquette County Board of Commissioners	Yes		



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Jan Hafeman	Menominee County	Menominee County Board of Commissioners	Yes		
Carl Nykanen	Ontonagon County	Ontonagon County Board of Commissioners	Yes		
Don LaFoille	Schoolcraft County	Schoolcraft County Board of Commissioners	Yes		
Richard Timmer	Chippewa County	Member-at-Large, Consumer			Yes
Dan Young	Delta County	Consumer			Yes
Sarah Peurakoski	Region-Wide	Superior Alliance for Independent Living (SAIL)		Yes	
Sharon Teeple	Chippewa	Member-at-Large, Bay Mills Tribe		Yes	
Edward Jenich	Houghton	Consumer			Yes
Allen Grimm	Schoolcraft	Consumer			Yes



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FY 2016

## 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	7	18
Aged 60 and Over	0	0	0	0	2	4	12

Board Member Name	Geographic Area	Affiliation
Jim Bruce	Region-wide	AARP
Connie Fuller	Delta County	Consumer
Sandy Guenette	Delta County	Hospital
Bille Jo Hermanson	Luce County	Consumer
Sally Kidd	Delta, Menominee, & Schoolcraft Counties	Community Action Agency
Ken Myllya	Delta County	Consumer
Joann Scheerz	Chippewa County	Consumer
Scheryl Searles	Chippewa County	Consumer
Duane Smith	Baraga County	Consumer/Veteran
Elsie Stafford	Delta County	Skilled Nursing Facility
Laurie Montgomery	Marquette County	Upper Peninsula Health Plan
William Slavin	Region-wide	NorthCare Network
Jerry Irby	Marquette County	Consumer
Pam McKenna	Alger	
Sarah Buckley	Region-wide	Veterans' Administration
Christine Pada	Region-wide	Bureau for the Blind
Sarah Peurakoski	Region-wide	Superior Alliance for Independent Living (SAIL)
Jonathan Mead	Region-wide	Area Agency on Aging



U.P. Area Agency on Aging

FY 2016

**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.



**FY 2015 AREA PLAN GRANT BUDGET**

Rev. 04/2015

Agency: UPAAA

Budget Period: 10/01/15 to 09/30/16

PSA: XI

Date: 06/01/15

Rev. No.: 0 Page 1of 3

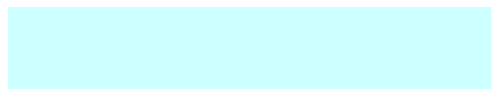
SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	552,251		552,251
2. Fed. Title III-C1 (Congregate)		676,349	676,349
3. State Congregate Nutrition		13,948	13,948
4. Federal Title III-C2 (HDM)		346,201	346,201
5. State Home Delivered Meals		612,249	612,249
8. Fed. Title III-D (Prev. Health)	38,280		38,280
9. Federal Title III-E (NFCSP)	231,592		231,592
10. Federal Title VII-A	9,584		9,584
10. Federal Title VII-EAP	9,494		9,494
11. State Access	41,634		41,634
12. State In-Home	326,058		326,058
13. State Alternative Care	164,056		164,056
14. State Care Management	431,825		431,825
16. St. ANS & St. NHO	107,471		107,471
17. Local Match			
a. Cash	37,500	60,000	97,500
b. In-Kind	190,900	125,000	315,900
18. State Respite Care (Escheat)	98,030		98,030
19. MATF & St. CG Support	214,959		214,959
20. TCM/Medicaid & CMP	-		-
21. NSIP		461,866	461,866
22. Program Income	43,200	1,375,000	1,418,200
<b>TOTAL:</b>	<b>2,496,834</b>	<b>3,670,613</b>	<b>6,167,447</b>

ADMINISTRATION				
Revenues		Local Cash	Local In-Kind	Total
Federal Administration	204,964	-	45,000	249,964
State Administration	36,737			36,737
MATF & St. CG Support Administration	19,097			19,097
Other				-
<b>Total:</b>	<b>260,798</b>	<b>-</b>	<b>45,000</b>	<b>305,798</b>

Expenditures		
	FTEs	
1. Salaries/Wages	2.45	137,343
2. Fringe Benefits		47,916
3. Office Operations		120,539
<b>Total:</b>		<b>305,798</b>

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
		Volunteer Time	45,000
<b>Total:</b>	<b>-</b>	<b>Total:</b>	<b>45,000</b>

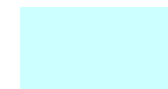
I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.



