

FY 2017 - 2019
MULTI-YEAR & ANNUAL IMPLEMENTATION PLAN
U.P. AREA AGENCY ON AGING UPCAP SERVICES, INC. 11



Planning and Service Area

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

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U.P. Area Agency on Aging

FY 2017

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County/Local Unit of Govt. Review

UPCAP's responsibility as the ex officio secretary for the Upper Peninsula Association of County Commissioners plays a vital role in the agency's overall ability to address the needs of older adults, particularly as these needs impact county government activities. This has 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 2017-2019 Multi-Year Plan will be presented to UPCAP's Board of Directors at their meeting on June 24, 2016, 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 1, 2016 requesting approval of the plan as written by July 31, 2016.



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Plan Highlights

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

In 1974, UPCAP Services, a non-profit multi-purpose human services organization, was designated as the Upper Peninsula Area Agency on Aging (UPAAA). A 22-member Board of Directors and a 17-member Advisory Council assist the UPAAA in accomplishing its mission of serving the U.P. elderly. The UPAAA's Board of Directors is composed of senior citizens, elected officials, leading local citizens representing U.P. counties, and other members of the private sector. In addition, the Board appoints an Advisory Council, composed primarily of senior citizens age 60 and older, who are eligible participants in programs under the Area Agency's Area Plan. Advisory Council members also include individuals representing the low-income elderly, those with disabilities, minority groups, health care and advocacy organizations, and the general public. These individuals meet at least six times a year to advocate for senior programs and needs, conduct public hearings, aid in the development of the Area Plan, and review and comment on policies, programs, and legislation affecting the elderly.

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

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

According to the U.S. Census Bureau's latest American Community Survey, there are almost 83,000 older adults eligible for services in Michigan's Upper Peninsula. The U.P. is comprised of 16,452 square miles, about one-third of the State's land area. Yet the U.P.'s population comprises only about 3% of the State's total population. This equates to a population density of approximately 19 persons per square mile. This has always created unique challenges in providing services to those needing them in this region and proves to become more challenging as our population becomes older and more frail, and as the workforce declines. According to the U.S. Census Bureau, demographic trends over the past few years show an increase of those age 60+, with a subset of those folks age 85 and older also increasing. Yet those in the workforce (age 40-60 years of age) are declining, as is the overall population of the PSA for all ages.

Demographic trends indicate that as time goes on, the numbers of adults age 85+ will continue to increase while those in the workforce will decrease. The challenge will be for the UPAAA to continue to provide leadership in advocacy and education throughout the PSA, engaging its partners and the communities we serve to think and act creatively in the coming years so that older adults and those with disabilities can remain in their own homes throughout their lifespan, if they so choose.



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

The UPAAA studies needs among the elderly and those with disabilities within the region, and prioritizes services to meet those needs. The Area Plan provides for development of a comprehensive, coordinated service delivery system, outlines fundable services for the elderly, and summarizes activities of the 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
- Nursing Services
- Adult Day Services
- Transportation
- Disease Prevention/Health Promotion
- Legal Assistance
- Long-term Care Ombudsman
- Programs for Prevention of Elder Abuse, Neglect & Exploitation
- Kinship Support Services
- Caregiver Education, Support, and Training
- Creating Confident Caregivers

4. Highlights of planned Program Development Objectives.

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

1. More communities within the region will conduct an aging-friendly community assessment and apply for recognition to the Aging & Adult Services Agency (AASA) as a Community for a Lifetime: the objective is to assist at least one additional community within the PSA to conduct an aging-friendly community assessment and apply for recognition to the Aging & Adult Services Agency (AASA) as a Community for a Lifetime.
2. Identify and implement strategies to ease the shortage of competent direct care workers in the region: the objectives are to assist in the recruitment and training of direct care workers, as well as advocating for their economic stability in order to retain good workers who can meet the needs of a growing older population.
3. Enhance the caregiver experience, and thus their effectiveness, by providing improved access to information, support and resources: the objective for this goal is to develop new and creative ways to meet the needs of family caregivers so that they can successfully care for their loved ones at home, as well as for themselves.
4. Protect older adults from abuse, neglect, and exploitation: the objective is to increase community awareness and understanding of elder abuse issues and how to report suspected cases of abuse, so that the incidents of abuse towards older adults in the region will decrease.



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5. Ensure that older adults have a choice in where they live through increased access to information and services: the objective is that by using the principles of person-centered planning, more services and options will be available to consumers, allowing them to live as independently as possible and assure that they have choices in where they live.

5. A description of planned special projects and partnerships.

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

- * Veterans Self-Directed Care Program: partnering with the Veterans Administration to provide self-directed assessments and care planning to veterans facing long term care needs.

- * Senior Reach Initiative: partnering with Copper Country Mental Health to identify isolated, at-risk older adults to offer them behavioral health and care management services, and connect them to other community services so they can live independently in their own homes.

- * Diabetes Prevention Program: partnering with Public Health of Delta and Menominee Counties to provide this program to anyone in these areas who would like to know how to better manage their health and prevent Type 2 Diabetes.

UPCAP has also played a role in Michigan's Dual Eligible Medicaid/Medicare Integrated Care (IC) initiative. UPCAP will continue to engage and build on its relationships with key stakeholders of the IC. Additionally, UPCAP has had a long-lasting and viable relationship with the Superior Alliance for Independent Living (SAIL, the U.P. CIL), working together on many projects, including the ADRC of the U.P., the Nursing Facility Transition Program and many others. The UPAAA Executive Director is a member of the SAIL Board and the SAIL Executive Director is a member of the UPAAA Policy Board. The goal of both agencies is to provide a seamless and integrated service delivery system to older adults and those with disabilities across the continuum.

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

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

The UPAAA has received accreditation from the American Association of Diabetes Educators and is a Medicare certified provider for diabetes education. Additionally, the AAA plans to seek national recognition status from the Centers for Disease Control and Prevention for its National Diabetes Prevention Program, which started in 2016. This will help to generate income to sustain these programs, as well as to continue to promote health education and wellness to those at risk for Type 2 Diabetes.

While the AAA was working towards CARF accreditation, it was determined that the process and final result may



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not as beneficial as was initially thought. The AAA is currently pursuing the viability of becoming accredited through the National Committee for Quality Assurance, as this may prove to be the most advantageous path in the future.

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

The 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 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, as a multi-purpose non-profit organization, administers a variety of other programs which positively impact on the UPAAA's purpose and mission. UPCAP continually encourages utilization of its region-wide AIRS accredited 2-1-1 Information and Referral System as a gateway for all programs and resources available in the PSA. 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 and the Mediation Program, which resolves disputes and disagreements between parties (i.e. landlord-tenant, medical billing, caregiver issues, etc). Working together across the agency and with all of our community partners will help to increase capacity and, at the very least, maintain important programs and services that the UPAAA provides.

8. Highlights of strategic planning activities.

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

Additionally, the UPAAA conducted 7 public forums in March and April 2016 in several areas of the region to garner input from older adults themselves. During these forums, an informal discussion was held to review services that are available, as well as those that might not be. People in attendance discussed their gratitude for services received, but also shared concerns for those services that are not available, those they felt were necessary to maintain their own homes. Participants at these forums were also asked to complete a needs assessment survey to help track their needs and wants for the AAA planning process. This survey was also provided to area senior centers, community partners, and also available on-line at the agency's website.