Signature



Title



Date

FY 2015 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: UPAAA  
 PSA: XI

Budget Period: 10/01/15  
 Date: 06/01/15

to 09/30/16  
 Rev. No.:

Rev. 04/2015  
 page 2 of 3

SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII	State Access	State In-Home	St. Alt. Care	State Care Mgmt	St. ANS St. NHO	St. Respite (Escheat)	MATF & St. CG Sup.	TCM-Medicaid CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL	
<b>1. Access</b>																	
a. Care Management	16,000		20,000		41,634			431,825	-			-	4,000	7,000	55,000		575,459
b. Case Coord/supp	-		-		-			-	-				-	-	-		-
c. Disaster Advocacy	-		-		-			-	-				-	-	-		-
d. Information & Assis	35,000		35,000		-			-	-				-	-	8,000		78,000
e. Outreach	-		-		-			-	-				-	-	-		-
f. Transportation	15,000		4,000										2,000	500	2,000		23,500
<b>2. In-Home</b>																	
a. Chore	8,000												200	-	1,000		9,200
b. Home Care Assis	105,000					156,000	87,000		-				10,000	10,000	30,000		398,000
c. Home Injury Cntrl	10,000		-										-	-	1,200		11,200
d. Homemaking	177,251					170,058	77,056		-				25,000	10,000	40,000		499,365
e. Home Health Aide	-					-	-		-				-	-	-		-
f. Medication Mgt	-					-	-		-				-	-	-		-
g. Personal Care	-					-	-		-				-	-	-		-
h. Assistive Device&Tech	-					-	-		-				-	-	-		-
i. Respite Care	25,000		111,592			-	-		-	98,030	88,382		-	4,000	15,000		342,004
j. Friendly Reassure	-												-	-	-		-
<b>3. Legal Assistance</b>	37,000		-										-	2,000	2,500		41,500
<b>4. Community Services</b>																	
a. Adult Day Care	6,000		45,000				-		-	-	107,480		2,000	2,000	4,000		166,480
b. Dementia ADC	-		-				-		-	-			-	-	-		-
c. Disease Prevent	-	38,280	-										-	2,000	3,000		43,280
d. Health Screening	-												-	-	-		-
e. Assist to Deaf	-												-	-	-		-
f. Home Repair	-												-	-	-		-
g. LTC Ombudsman	8,000			9,584					42,546				-	-	6,000		66,130
h. Sr Ctr Operations	-												-	-	-		-
i. Sr Ctr Staffing	-												-	-	-		-
j. Vision Services	-												-	-	-		-
k. Elder Abuse Prevnt	-			9,494									-	-	1,100		10,594
l. Counseling	-												-	-	-		-
m. Creat.Conf.CG® CCC	-												-	-	-		-
n. Caregiver Supplmt	-												-	-	-		-
o. Kinship Support	-		16,000										-	-	1,600		17,600
q. Caregiver E,S,T	-												-	-	-		-
<b>5. Program Develop</b>	110,000												-	-	12,500		122,500
<b>6. Region Specific</b>																	
a.	-												-	-	-		-
b.	-												-	-	-		-
c.	-												-	-	-		-
d.																	-
e.																	-
7. CLP/ADRC Services	-								64,925				-	-	8,000		72,925
8. MATF & St CG Sup Adm											19,097						19,097
<b>SUPPRT SERV TOTAL</b>	552,251	38,280	231,592	19,078	41,634	326,058	164,056	431,825	107,471	98,030	214,959	-	43,200	37,500	190,900		2,496,834

**FY 2015 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL**

Rev. 04/2015

Agency: UPAAA Budget Period: 10/01/15 to 9/30/16  
 PSA: XI Date: 06/01/15 Rev. Number 0

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**FY 2015 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL**

SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP	Program Income	Cash Match	In-Kind Match	TOTAL
Nutrition Services									
1. Congregate Meals	630,349		13,948		180,000	625,000	20,000	60,000	1,529,297
2. Home Delivered Meals		323,201		612,249	281,866	750,000	40,000	65,000	2,072,316
3. Nutrition Counseling	-	-	-	-		-	-	-	-
4. Nutrition Education	-	-	-	-		-	-	-	-
5. AAA RD/Nutritionist*	46,000	23,000				-	-	-	69,000
<b>Nutrition Services Total</b>	<b>676,349</b>	<b>346,201</b>	<b>13,948</b>	<b>612,249</b>	<b>461,866</b>	<b>1,375,000</b>	<b>60,000</b>	<b>125,000</b>	<b>3,670,613</b>

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

**FY 2015 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL**

SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL
LTC Ombudsman Services									
1. LTC Ombudsman	8,000	9,584		42,546	-	-	-	6,000	66,130
2. Elder Abuse Prevention	-		9,494			-	-	1,100	10,594
3. Region Specific	-	-	-	-		-	-	-	-
<b>LTC Ombudsman Ser. Total</b>	<b>8,000</b>	<b>9,584</b>	<b>9,494</b>	<b>42,546</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,100</b>	<b>76,724</b>

**FY 2015 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL**

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
1. Chore	-	-	-	-	-	-	-	-	-
2. Homemaking	-	-	-	-	-	-	-	-	-
3. Home Care Assistance	-	-	-	-	-	-	-	-	-
4. Home Health Aide	-	-	-	-	-	-	-	-	-
5. Meal Preparation/HDM	-	-	-	-	-	-	-	-	-
6. 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 2015 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL**

SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
Kinship Ser. Amounts Only									
1. Caregiver Sup. Services	-	-				-	-	-	-
2. Kinship Support Services	-	16,000				-	-	1,600	17,600
3. Caregiver E,S,T	-	-				-	-	-	-
4.	-	-				-	-	-	-
<b>Kinship Services Total</b>	<b>-</b>	<b>16,000</b>				<b>-</b>	<b>-</b>	<b>1,600</b>	<b>17,600</b>

**Planned Services Summary Page for FY 2015**      **PSA: XI**

Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
<b>ACCESS SERVICES</b>					
Care Management	\$ 575,459	9.33%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 78,000	1.26%			X
Outreach	\$ -	0.00%			
Transportation	\$ 23,500	0.38%	X	X	
<b>IN-HOME SERVICES</b>					
Chore	\$ 9,200	0.15%	X	X	
Home Care Assistance	\$ 398,000	6.45%	X	X	
Home Injury Control	\$ 11,200	0.18%	X	X	
Homemaking	\$ 499,365	8.10%	X	X	
Home Delivered Meals	\$ 2,072,316	33.60%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 342,004	5.55%	X	X	
Friendly Reassurance	\$ -	0.00%			
<b>COMMUNITY SERVICES</b>					
Adult Day Services	\$ 166,480	2.70%	X	X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,529,297	24.80%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 43,280	0.70%		X	X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 41,500	0.67%		X	
Long Term Care Ombudsman/Advocacy	\$ 66,130	1.07%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 10,594	0.17%			X
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 17,600	0.29%	X	X	
Caregiver Education, Support, & Training	\$ -	0.00%			
AAA RD/Nutritionist	\$ 69,000	1.12%			X
<b>PROGRAM DEVELOPMENT</b>	\$ 122,500	1.99%			X
<b>REGION-SPECIFIC</b>					
a.	\$ -	0.00%			
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
e.	\$ -	0.00%			
<b>CLP/ADRC SERVICES</b>	\$ 72,925	1.18%			X
<b>MATF ADMINISTRATION</b>	\$ 19,097	0.31%			X
<b>TOTAL PERCENT</b>		100.00%	1.39%	81.84%	16.76%
<b>TOTAL FUNDING</b>	\$ 6,167,447		\$86,000	\$5,047,646	\$1,033,801

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

**FY 2015 State Escheats/Caregiver Related Services Budget Narrative**

Agency: UPAAA

PSA: XI

Budget Revision No. 0

Please describe the planned use and allocation of State Escheats Respite Program Funds. Include all related caregiver service funding allocations in this FY Area Plan Grant Budget.