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



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Public Hearings

Date	Location	Time	Is Barrier Free	No. of Attendees
06/01/2016	Munising Senior Center	01:00 PM	Yes	5
06/21/2016	Escanaba UPCAP Conference	01:00 PM	Yes	17

Narrative:

Firstly, the UPAAA held 7 public forums throughout the region in an effort to gain direct input from the population served. All forums were marketed on the agency website, sent to local senior and community newspapers and other media outlets for publication, and flyers were distributed at the forum locations and other venues close by. At all forums, the facilitator presented an overview of the area agency on aging and its main functions, the planning process, and the reasons why the UPAAA is seeking input. A written survey was also developed and participants were encouraged to complete this survey. The written survey was also available via the AAA website. All information and input obtained via the surveys was utilized in the program development process.

In order to prompt meaningful discussion, the facilitator asked the following questions of the attendees: what services listed in the UPAAA services brochure were attendees familiar with or have used, which services are they not familiar with or wanted to know more about; and how easy is it to find out about or request those services in their communities? Also, did they think some services listed in the brochure were not available in their area, and if so, why do they think this is true? And finally, did they need or want services not listed on the current AAA services brochure? Following is a summary of the verbal information collected at each forum.

Forsyth Community Center, Marquette County 3/2/16 - 27 attendees

Most in attendance were familiar with some of the services available, such as the congregate and home-delivered meal programs and homemaker services. Several folks expressed concern about not knowing how to access services, whom is eligible to receive these services, and the fact that not all services are available in all places. Other concerns:

1. Even with additional millage money to expand some services in this community, there did not appear to be enough funding to go around to meet the needs of everyone.
2. Transportation is still an issue for rural folks in this area as there is little 'on demand' transportation available for medical or other appointments.
3. Concern there is very little assistance with high medical costs for such things as hearing aids, dental and vision for older, retired folks. These are the people who need these services the most, yet Medicare does not pay for these things and there are very few other programs available to help pay for them.
4. Many folks in this area need help with home maintenance but there are very few options that most can afford. They are worried their homes will not be safe as time goes on and there will be no other place to live.
5. Glad to know about 2-1-1 and the UPAAA website to help find out about all programs and services available. Many have used 2-1-1 in the past.

Escanaba Senior Center, Delta County 3/8/16 - 25 in attendance



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There was a general consensus that the congregate and home-delivered meal programs are greatly needed and very much appreciated. Concerns noted at the forum:

1. Many were not aware of the availability of Home Injury Control funds and how to access these.
2. Many folks were worried about upkeep of their homes, including the access (or lack thereof) of chore service. Currently chore service is not available in this county and it is difficult to find private-pay options for small jobs at affordable rates. Many folks who have no family or others to rely on are worried about how long they will be able to stay in their own homes without some additional assistance with chores such as lawn-mowing, simple repairs, etc.
3. There are transportation issues on nights and weekends in this area. The Data Bus does not run during these times and the private cab companies are too costly, especially for rural folks. One individual indicated that the AAA should work together with other organizations to provide affordable transportation during these times.
4. A few other comments were made concerning the lack of affordable dental care, high insurance costs, and finding affordable housing options.

Breen Senior Center, Dickinson County 3/9/16 - 30 in attendance

Folks in attendance were very happy with the senior meal program and want to see it continue. Conversely, few knew about Home Injury Control items, and so a discussion followed about what this service entailed and how to access it. Several folks wanted to know how 'means testing' was used to limit services; it was explained that there is no means testing for any Older American's Act service or program, but that the AAA and its partners are required to prioritize limited funding and services to those most in need. Other issues:

1. Several wanted more senior center activities offered such as dances, trips and tours, etc. It was explained that the AAA does not fund this service at this time because cities and counties in this region typically fund senior centers through millage.
2. A few folks were worried about maintaining their homes in the future as they become older and frailer.

Rudyard Community Center, Chippewa County 3/17/16 - 8 in attendance

Few concerns or issues were noted here, other than the following:

1. One senior was overwhelmed with caregiving for a spouse and stated there was no respite available in this area and more services to support caregivers was greatly needed.
2. A couple of people expressed a desire to have help with their Medicare and insurance issues; MMAP services were discussed.
3. One comment was made concerning the lack of affordable dental care; others echoed this sentiment.

Mill Street Garden, Gogebic County 3/22/16 - 35 in attendance

Very little issues or concerns noted here, people love the 'cafe-style' senior meal program; chore service and transportation is readily available to most people in the area (with the help of millage funds) and they are very grateful for these services. Only a few concerns or requests for services were noted, as follows:

1. Finding help with Medicare, insurance and legal issues.
2. Help needed to maintain their homes as they become older and more frail.
3. The cost of prescriptions, medical care, insurance, etc.

Chassell Fire Hall, Houghton County 3-23-16 - 20 in attendance

A few folks expressed concerns with the lack of affordable transportation in this rural area. A veteran felt there

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could be better coordinated services between the VA and the AAA; a discussion commenced about the partnership already in existence between these two agencies and the many programs offered. A couple of people mentioned they were concerned about the high cost of energy, especially with the harsh winters in this area. All in all, people were generally satisfied with the services available and would like them to continue.

UPCAP Conference Room, in conjunction with the UPAAA Advisory Board Meeting, Delta County 4-19-16; 15 in attendance

Several partner agencies were in attendance and expressed concern over how to meet the needs of so many seniors when funding has remained fairly stagnant over the years. Additionally, reimbursement rates are insufficient to retain good employees or to obtain new ones for personal and respite care services. Other 'easier' jobs that pay better are available in the area; unemployment is lower than it has been in some time. This all creates difficulties for agencies to find and retain good, quality employees to help care for our aging population. It was felt that policymakers must acknowledge the value of in-home workers - their services are much more affordable than costly nursing home care. More funding needs to be made available so that unit rates can be increased to compete in the current job market. Many agencies have had to cut personal care services and respite services from nights and weekends, because funding does not allow for a pay differential for these times. This is placing quite a burden on family caregivers and may lead to earlier nursing home placements.

HEARINGS: Two public hearings were conducted in the region to solicit concerns, issues and ideas from interested persons. Notice of the public hearings were made via the agency's website, local newspapers, notices to senior centers and provider agencies, and at board and advisory meetings at least 30 days in advance of the scheduled dates. Persons were given the opportunity to request a Summary Draft of the 2017-2019 MYP, 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.

The first hearing was held at the Munising Senior Center on June 1st. Five people were in attendance; 4 were over age 60 and one was a local provider. After a brief review of the aging network, the purpose of the Multi Year Plan was explained and a review of the draft document commenced. Two people requested to make comments for the record. One attendee wanted to discuss why more volunteers were not utilized to provide services like transportation, home-delivered meals, friendly visitor, etc. recently moved to the region from another state that relied heavily on volunteers to allow programs to serve more people. Discussion ensued on the difficulty in getting people involved with volunteering, liability issues, etc. The general consensus of the group after the discussion was that more effort could be made to recruit volunteers and expand services that can use volunteers, especially in very rural areas of the region. Another attendee wanted to discuss Community Focal Points and shared his dissatisfaction in having some senior centers excluded from this list in his area. He indicated that he thought this could affect future OAA funding to these partners/providers. It was explained by AAA staff that being a Community Focal Point did not ensure funding for programs, and that the UPAAA will be reviewing criteria for being named a community focal point and re-evaluating those on the list. This criteria has not been changed or revised in many years and it was agreed that it was a good time to revise/update the listing during this planning cycle.