Please enter the narrative in the box below.

Use of State Respite Funds for Fiscal Year 2016 will be for In Home Respite Care Services.



FY 2015 BUDGET REVIEW SPREADSHEET

Rev. 04/2015

Agency:	UPAAA	11		Fiscal Year:	FY 2015
Date of SGA:	4/8/2015	SGA No.	Est 2015	Date Reviewed by OSA:	
Budget:	06/01/15	Revision No.	0	Initials of Field Rep Approving:	
<b>SGA CATEGORY</b>	<b>SGA AWARD</b>	<b>C/O AMOUNT</b>	<b>TOTAL</b>	<b>AAA COMMENTS</b>	
Title III Administration	\$ 204,964		\$ 204,964		
State Administration	\$ 36,737		\$ 36,737		
Title III-B Services	\$ 552,251		\$ 552,251		
Title III-C-1 Services	\$ 676,349		\$ 676,349		
Title III-C-2 Services	\$ 346,201		\$ 346,201		
Federal Title III-D (Prev. Health)	\$ 38,280		\$ 38,280		
Title III-E Services (NFCSP)	\$ 231,592		\$ 231,592		
Title VII/A Services (LTC Ombuds)	\$ 9,584		\$ 9,584		
Title VII/EAP Services	\$ 9,494		\$ 9,494		
St. Access	\$ 41,634		\$ 41,634		
St. In Home	\$ 326,058		\$ 326,058		
St. Congregate Meals	\$ 13,948		\$ 13,948		
St. Home Delivered Meals	\$ 612,249		\$ 612,249		
St. Alternative Care	\$ 164,056		\$ 164,056		
St. Aging Network Srv. (St. ANS)	\$ 64,925		\$ 64,925		
St. Respite Care (Escheats)	\$ 98,030		\$ 98,030		
Merit Award Trust Fund (MATF)	\$ 191,350		\$ 191,350		
St. Caregiver Support (St. CG Sup.)	\$ 23,609		\$ 23,609		
St. Nursing Home Ombuds	\$ 42,546		\$ 42,546		
CMP Fund-LTC Ombudsman	\$ -		\$ -		
St. Care Mgt.	\$ 431,825		\$ 431,825		
NSIP	\$ 461,866		\$ 461,866		
SGA TOTALS:	\$ 4,577,548	\$ -	\$ 4,577,548		
<b>Administrative Match Requirements</b>					
<b>ADMINISTRATION</b>	<b>BUDGET</b>	<b>SGA</b>	<b>DIFFERENCE</b>		
Federal Administration	\$ 204,964	\$ 204,964	\$ -	Minimum federal administration match amount	\$68,321
State Administration	\$ 36,737	\$ 36,737	\$ -	Administration match expended (State Adm. + Local Match)	\$81,737
				Is the federal administration matched at a minimum 25%?	Yes
				Does federal administration budget equal SGA?	Yes
<b>Sub-Total:</b>	\$ 241,701	\$ 241,701	\$ -	Does state administration budget equal SGA?	Yes
MATF & St. CG Sup. Administration	\$ 19,097				
<b>Local Administrative Match</b>				Merit Award Trust Admin. & St. Caregiver Support Funds must be expended at or below 9% of	
Local Cash Match	\$ -			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	9%
Local In-Kind Match	\$ 45,000			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
<b>Sub-Total:</b>	\$ 45,000			Amount of MATF & St. CG Support Funds budgeted on Adult Day Care	\$ 107,480
<b>Total Administration:</b>	\$ 305,798			Is at least 50% of MATF + St. CG Support budgeted on Adult Day Care services?	Yes
<b>Title III-E Kinship Services Program Requirements</b>					
<b>SERVICES:</b>	<b>BUDGET</b>	<b>SGA</b>	<b>% BUDGETED</b>		
Federal Title III-B Services	\$ 552,251	\$ 552,251	100.00%	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Fed. Title III C-1 (Congregate)	\$ 676,349	\$ 676,349	100.00%	Are kinship services budgeted at < 10% of the AAA's Title III-E funding?	Yes
State Congregate Nutrition	\$ 13,948	\$ 13,948	100.00%	[note: see TL #369 & TL#2007-141]	
Federal C-2 (HDM)	\$ 346,201	\$ 346,201	100.00%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
State Home Delivered Meals	\$ 612,249	\$ 612,249	100.00%	<b>Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements</b>	
Federal Title III-D (Prev. Health)	\$ 38,280	\$ 38,280	100.00%	Amount required from Transmittal Letter #428. (see cell L 42)	\$7,009
Federal Title III-E (NFCSP)	\$ 231,592	\$ 231,592	100.00%	Budgeted amount Title III-B for LTC Ombudsman.	\$8,000
St. Access	\$ 41,634	\$ 41,634	100.00%	Is required maintenance of effort met?	Yes
St. In Home	\$ 326,058	\$ 326,058	100.00%		
St. Alternative Care	\$ 164,056	\$ 164,056	100.00%		
St. Care Mgt.	\$ 431,825	\$ 431,825	100.00%	<b>Service Match Requirements</b>	
St. LTC Ombudsman	\$ 42,546	\$ 42,546	100.00%	Minimum service match amount required	\$393,546
St. ANS	\$ 64,925	\$ 64,925	100.00%	Service matched budgeted: (Local Cash + In-Kind)	\$413,400
<b>Sub-Total:</b>	\$ 3,541,914	\$ 3,541,914	100.00%	Is the service allotment matched at a minimum 10%?	Yes
<b>Local Service Match</b>				<b>Miscellaneous Budget Requirements / Constraints</b>	
Local Cash Match	\$ 97,500			Amounts budgeted for OAA / OSA Priority Services:	
Local In-Kind Match	\$ 315,900			Access:	\$66,000
				In-Home:	\$325,251
				Legal:	\$37,000
<b>Sub-Total:</b>	\$ 413,400			Total Budgeted for Priority Services:	\$428,251
Title VII/A Services (LTC Ombuds)	\$ 9,584	\$ 9,584	100.00%	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
Title VII/EAP Services	\$ 9,494	\$ 9,494	100.00%	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
NSIP	\$ 461,866	\$ 461,866	100.00%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 98,030	\$ 98,030	100.00%	(Actual % of Legal)	6.70%
MATF + St. CG Support	\$ 195,862	\$ 195,862	100.00%	Title III-B award w/o carryover or Transfers in current SGA	\$552,251
CMP Fund-LTC Ombudsman	\$ -	\$ -	#DIV/0!	Amount budgeted for Program Development:	\$110,000
TCM-Medicaid / CM	\$ -			% of Title III-B Program Development (must be 20% or less):	19.0%
Program Income	\$ 1,418,200			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$38,280
<b>Total Services:</b>	\$ 6,148,350			Amount budgeted for EBDP Activities, per TL#2012-244:	\$38,280
<b>Grand Total: Ser.+ Admin.</b>	\$ 6,454,148			Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