The 2nd public hearing was held at the Escanaba UPCAP Conference Room on June 21st. Seventeen people



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were in attendance; 11 folks in attendance were age 60 or over, and 6 attendees represented local provider agencies. Two people requested to make comments for the record. One attendee speaking on behalf of parnters who provide OAA services to seniors commented that they were glad to see the UPAAA's program development objectives, as they were similar to their own agency's goals and objectives, especially as they relate to staff shortages. The speaker did express concern that funding has not kept pace with inflation. In-home providers are finding it very difficult to attract and keep experienced employees; many are facing worker shortages with no relief in site. The speaker explained that if they did not receive millage money, waiting lists for OAA programs could be much larger.

Another attendee wanted to discuss Community Focal Points and shared his dissatisfaction in having some senior centers excluded from this list in his area. He indicated that he thought this could affect future OAA funding to these partners/providers. It was explained by AAA staff that being a Community Focal Point did not ensure funding for programs, but that the UPAAA has reviewed and revised the criteria for being named a Community Focal Point since the last hearing, and made additions to the list of agencies in that section. The AAA staff also explained that others could be added as requested. It was reiterated that being listed as a Community Focal Point did not ensure funding, but any entity who wanted to request an application for OAA grant funding to provide services in their community could do so and would be considered via the competitive bidding process.

On June 24th, the Board of Directors met to review and discuss the 2017-2019 MYP. There was concern expressed regarding the demographic trends and the fact that worker shortages for in-home services will continue. Many felt that with proper incentives, those who are newly retiring may be more apt to volunteer their services for some of these programs. Stipends, tax credits, and other incentives may be useful in attracting more volunteers, and advertising volunteer opportunities via television and radio might also be helpful. It was felt that new, creative ways must be sought and utilized to meet the challenges of an increasingly aging population. The Board did approve the 2017-2019 MYP for Services to Older Adults in the Upper Peninsula at this time.

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



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Scope of Services

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

According to the U.S. Census Bureau's latest American Community Survey, there are almost 83,000 older adults eligible for services in Michigan's Upper Peninsula. The U.P. is comprised of 16,452 square miles, about one-third of the State's land area. Yet the U.P.'s population comprises only about 3% of the State's total population. This equates to a population density of approximately 19 persons per square mile. This has always created unique challenges in providing services to those needing them in this region and proves to become more challenging as our population becomes older and more frail, and as the workforce declines. According to the U.S. Census Bureau, demographic trends over the past few years show an increase of those age 60+, with a subset of those folks age 85 and older also increasing. Yet those in the workforce (age 40-60 years of age) are declining, as is the overall population of the PSA for all ages. Changes to our region's demographics are as follows:

	<u>Total U.P. Pop</u>	<u>Aged 40-60</u>	<u>Aged 60+</u>	<u>Aged 85+</u>	<u>Total 60+ Below Poverty</u>
2010:	311,361	91,070	76,496	8,181	4,869 <i>(data available only for 65+)</i>
2013:	310,117	86,923	82,656	8,500	11,492

Sixteen percent of those age 60 or older are now in poverty, an increase of approximately 50% since 2010. This is a dramatic increase in poverty for our region. Over the past several years, many of our local communities have experienced challenging economic times with the closing or removal of key area business, some of which were the main employer for those communities. This has caused the younger generation to leave the area, shrinking the workforce in services like those the UPAAA and its' partners provide to older adults. Conversely, some U.P. communities are thriving; with unemployment rates dropping, there is stiff competition for public service jobs. Unfortunately, funding for in-home services is not keeping up with the demand for these services, nor does funding allow for adequate pay to obtain and retain these workers in a vastly rural area.

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

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

The U.P.'s minority population is less than 2%. The largest recognized minority group is American Indian, with 1713 tribal elders living here. The UPAAA partners with several tribes to help provide services to elders, but many do not take advantage of the services available through the AAA. As part of their culture, they rely on their families and their tribe to meet their needs. As such, the AAA does not anticipate that there will be a significant increased need for services to tribal elders in the next planning cycle.



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However, over 48,000 individuals in the region are living with a disability. While this number is slightly down from 2010, it still comprises 15% of the total population. Seven thousand folks with disabilities are over the age of 60. Many of these folks need the services that the AAA and its partners provide. And, while numbers are not available to show how many family caregivers are living in the region, we know that the demand for assistance with caregiving is increasing. Waiting lists for AAA respite services remain an issue. Many folks who do receive respite assistance have unmet needs because they require more assistance than what can be provided. This trend proves to become more severe as the number of 'old-old' increases, and as older parents can no longer care for their spouses or adult children with disabilities. Many of them will require care themselves.

Other issues facing older adults in this area is the lack of affordable dental care, even for people with Medicaid coverage. Lack of dental care soon leads to other health issues and affects quality of life. Additionally, many folks have expressed concerns over finding adequate primary physicians and specialists locally. CHNA surveys conducted by some of the region's medical facilities supports these concerns. Transportation to see specialists and providers who accept Medicaid reimbursement is not always available, especially when these providers are located hundreds of miles away. It will be a great challenge for the UPAAA and its partners to come up with new and innovative funding sources and programs to help the needs older adults face with these issues.

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

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

The AAA will continue to enter into contracts or purchase of service agreements in order to meet the needs of the underserved populations. Outreach efforts will be accomplished by 1) prioritizing and targeting in the RFP process; 2) consumer assessments through Care Management and the subsequent purchasing of needed services through a purchase of service process; 3) continued utilization of the aging network and its I & A system, including promotion of 2-1-1 usage; 4) standardized prescreening and assessment of potential program participants coupled with service coordination at the local level. The AAA will work with providers to, at a minimum, maintain (and at best increase) the number and percentage of individuals served and to increase targeting efforts towards underserved target groups, with specific attention paid to low-income minority groups. This will continue to be a challenge as those aged 85 and older increased by 5% since 2010. This is indicative of a trend that will continue as Baby Boomers continue to age.



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

Currently the UPAAA utilizes its 2-1-1 call center specialists to conduct pre-screens for the Care Management and MI Choice Waiver programs. Protocols are in place to determine the needs of individual, including determining whether they may have a cognitive impairment or possible dementia. If this is believed to be a possibility, additional information about a caregiver or representative is sought, and information about the caller's living arrangements is collected. All of this information is then passed to a care manager who will complete the assessment and care planning process to address the needs of the caller, and their caregiver if necessary. Programs such as OAA-funded programs, T-Care, Creating Confident Caregivers, and others are offered or provided to help the caregiver and the individual with the cognitive impairment receive the services they need to enhance their quality of life.

At this time the UPAAA does not have a protocol in place to refer these individuals to a physician or clinic for a diagnostic evaluation, although that may be discussed in the care management assessment and planning stage. Additionally, this is discussed in the Creating Confident Caregivers class as an important step in determining the cause and/or treatment for the specific dementia or cognitive decline.

Care managers and supports coordinators are social workers or registered nurses. They have received training in dementia and other cognitive issues. They also continue this training via continuing educational credits to sustain their licenses. Many staff, including the 2-1-1 call specialists, have had training in T-Care and have attended Creating Confident Caregiving classes. Certificates of completion are provided to those who have completed the program, and no recertification process is necessary. Care managers and supports coordinators provide critical knowledge and coordination of services, and continually seek to address the progression of the disease process, allowing for flexibility in arranging services and moving within care systems to meet the needs of the individual and their family.