**PRIORITY SERVICE SECTION**

Access Services	III-B Budget Amount
a. Care Management	\$16,000
b. Case Coord/supp	\$0
c. Disaster Advocacy	\$0
d. Information & Assis	\$35,000
e. Outreach	\$0
f. Transportation	\$15,000
<b>Access Total:</b>	<b>\$66,000</b>

(AAA Regional Access Service)  
(AAA Regional Access Service)

In Home Services	III-B Budget Amount
a. Chore	\$8,000
b. Home Care Assis	\$105,000
c. Home Injury Cntrl	\$10,000
d. Homemaking	\$177,251
e. Home Health Aide	\$0
f. Medication Mgt	\$0
g. Personal Care	\$0
h. Assistive Device&Tech	\$0
i. Respite Care	\$25,000
j. Friendly Reassure	\$0
<b>In Home Services Total:</b>	<b>\$325,251</b>

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

Kinship Services	III-E Budget Amount
1. Caregiver Supplmt - Kinship Amount Only	\$0
2. Kinship Support	\$16,000
3. Caregiver E,S,T - Kinship Amount Only	\$0
4.	\$0
<b>Kinship Services Total:</b>	<b>\$16,000</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	\$552,251
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
<b>AoA Title III-B Award Total:</b>	<b>\$552,251</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 2015 Annual Implementation Plan  
Direct Service Budget Detail #1**

AAA: UPAAA

FISCAL YEAR: FY 2015

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	24,979		288,076	4,000	7,000	50,000		374,055
Fringe Benefits	8,681		107,033			5,000		120,714
Travel	600		31,250					31,850
Training	100							100
Supplies	200		10,825					11,025
Occupancy	925		17,700					18,625
Communications	375		7,175					7,550
Equipment	90		5,700					5,790
Other:	50		5,700					5,750
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>36,000</b>	<b>0</b>	<b>473,459</b>	<b>4,000</b>	<b>7,000</b>	<b>55,000</b>	<b>0</b>	<b>575,459</b>

SERVICE AREA: UPAAA

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

XI

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

Yes X No

If yes, please describe:

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

**FY 2015**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Volunteer Time		55,000		
Rental Space Costs	7,000			
Local Sources			4,000	

**FY 2015 Annual Implementation Plan  
Direct Service Budget Detail #2**

AAA: UPAAA

FISCAL YEAR: FY 2015

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	10,295		24,670			6,000		40,965
Fringe Benefits	1,464		2,236					3,700
Travel	2,900		10,500					13,400
Training	1,310		1,290					2,600
Supplies	625		1,200					1,825
Occupancy	600		2,000					2,600
Communications	390		500					890
Equipment								0
Other:			150					150
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>17,584</b>	<b>0</b>	<b>42,546</b>	<b>0</b>	<b>0</b>	<b>6,000</b>	<b>0</b>	<b>66,130</b>

SERVICE AREA: UPAAA

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

XI

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

Yes X No

If yes, please describe:

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

**FY 2015**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Volunteer Time		6,000		

**FY 2015 Annual Implementation Plan  
Direct Service Budget Detail #3**

AAA: UPAAA

FISCAL YEAR: FY 2015

SERVICE: Disease & Prevention Programs

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	9,396				2,000	3,000		14,396
Fringe Benefits	3,575							3,575
Travel	2,600							2,600
Training	975							975
Supplies	1,800							1,800
Occupancy	900							900
Communications	150							150
Equipment	0							0
Other:	700							700
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>20,096</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,000</b>	<b>3,000</b>	<b>0</b>	<b>25,096</b>

SERVICE AREA: UPAAA

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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? Yes X No

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

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

**FY 2015**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Local Donations	2,000			
Volunteer Time		3,000		

**FY 2015 Annual Implementation Plan  
Direct Service Budget Detail #4**

AAA: UPAAA

FISCAL YEAR: FY 2015

SERVICE: Elder Abuse Program

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	4,571					1,100		5,671
Fringe Benefits	1,115							1,115
Travel	1,998							1,998
Training	735							735
Supplies	300							300
Occupancy	600							600
Communications	175							175
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>9,494</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,100</b>	<b>0</b>	<b>10,594</b>

SERVICE AREA: UPAAA

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

XI

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

Yes X No

If yes, please describe:

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

**FY 2015**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Volunteer Time		1,100		

**FY 2015 Annual Implementation Plan  
Direct Service Budget Detail #5**

AAA: UPAAA

FISCAL YEAR: FY 2015

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								0
Purchased Services	70,000					8,000		78,000
								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)

XI

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

Yes X No

If yes, please describe:

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

**FY 2015**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Donated Services Call Center		8,000		

**FY 2015 Annual Implementation Plan  
Direct Service Budget Detail #6**

AAA: UPAAA

FISCAL YEAR: FY 2015

SERVICE: CLP/ADRC Services

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	38,466					8,000		46,466
Fringe Benefits	12,717							12,717
Travel	8,667							8,667
Training	400							400
Supplies	800							800
Occupancy	2,150							2,150
Communications	825							825
Equipment	600							600
Other:	300							300
Service Costs								0
Purchased Services								0
								0
<b>Totals</b>	<b>64,925</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,000</b>	<b>0</b>	<b>72,925</b>