During this multi-year planning cycle, we are committed to seeking, and hopefully implementing, new programs that will help families caregive successfully for longer periods of time. Programs such as REST (Respite Education & Support Tools) and the Alzheimer's Disease Initiative-Specialized Supportive Services project are being pursued that will provide additional training, respite, and services to family caregivers.

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

Whenever the UPAAA is not able to meet current needs of the customer anywhere in the region, a referral to 2-1-1 is made to assist the person in finding alternative resources to help meet the needs they have. The 2-1-1 Call Specialists work with the caller to first identify their particular needs, and secondly locate resources to help meet those needs in the best way possible. The Call Specialists will follow-up with the customer to ensure that they were connected appropriately to the resource and are receiving the help that they choose. A referral to Care Management will be made if the person desires the assistance of a Care Manager to provide further



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assistance with this process. If long term care information is needed or requested, the 2-1-1 call specialists will make the referral to an Options Counselor. All Care Managers, 2-1-1 Call Specialists, and Options Counselors have received training in Person-Centered Planning and follow these principals when assisting customers.

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

6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2017-2019 MYP.

The UPAAA intends to address the unmet needs of program participants in various ways. First, the services that appear to be critical to keep people in their own homes will have top priority for funding, such as home care assistance, home-delivered meals, and respite care. Secondly, new partner agencies will be sought who can meet the needs of participants where others may not be able or willing to do so. Third, a self-determination type regional service definition may be pursued in the next few years to help meet the service needs of folks in very rural areas, or where traditional service providers are non-existent. And lastly, the UPAAA will continue to advocate for increased funding to support hiring, training and sustaining a larger workforce of competent direct care service workers to meet the needs of a growing elder population.

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

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

The UPAAA also continues to contract with minority service providers such as the Sault Tribe of Chippewa Indians and the Hannahville Tribe. The AAA will continue working with the region's providers to increase the number of consumers served in all target areas, with special emphasis given to low-income minority groups.

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

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

1. Lack of sufficient, affordable non-medical transportation in a vastly rural area.
2. The chronic shortage of available, competent direct-care staff to meet the needs of older adults and those with disabilities to remain in their own homes for as long as possible.
3. The needs of family caregivers for additional information, training, and resources to ease their burdens and allow them to provide care successfully.
4. The fact that funding and services are not increasing as the population of older adults is increasing;



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these needs will only grow over time.

As identified in the 2017-2019 MYP, these needs and issues have been prioritized in the area plan. The UPAAA is committed to working with current and new partners to ensure that strategies are identified and carried out to meet the increasing needs of older adults in the coming years.

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

The AAA continues to search out new and innovative ways to address the needs of older adults within the region. Caregiver support and training programs, along with health promotion and disease prevention programs provided by the AAA and its partners should help to improve the health and well-being of our aging population, improving their quality of life and thus avoiding the need for increased in-home services or nursing home placement. The UPAAA is also working very closely with nutrition service providers to improve the quality and efficiency of the congregate and home-delivered meal programs, which are the two of the largest and most costly programs currently provided within the PSA. Additionally, helping those facing nursing home placement and their families understand their options and helping them manage their care in a way of their choosing via the region's Nursing Home Transitions and Care Management programs will help ease the burden of health care costs and allow those who choose to do so to age in place in the setting of their choice.



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Planned Service Array

	Access	In-Home	Community
Provided by Area Agency	<ul style="list-style-type: none">• Care Management• Information and Assistance		<ul style="list-style-type: none">• Disease Prevention/Health Promotion• Long-term Care Ombudsman/Advocacy• Programs for Prevention of Elder Abuse, Neglect, and Exploitation• Creating Confident Caregivers
Funded by Other Sources	<ul style="list-style-type: none">• Case Coordination and Support *• Outreach *• Transportation *	<ul style="list-style-type: none">• Chore *• Home Care Assistance *• Homemaking *• Assistive Devices & Technologies *• Respite Care *• Friendly Reassurance *	<ul style="list-style-type: none">• Adult Day Services *• Disease Prevention/Health Promotion *• Home Repair *• Senior Center Operations *• Senior Center Staffing *

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Contracted by Area Agency	<ul style="list-style-type: none"> • Transportation * 	<ul style="list-style-type: none"> • Chore * • Home Care Assistance • Home Injury Control • Homemaking • Home Delivered Meals • Respite Care • NURSING SERVICES Covered on an intermittent basis for a participant who requires nursing services for the management of a chronic illness or physical disorder in the participants home and are provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the direct supervision of a registered nurse. Nursing services are for participants who require more periodic or intermittent nursing for the purpose of preventive interventions to reduce the occurrence of adverse outcomes for the participant such as hospitalizations and nursing facility admissions. Nursing services should not duplicate services available through Medicaid or other third payer resources. 	<ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals • Disease Prevention/Health Promotion • Legal Assistance • Creating Confident Caregivers * • Caregiver Supplemental Services * • Kinship Support Services * • Caregiver Education, Support and Training
Local Millage Funded	<ul style="list-style-type: none"> • Case Coordination and Support * • Outreach * • Transportation * 	<ul style="list-style-type: none"> • Chore * • Homemaking * • Home Delivered Meals * • Respite Care * 	<ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals * • Disease Prevention/Health Promotion * • Senior Center Operations * • Senior Center Staffing *
Participant Private Pay	<ul style="list-style-type: none"> • Transportation * 	<ul style="list-style-type: none"> • Chore * • Home Care Assistance * • Home Injury Control • Homemaking * • Home Delivered Meals * • Assistive Devices & Technologies * • Respite Care * 	<ul style="list-style-type: none"> • Adult Day Services * • Congregate Meals * • Disease Prevention/Health Promotion * • Legal Assistance

* Not PSA-wide



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Planned Service Array Narrative

For the most part, the planned service array reflects the preferences of local communities within the PSA. The Upper Peninsula is uniquely rural with a population density of only 19 persons per square mile. This poses a significant problem in providing access to all older persons needing services. The primary barrier for seniors in this region is the inability to access community and medical services. Many who are no longer able to drive or keep up the family home do not 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. UPAAA staff work closely with these partners to identify gaps in service, locate new sources of funding for necessary and requested services, and provide new programs that will meet the changing needs of older adults within their communities.



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Strategic Planning

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

The UPAAA identified many strengths, such as:

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

However, we were also able to identify some weaknesses:

- Communication and access are both challenges due to our extremely large and rural geographic area.
- We have a lack of providers willing and able to provide needed services across the realm.
- Staff are overextended because limited grants do not typically allow for additional hires for new projects.
- There is a limited availability of well-trained staff, due to high turnover and the costs involved.

Looking forward, we anticipate the following opportunities:

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

There may be some potential threats, as follows:

- The overall population in the state is shrinking, which could affect future funding.
- Mandated managed care and the medicalization of long term care may limit our programs and abilities in the future.
- Many key AAA management staff are close to retirement, which will require hiring new, potentially inexperienced people who will need extensive training.

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2. Describe how a potential greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or the new Integrated Care Program could impact the organization.

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

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

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

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

Payments to community partners/providers would be reduced.

The number of people currently assisted would be reduced, due to an increased need to further prioritize services for those most in need. Additionally, some people who do not meet the highest priority screening may lose current services.

Some services that are considered to be 'non-essential' may no longer be offered.

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

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

The UPAAA has received accreditation from the American Association of Diabetes Educators and is a Medicare certified provider for diabetes education. Additionally, the AAA plans to seek national recognition status from the Centers for Disease Control and Prevention for its National Diabetes Prevention Program, which started in 2016. This will help to provide additional funding for diabetes education and prevention services we are already providing.