SERVICE AREA: UPAAA

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

XI

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

Yes X No

If yes, please describe:

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

**FY 2015**

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Volunteer Time		8,000		

**AREA AGENCY ON AGING--OPERATING BUDGET**

PSA: XI  
Agency: UPAAA

Budget Period: 10/01/15

to: 09/30/16

Date of Budget: 06/01/15

Rev. No.: \_\_\_\_\_ Page 1 of 2

Operations		Program Services/Activities													HCBS Waiver	
Admin	Program Develop	Cong. Meals	HDM	USDA Meals	SCSEP Title V	State Access	Care Mgmt & Indirect	IIIB Services	IIID & IIIE	Ombudsman	Elder Abuse	Aging Network	In Hm, Alt Care, Resp	MATF C/G Spt	TOTAL	HCBS Waiver
<b>REVENUES</b>																
Federal Funds	204,964	110,000	676,349	346,201	461,866	47,780	-	-	442,251	269,872	9,584	9,494	-	-	2,578,361	7,611,622
State Funds	35,737	-	13,948	612,249	-	-	41,634	431,825	-	-	42,546	64,925	588,144	214,959	2,045,967	5,074,415
Local Cash	-	-	20,000	40,000	-	-	-	7,000	22,500	3,000	-	-	5,000	-	97,500	-
Local In-Kind	45,000	12,500	60,000	65,000	-	7,500	5,000	50,000	28,300	27,000	6,000	1,100	8,000	53,000	368,400	-
Interest Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fund Raising/Other	-	-	-	-	-	-	-	4,000	-	-	3,940	-	-	-	7,940	-
<b>TOTAL</b>	<b>285,701</b>	<b>122,500</b>	<b>770,297</b>	<b>1,063,450</b>	<b>461,866</b>	<b>55,280</b>	<b>46,634</b>	<b>492,825</b>	<b>493,051</b>	<b>299,872</b>	<b>62,070</b>	<b>10,594</b>	<b>72,925</b>	<b>646,144</b>	<b>214,959</b>	<b>5,098,168</b>

<b>EXPENDITURES</b>																
Contractual Services	-	-	644,297	935,450	461,866	42,405	-	-	302,731	174,976	-	-	588,144	195,862	3,345,731	-
Purchased Services	-	-	-	-	-	-	-	-	70,000	16,000	-	-	-	-	86,000	9,670,658
Wages and Salaries	123,871	78,485	28,915	14,336	-	4,455	26,897	264,179	21,778	27,045	30,837	4,571	38,466	-	13,472	677,307
Fringe Benefits	32,696	13,505	11,233	5,159	-	580	7,802	76,980	5,423	8,250	935	689	9,527	-	3,769	176,548
Payroll Taxes	10,147	6,004	2,212	1,087	-	340	2,060	20,191	1,664	2,069	2,358	426	3,190	-	1,031	52,779
Professional Services	6,500	-	-	-	-	-	-	700	35,000	35,000	-	-	-	-	-	77,200
Accounting & Audit Services	4,700	-	-	-	-	-	-	4,000	-	-	-	-	-	-	-	8,700
Legal Fees	725	-	-	-	-	-	-	500	-	-	-	-	-	-	-	1,225
Occupancy	9,000	4,000	1,700	1,425	-	-	1,200	16,500	925	957	2,600	600	2,150	-	550	41,607
Insurance	2,500	-	-	-	-	-	100	1,000	50	-	150	-	300	-	-	4,100
Office Equipment	2,000	200	-	-	-	-	-	3,000	50	-	-	-	400	-	-	5,650
Equip Maintenance & Repair	1,812	200	-	-	-	-	100	2,600	40	-	-	-	400	-	-	5,152
Office Supplies	11,500	1,000	400	175	-	-	400	8,075	425	1,800	1,600	300	800	-	100	26,575
Printing & Publication	-	-	150	135	-	-	-	300	-	-	-	-	-	-	-	585
Postage	2,500	50	50	-	-	-	150	1,900	125	100	300	-	275	-	-	5,450
Telephone	8,300	1,406	90	-	-	-	660	4,500	350	50	390	175	750	-	-	16,671
Travel	12,500	4,550	1,150	583	-	-	2,100	29,150	3,500	2,600	14,100	1,998	8,667	-	175	81,073
Conferences	2,950	600	100	-	-	-	165	1,850	190	975	2,800	735	-	-	-	10,365
Memberships	9,000	-	-	100	-	-	-	400	-	50	-	-	-	-	-	9,550
Special Events	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash & In Kind Match	45,000	12,500	80,000	90,000	-	7,500	5,000	57,000	50,800	30,000	6,000	1,100	8,000	58,000	-	450,900
<b>TOTAL</b>	<b>285,701</b>	<b>122,500</b>	<b>770,297</b>	<b>1,048,450</b>	<b>461,866</b>	<b>55,280</b>	<b>46,634</b>	<b>492,825</b>	<b>493,051</b>	<b>299,872</b>	<b>62,070</b>	<b>10,594</b>	<b>72,925</b>	<b>646,144</b>	<b>214,959</b>	<b>5,083,168</b>