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

Due to the extreme rural nature and geographic location of our region, the UPAAA has had to increasingly rely on technology to complete every day business. We currently have 5 physical offices within our 15 county region. While extensive travel is still the norm for AAA staff, technology has helped to decrease some of this. All in-home and community staff have been issued tablets or laptops and scanners or portable printers



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so that data can be immediately retrieved and entered while working in the field. This helps to keep staff and records much more organized, timely, and allows for better time management. Additionally, UPCAP uses COMPASS, Vendor View and NAPIS software which provides expedited communication regarding service delivery and allows contracted agencies to bill for services electronically.

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

The UPAAA is actively reaching out to the public via social media. We use our website, Facebook and Twitter to advertise our programs and services, as well as community opportunities and news events and trends we feel are pertinent to those we serve. We currently have a workgroup that is helping to develop a new and improved comprehensive website that is user-friendly and highlights the programs and information most important to those who use it. Although surveys show that many older seniors do not access social media (or even the internet) for information, we do know that their families and caregivers do. We also know that younger seniors (the Baby Boomers) are more likely to use the internet and be social media savvy.

The UPAAA will continue to look for new and better ways to use technology to reach more people in a very rural area.



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Regional Service Definitions

Service Name/Definition

NURSING SERVICES

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

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

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

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

Minimum Standards

1. When the participant's condition is unstable, could easily deteriorate, or when significant changes occur, a nurse visits for observation and evaluation. The purpose of the observation and evaluation is to monitor the participant's condition and report findings to the participant's physician or other appropriate health care professional to prevent additional decline, illness, or injury to the participant.
2. The supports coordinator must communicate with both the nurse providing this service and the participant's health care professional to assure the nursing needs of the participant are being addressed.
3. Participants must meet at least one of the following criteria to qualify for this service:
 - a. Be at high risk of developing skin ulcers, or have a history of resolved skin ulcers that could easily redevelop.
 - b. Require professional monitoring of vital signs when changes may indicate the need for modifications to the medication regimen.
 - c. Require professional monitoring or oversight of blood sugar levels, including participant recorded blood sugar levels, to assist with effective pre-diabetes or diabetes management.
 - d. Require professional assessment of the participant's cognitive status or alertness and orientation to encourage optimal cognitive status and mental function or identify the need for modifications to the



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medication regimen.

- e. Require professional evaluation of the participant's success with a prescribed exercise routine to assure its effectiveness and identify the need for additional instruction or modifications when necessary.
- f. Require professional evaluation of the participant's physical status to encourage optimal functioning and discourage adverse outcomes.
- g. Have a condition that is unstable, could easily deteriorate, or experience significant changes AND a lack of competent informal supports able to readily report life-threatening changes to the participant's physician or other health care professional.

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

- a. Administering prescribed medications that the participant cannot self-administer (as defined under Michigan Compiled Law (MCL) 333.7103(1)).
- b. Setting up medications according to physician orders.
- c. Monitoring participant adherence to their medication regimen.
- d. Applying dressings that require prescribed medications and aseptic techniques.
- e. Providing refresher training to the participant or informal caregivers to assure the use of proper techniques for health-related tasks such as diet, exercise regimens, body positioning, taking medications according to physician's orders, proper use of medical equipment, performing activities of daily living, or safe ambulation within the home.



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Access Services

Care Management

<u>Starting Date</u>	10/01/2016	<u>Ending Date</u>	09/30/2017
Total of Federal Dollars	\$26,000.00	Total of State Dollars	\$473,459.00

Geographic area to be served

15 Counties of the Upper Peninsula

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

Goal: Over the course of the multi-year planning period, the UPAAA will assist individuals needing nursing facility level of care to remain at home through the provision of Care Management, utilizing a person-centered planning/self-directed care process. This includes 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 5/1/16.

Activities:

1. The UPAAA will utilize Older Michiganian Act (OMA) resources to provide comprehensive, person-centered Care Management services to individuals who screen eligible for LTSS via a standardized screening process. In 2017, 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 170 individuals who meet the NFLOC criteria for LTSS, initiating 170 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 68 veterans and anticipates receiving 50 new referrals annually.

Number of client pre-screenings:	Current Year:	155	Planned Next Year:	240
Number of initial client assessments:	Current Year:	129	Planned Next Year:	206
Number of initial client care plans:	Current Year:	115	Planned Next Year:	170



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Total number of clients (carry over plus new):

Current Year: 160

Planned Next Year: 221

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

Current Year: 1:20

Planned Next Year: 1:22

Information and Assistance

Starting Date 10/01/2016

Ending Date 09/30/2017

Total of Federal Dollars \$70,000.00

Total of State Dollars \$0.00

Geographic area to be served

15 Counties of the Upper Peninsula

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

Goal: Over the course of the multi-year planning period, the UPAAA will increase awareness and improve access to available resources for 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.
5. Coordinate with 7 other call centers throughout Michigan in a statewide advertising campaign that will include providing I & A for long term care options, basic human needs, and veterans' resources.



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Direct Service Request

Disease Prevention/Health Promotion

Total of Federal Dollars \$25,480.00

Total of State Dollars \$0.00

Geographic Area Served Upper Peninsula of MI

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

GOAL: The availability of evidence-based educational programs such as PATH (Personal Action Towards Health), Walk with Ease, and Matter of Balance that are designed to promote healthy and active lifestyles will be, at the very least, maintained if not expanded, to allow older adults in the region the opportunity to learn ways to improve their health and quality of life.

Activities:

PATH: 18 workshops will be offered throughout the region, with at least 150 people successfully completing the program.

Chronic Pain Self-Management: 18 workshops will be offered throughout the multi-year cycle, with at least 150 people completing the program.

Diabetes PATH: With the help of the AAA's partners, 36 workshops will be offered with 300 people completing the program during the multi-year cycle. The UPAAA will continue to offer Diabetes PATH as part of its accredited Diabetes program to Medicare beneficiaries, seeking reimbursement from CMS (Center for Medicare & Medicaid Services) for both group education and individual counseling. The plan is to offer at least two of these group programs per fiscal year, with at least 15 people completing the program each year.

Matter of Balance: With the help of area partners, it is anticipated that 25 classes will be held throughout the region during the 3-year planning cycle, with at least 200 people completing the program.

Arthritis Foundation's Walk with Ease: Utilizing the current leaders trained for this program, the UPAAA will sponsor approximately 12 workshops within 3 counties of the region during the next 3 years. It is anticipated that at least 100 participants will complete the program. Additionally, the UPAAA is hoping to train 3 more leaders in other counties within the PSA so that the program can be expanded to reach more participants.

The AAA has added the National Diabetes Prevention Program to its current selection of evidence-based programs. The AAA has one staff member who is a certified instructor for this program and plans are to offer at least one 12-month class in FY 2017, with at least 10 people completing the program. Additionally, the AAA plans to seek national recognition status from the Centers for Disease Control and Prevention for this program, which is anticipated to help with future program reimbursement from CMS. The AAA also plans to work with the U.P. Diabetes Outreach Network and at least 5 other community organizations, to



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help expand this important program throughout the region.

The UPAAA will continue to provide technical support, training, and assistance to all agency partners, ensuring program fidelity and success throughout the region for each of these evidence-based programs. Additionally, the AAA will continue to seek out new funding opportunities and grants to help support and expand these programs such as through community foundations, area health plan and/or hospital sponsorships, private donations, and minimal participant fees.

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 Agency.

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

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

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. No agency applied to be considered as a provider for this service. Historically, there have been no provider agencies willing or able to offer these programs throughout all 15 counties within the region for the limited amount of funds received to administer the program. In order to provide a variety of evidence-based disease prevention programs throughout the region, given the limited resources available, a region-wide organization such as the AAA provides the best opportunity to serve the greatest number of individuals. AAA staff are experienced in providing this type of training, and the UPAAA has utilized its 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).

June 1, 2016: It was felt that more volunteers could be utilized to expand these programs in the more extreme rural areas of the region.

Long Term Care Ombudsman



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Total of Federal Dollars \$17,484.00

Total of State Dollars \$42,546.00

Geographic Area Served Upper Peninsula of MI

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

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

Activities:

1. Increase awareness of the Ombudsman program through presentations at resident family council meetings and distribution of program materials to residents, family members, and other interested parties. The Ombudsman will provide information to the public through print and local media, participation in local health and community fairs, and in consultation with local agencies.
2. The Ombudsman program manager will continue to encourage long term care facilities to promote change within their facilities to offer a better quality of life to all residents, including promoting the concepts of emergency preparedness, exploitation, restraints and wound/pressure sore care. This and other topics that will help to ensure quality will be highlighted during the Best Practices Conference held annually.
3. Promote and provide training on the ombudsman program, resident's rights, elder abuse and other topics of interest to facility staff of long-term care facilities as needed and requested throughout the region.
4. The Ombudsman will continue to participate in regularly scheduled collaboration conference calls with the Waiver Director, local CIL (SAIL) and Transition Coordinators.
5. The Ombudsman will continue to participate in regularly scheduled Quality Assurance Collaborative meetings to provide input on issues related to residents' rights and issues facing participants in long-term care programs/facilities.
6. The Ombudsman will continue to be involved with the Region 8 Healthcare Coalition, participating in conference calls and educational sessions on Emergency Preparedness and the role of the Ombudsman in those situations.
7. 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.
8. The Ombudsman program will work with state regulators to offer continuing education credits through the Best Practices Conference for Social Work, Nursing, Administrator & Activity Director CEUs.
9. The Ombudsman Program Manager will continue to participate in quarterly scheduled training where



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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.

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 Agency.

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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. 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).

No discussion about this service ensued during the hearings.

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$9,494.00

Total of State Dollars \$0.00

Geographic Area Served 15 Counties of the Upper Peninsula



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

GOAL: To Increase community awareness and understanding of elder abuse, neglect, and exploitation across all 15 counties of the region, thus 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 people in long-term care facilities within the region.
3. The UPAAA's direct service providers will be expected to complete a mandatory, annual CMS Fraud, Waste & Abuse training for all staff; newly hired staff must complete within 90 days of hire.
4. 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.

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An RFP for this service was created, sent to current contracted agencies and service providers, and published in local papers and on the UPCAP website during the RFP process. No agency applied to be considered as a provider for this service. Historically, there have been no provider agencies willing or able to offer Elder Abuse Education services throughout all 15 counties within the region for the amount of funds received to administer the program. In order to provide Elder Abuse Education throughout the region, given the limited resources available, a region-wide organization such as the AAA provides the best opportunity to serve the greatest number of individuals. 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).

No discussions about this service ensued during the public hearings.

Creating Confident Caregivers

Total of Federal Dollars \$12,800.00

Total of State Dollars \$0.00

Geographic Area Served Upper Peninsula of MI

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

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

Activities:

1. Recruit and train an additional 2-3 leaders to ensure the ability to reach projected goals, especially in the underserved areas of the region.
2. Conduct at least 30 workshops throughout the PSA during the 3 year planning cycle, with 200 caregivers completing the class.
3. Continue to partner with agencies providing in-home services, medical clinics, and adult day care centers to help promote CCC and identify family caregivers who could benefit from the program.
4. Identify tribal populations willing to partner with the AAA's CCC program, to train leaders and/or host classes for tribal elder caregivers. At least one workshop will be offered/provided at a tribal host site each year in the planning cycle.

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An RFP for this service was created, sent to current contracted agencies and service providers, and published in local papers and on the UPCAP website during the RFP process. No agency applied to be considered as a provider for this service. Due to the lack of funding for this program, as well as 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. Also, due to the very rural nature of the region, leaders may have to travel several hours to reach a workshop destination. Agency CCC leaders have the ability to travel throughout the Upper Peninsula, coordinating other job responsibilities and thus reducing program cost. The 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).

June 1, 2016: It was felt that more volunteers could be utilized to expand these programs in the more extreme rural areas of the region. There was also discussion about how some people with dementia lived alone and had no family or anyone to help look after them.



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Program Development Objectives

Area Agency on Aging Goal

- A. More communities within the region will conduct an aging-friendly community assessment and apply for recognition to the Aging & Adult Services Agency (AASA) as a Community for a Lifetime.

State Goal Match: 5, 6

NARRATIVE

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

OBJECTIVES

1. One new community within the PSA will receive recognition as a Community for a Lifetime by 9/30/2019.

Timeline: 10/01/2016 to 09/30/2019

Activities

1. Working closely with the AAA Executive Board and area partners, identify at least one community that has an interest and the resources to conduct an aging friendly community assessment in their area, formulating a workgroup consisting of public and private participation and representation by older adults for this purpose.
2. The workgroup will meet to plan steps and strategies to conduct the required assessment within the first 12 months of the process.
3. Once the assessment is completed, the workgroup will identify the communities strengths and weakness, and develop an action plan for making improvements and promoting assets for both short-term and long-term goals. The steps within the action plan will be prioritized based on the group's recommendations.
4. The completed application with all pertinent documentation will be submitted to AASA by December 1, 2017, or as soon thereafter as possible.
5. The UPAAA will assist any other community within the PSA willing and able to complete the CFL process.

Expected Outcome

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



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- B. Enhance caregiver efficacy by providing improved access to information, support and resources.

State Goal Match: 3

NARRATIVE

As the population ages and more people are being cared for by family or other informal caregivers, the UPAAA is looking for ways to better support these caregivers with education, training, and services. We know that caregiver burnout is often the reason why many individuals with dementia end up in long term care facilities prematurely. Also, the lack of sufficient resources in many rural areas makes it difficult to provide respite and other necessary services to help families successfully caregive for longer periods of time. Many agencies who provide these services are concerned about the ability to pay for workers who are well-trained and capable of working with dementia clients; retaining good workers like this is extremely difficult when funding does not allow for a comparable wage. The UPAAA acknowledges these issues and will work to come up with new and creative ways to meet the needs of family caregivers so that they can successfully care for their loved ones and themselves.

OBJECTIVES

1. The UPAAA will research, support and participate in new programs and initiatives that will provide more services and supports to allow families and caregivers to successfully care for their loved ones at home.
Timeline: 10/01/2016 to 09/30/2019

Activities

1. The UPAAA will participate in the evidence-based Alzheimer's Disease Initiative-Specialized Supportive Services project which will help expand the availability of dementia-capable support services for person's with dementia, their families, and their caregivers.
2. The UPAAA will work to bring the Respite Education and Support Tools (REST) program to the region. This program focuses on creating a network of trained volunteer REST Companions to help provide respite to family caregivers in a cost-effective manner.
3. The UPAAA will continue to pursue funding to develop and/or provide dementia training to community organizations and the general public so that they may have a better understanding of the disease process and are able to make appropriate referrals to services.