**AREA AGENCY ON AGING--WAGES AND SALARIES**

PSA: **XI**  
Agency: **UPAAA**

Budget Period: **10/01/15** to: **09/30/16**

Date of Budget: **06/01/15**  
Rev. No.:

		Operations		Program Services/Activities															
JOB CLASSIFICATION	FTEs	Admin	Program Develop	Cong. Meals	HDM	USDA Meals	SCSEP Title V	State Access	Care Mgmt & Indirect	IIIB Services	IIID & IIIE	Ombudsman	Elder Abuse	Aging Network	In Hm, Alt Care, Resp	MATF C/G Spt	TOTAL	HCBS Waiver	
AAA Executive Director	0.55	28,528	30,451						5,705								64,684	54,811	
Program Developer	0.85	-	21,715														21,715	-	
Program Planner	0.38	2,400															2,400	15,838	
Financial Officer	0.28	15,646							3,912							2,347	21,905	35,985	
Financial Mgr/HR	0.75	15,719							3,634							2,438	21,791	37,269	
Payroll/Systems Mgr	0.80	9,600							2,400							1,440	13,440	24,477	
Nutritionist	0.90			28,915	14,336												43,251	-	
QA Supervisor	0.79	2,753	15,687						9,412							3,137	30,989	18,197	
QA Specialists	0.35	3,544							6,683							2,228	12,455	40,020	
Clerical Support Staff	1.87	8,354	10,632														18,986	26,417	
Contract Specialist	0.70	4,705														1,882	6,587	26,350	
Ombudsman	0.89									4,128		30,837					34,965	-	
Elder Abuse Coord.	0.11												4,571				4,571	-	
MIS Supports Staff	1.10	19,732															19,732	32,913	
Title V Coord.	0.10						4,455										4,455	-	
I & A Specialists	3.28	12,890									-						12,890	-	
Support Cordinators	5.60							26,897	232,433	17,650	17,649						294,629	1,411,895	
Path Coordinator	0.20										9,396						9,396	-	
Options Counselors	1.60													38,466			38,466	-	
Housing Coordinator	1.00																-	53,638	
Waiver Director	1.00																-	76,575	
																	-	-	
																	-	-	
																	-	-	
																	-	-	
																	-	-	
																	-	-	
																	-	-	
																	-	-	
																	-	-	
<b>TOTAL</b>	<b>23.10</b>	<b>123,871</b>	<b>78,485</b>	<b>28,915</b>	<b>14,336</b>	<b>-</b>	<b>4,455</b>	<b>26,897</b>	<b>264,179</b>	<b>21,778</b>	<b>27,045</b>	<b>30,837</b>	<b>4,571</b>	<b>38,466</b>	<b>-</b>	<b>13,472</b>	<b>677,307</b>	<b>1,854,385</b>	