Expected Outcome

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

2. The Creating Confident Caregivers program will be maintain and potentially expanded to reach more family caregivers caring for their loved ones with Alzheimer's Disease and related dementias.

Timeline: 10/01/2016 to 09/30/2019

Activities

1. Recruit and train an additional 2-3 new CCC leaders to reach more family caregivers, especially those in currently underserved areas of the region.
2. Conduct at least 30 workshops throughout the PSA, with the goal of 200 caregivers successfully completing the class.
3. Continue to partner with in-home service providers, medical clinics, churches, adult day care centers, and others to help promote the program and identify family caregivers who could benefit from the class.



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Expected Outcome

Family caregivers whose loved ones have Alzheimers Disease or other related dementia will have a better understanding of the disease process and learn ways to cope with this progressive illness in a more positive manner.

3. The UPAAA will continue to encourage and assist in-home services agencies to provide training to direct care workers so that they can better serve family caregivers, especially those caring for loved ones with dementia.

Timeline: 10/01/2016 to 09/30/2019

Activities

1. The UPAAA will continue to provide training to contracted partner agency staff via the Building Training, Building Quality Initiative (BTBQ).
2. The UPAAA will continue to provide training to contracted partner agency staff on the Prevention of Elder Abuse, Neglect, and Exploitation (PREVNT).
3. The UPAAA will work to encourage and advocate for professionalization of direct care workers trained in working with dementia patients.

Expected Outcome

A well-trained direct care workforce will be easier to retain and will provide a higher quality of care to family caregivers and their loved ones.

4. The UPAAA will continue to participate in the assessment, identification, and planning of services needed by persons with dementia and their caregivers.

Timeline: 10/01/2016 to 09/30/2019

Activities

1. The UPAAA will continue to identify and assess caregiver needs through Options Counseling and Care Management. Referrals will be made to T-Care where appropriate to address those needs.
2. Partner agencies conducting assessments for OAA funded services will be encouraged to refer family caregivers to care management services and the T-Care process.

Expected Outcome

Family caregivers, especially those dealing with dementia-related illness, will receive the guidance, support, and services they need to improve their quality of life and be successful caregivers.

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

State Goal Match: 4

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.



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OBJECTIVES

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

Timeline: 10/01/2016 to 09/30/2019

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: 10/01/2016 to 09/30/2019

Activities

- 1.1. Using PREVNT, Promote and provide updated training and education programs to senior centers, nursing homes, adult foster homes and other agencies providing services to older adults, as requested.
2. Also using PREVNT, educate the public via community seminars at churches, civic organizations, senior centers, places of business, and others to explain what elder abuse, neglect and exploitation is, and how to report suspected abuse to local authorities.
3. Continue to provide public service announcements about elder abuse and how to report it via newspaper articles, television commercials, and other forms of media.
4. 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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Expected Outcome

Service providers 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: 10/01/2016 to 09/30/2019

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. Conduct at least 25 outreach/training events specific to Medicare fraud and abuse in each county of the PSA during the 3-year planning cycle.

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.

- D. Ensure that older adults have a choice in where they live through the adequate provision of information, support, and services.

State Goal Match: 2

NARRATIVE

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

OBJECTIVES

1. Continue to provide consumers in community-based residential facilities the option to age in place.

Timeline: 10/01/2016 to 09/30/2019

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



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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 Health and Human Services and MSHDA, to provide waiver services to people facing skilled care needs in certain assisted living facilities built for this purpose, rather than moving them to a skilled nursing facility.

4. 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: 10/01/2016 to 09/30/2019

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

Timeline: 10/01/2016 to 09/30/2019

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.



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

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 personal manner.

4. Ensure adequate community services are available to those who need them to enable to allow them to remain in their own homes for as long as they choose.

Timeline: 10/01/2016 to 09/30/2019

Activities

1. Seek out new resources and opportunities to expand requested and necessary services such as chore services and non-medical transportation that are currently not available to all older adults in the region who need them.
2. Continue to provide evidence-based wellness programs like PATH, Matter of Balance, Walk with Ease, and Diabetes Prevention Education to anyone who wants to participate, so that they can learn strategies to maintain their health and wellness for longer periods of time.
3. Advocate for increased funding to ensure current services continue to be available to an expanding older population.

Expected Outcome

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

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

Timeline: 10/01/2016 to 09/30/2019

Activities

1. Work with county commissioners to identify local housing needs and issues through regularly-scheduled UPCAP board meetings.
2. Allocate funding through Title III for home modifications and home injury control to assure a safe home environment and accommodate disabilities.
3. Continue to provide at least two trainings per year to housing managers throughout the region, providing updated information on the needs of older adults, those with disabilities, and those facing chronic health conditions.
4. The UPAAA will assist communities in obtaining "Community for a Lifetime" status if so desired. 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.
5. Continue to work with local housing authorities, Rural Development, MSHDA, and HUD to seek new



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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.

6. Explore and identify strategies to ease the shortage of competent direct care workers in the region.

Timeline: 10/01/2016 to 09/30/2019

Activities

1. Encourage and assist in the provision of training and skill building opportunities for direct care workers by use of training programs such as Building Training, Building Quality and PREVNT.
2. Promote economic stability and advocate for fair wages for direct care workers striving to live and work within the region by participating in the state-wide Workgroup on the Direct Support Workforce and advocating to legislators to provide funding that would allow an increase in wages to direct care staff and promote better compensation like health insurance and overtime pay.

Expected Outcome

A larger and more stable workforce of competent direct care workers will be available throughout the region and to everyone needing services to help them remain independent and in their own homes for as long as possible.



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Advocacy Strategy

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

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

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

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

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

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

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

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

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

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

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



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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.



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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 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, known as SAIL. We work 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.

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

2. Describe the area agency's strategy for FY 2017-2019 for working with ADRC partners in the context of the access services system within the PSA.

UPCAP has a leadership role in the fully-functioning ADRC of the U.P. 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. meets bi-monthly with SAIL and other partners such as the region's hospitals, long-term care facilities, mental health agencies, veteran's organizations, MMAP, and other various community service organizations, to further develop and sustain a fully-functioning seamless 'no wrong door' approach to providing information and services to anyone seeking them.

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, the ADRC of the UP also utilizes UPCAP's fully-trained and



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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 encourages them to become AIRS certified. 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, and others to ensure input and recommendations are received from all people requesting services from the AAA.

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

With the help of the MI Health Endowment Fund grant received via the Area Agency on Aging Association of Michigan, we have been very successful in recruiting new partners and leaders to provide EBDP programs throughout the entire region, especially as it relates to the Diabetes PATH and Matter of Balance Programs. Partners have seen the value of these and other EPDP programs, and many are committed to continuing them even after supplemental funding is no longer available. The UPAAA and partners have already discussed ways to keep the programs going, expanding as necessary, by seeking out new grant opportunities or using existing funds such as millage or OAA funds. Additionally, charging nominal fees to participants has worked successfully in the past and may be implemented again in order to sustain programs. Some of the area's health plans have also expressed an interest in paying to have their members participate in EBDP programs that will provide strategies to keep members healthy.

The UPAAA will continue to meet and work with its partners and any and all possible funding sources to sustain, and in fact increase, capacity for these important programs.



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Community Focal Points

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

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

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

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

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



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available to the public and requires confidential treatment of personal information.

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 persons in those areas. List your Community Focal Points in this format.

Name:	Alger County Commission on Aging
Address:	1604 Sand Point Rd., Munising, MI 49862
Website:	
Telephone Number:	(906) 387-2439
Contact Person:	Kristine Lindquist
Service Boundaries:	Alger County
No. of persons within boundary:	3042
Services Provided:	Information, outreach, homemaker, personal care, respite, adult day services, health & wellness programs, MMAP

Name:	Amasa Senior Citizen Center
Address:	601 Marquette Ave., Amasa, MI 49903
Website:	www.dicsami.org/senior_centers



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Telephone Number: (906) 822-7284
Contact Person: Judy Cornelia
Service Boundaries: Iron County
No. of persons within boundary: 4299
Services Provided: Information and assistance, social activities, senior meals

Name: Baragaland Senior Citizen Center
Address: Box 258, 6 North Main St., L'Anse, MI 49946
Website:
Telephone Number: (906) 524-6711
Contact Person: Pamela Anderson
Service Boundaries: Baraga County
No. of persons within boundary: 2265
Services Provided: Information, outreach, social activities, homemaker, personal care, transportation and respite

Name: Breen Senior Citizen Center
Address: 244 Parkway St., Kingsford, MI 49802
Website: www.dicsami.org/senior_centers
Telephone Number: (906) 774-5110
Contact Person: Jeff Kantz
Service Boundaries: Dickinson County
No. of persons within boundary: 7062
Services Provided: Information and assistance, social activities, senior meals

Name: Cloverland Senior Citizen Center
Address: Box 298, Ewen, MI 49925
Website:
Telephone Number: (906) 988-2463
Contact Person: Mary Abrams
Service Boundaries: Ontonagon County
No. of persons within boundary: 2605
Services Provided: Information and assistance, social activities, senior meals

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



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Service Boundaries: Iron County
No. of persons within boundary: 4299
Services Provided: Information and assistance, meals, social activities

Name: Dickinson County Senior Citizen Center
Address: 700 Crystal Lake Blvd., Iron Mountain, MI 49801
Website: www.dicsami.org/senior_centers
Telephone Number: (906) 774-5888
Contact Person: Brittney Johnson
Service Boundaries: Dickinson County
No. of persons within boundary: 7062
Services Provided: Senior meals, information and assistance, social activities

Name: Escanaba Senior Citizen Center
Address: 225 North 21st St., Escanaba, MI 49829
Website: www.mdscaa.org
Telephone Number: (906) 786-8850
Contact Person: Naomi Fletcher
Service Boundaries: Delta County
No. of persons within boundary: 10,597
Services Provided: Information, outreach, social activities, senior meals, MMAP, homemaker, personal care, respite services

Name: Felch Senior Citizen Center
Address: Felch Twp. Community Center, Felch, MI 49831
Website: www.dicsami.org/senior_centers
Telephone Number: (906) 246-3559
Contact Person: Becky Nord
Service Boundaries: Dickinson County
No. of persons within boundary: 7062
Services Provided: Information and assistance, outreach, social activities, senior meals

Name: Forsyth Senior Center Forsyth Community Bldg.
Address: 165 N. Maple St., Gwinn, MI 49841
Website:
Telephone Number: (906) 346-9862
Contact Person: Brian Veale
Service Boundaries: Marquette County
No. of persons within boundary: 15,661



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Services Provided: Information, outreach, senior meals, social activities, homemaker services

Name: Gladstone Senior Citizen Center
Address: 303 North 8th St, Gladstone, MI 49837
Website: www.mdscaa.org
Telephone Number: (906) 428-2201
Contact Person: Sally Kidd
Service Boundaries: Delta County
No. of persons within boundary: 10,597

Services Provided: Information, outreach, senior meals, social activities, homemaker, personal care, and respite services

Name: Gogebic Co Senior Center - Mill Street Garden
Address: 100 S. Mill Street, Bessemer, MI 49911
Website:
Telephone Number: (906) 667-0283
Contact Person: Donna Heikkala
Service Boundaries: Gogebic County
No. of persons within boundary: 4869

Services Provided: Information, outreach, social activities, senior meals, homemaker, respite, chore services, personal care, MMAP

Name: Hermansville Senior Citizen Center
Address: Box 236, Hermansville, MI 49847
Website: www.mdscaa.org
Telephone Number: (906) 498-7735
Contact Person: Pam Haluska
Service Boundaries: Menominee County
No. of persons within boundary: 6897

Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

Name: Iron County Senior Citizen Center
Address: 800 4th Avenue, Iron River, MI 49935
Website: www.dicsami.org/senior_centers
Telephone Number: (906) 265-6134
Contact Person: Catherine Bortolameolli
Service Boundaries: Iron County
No. of persons within boundary: 4299



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Services Provided: Information and assistance, social activities, senior meals

Name: Ishpeming Senior Center
Address: 320 S. Pine St., Ishpeming, MI 49849
Website:
Telephone Number: (906) 485-5527
Contact Person: Elyse Bertucci
Service Boundaries: Marquette County
No. of persons within boundary: 15,661

Services Provided: Information, outreach, homemaker, senior meals, social activities

Name: Lake Gogebic Senior Citizen Center
Address: 109 Pine St., P.O. Box 361, Bergland, MI 49910
Website:
Telephone Number: (906) 575-3461
Contact Person: Joan Harris
Service Boundaries: Ontonagon County
No. of persons within boundary: 2605

Services Provided: Information, outreach, social activities, homemaker, personal care, and respite services

Name: Manistique Senior Citizen Center
Address: 101 Main St., Manistique, MI 49854
Website:
Telephone Number: (906) 341-5923
Contact Person: Connie Frenette
Service Boundaries: Schoolcraft
No. of persons within boundary: 2619

Services Provided: Information, outreach, senior meals, social activities, transportation, and homemaker services

Name: Marquette Senior Services Center
Address: 300 W. Spring St., Marquette, MI 49855
Website: www.mqtcty.org/senior
Telephone Number: (906) 228-0456
Contact Person: Jane Palmer
Service Boundaries: Marquette County
No. of persons within boundary: 15,661

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
Service Boundaries: Menominee County
No. of persons within boundary: 6897
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

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
Service Boundaries: Chippewa County
No. of persons within boundary: 8436
Services Provided: Information, outreach, senior meals, social activities, homemaker, personal care, and respite

Name: St. Ignace Senior Citizen Center
Address: 1210 North State Street, St. Ignace, MI 49781
Website: www.clmcaa.com
Telephone Number: (906) 643-8595
Contact Person: Don Wright
Service Boundaries: Mackinac County
No. of persons within boundary: 3758
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite

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
Service Boundaries: Baraga, Houghton, Keweenaw Counties
No. of persons within boundary: 11,114
Services Provided: Information and assistance, care management, outreach, MMAP

Name: Mid-County Senior Citizen Center



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Address: P.O. Box 102, U.S. 41, Daggett, MI 49821
Website: www.mdscaa.org
Telephone Number: (906) 753-6986
Contact Person: Becky Thoune
Service Boundaries: Menominee County
No. of persons within boundary: 6897
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

Name: Munising Lakeshore Manor
Address: 200 West City Park Drive, Munising, MI 49862
Website:
Telephone Number: (906) 387-4084
Contact Person: Patricia Downs
Service Boundaries: Alger County
No. of persons within boundary: 3042
Services Provided: Senior meals, information and assistance

Name: Negaunee Senior Center
Address: 410 Jackson St., Negaunee, MI 49866
Website:
Telephone Number: (906) 475-6266
Contact Person: Kristy Malmsten
Service Boundaries: Marquette County
No. of persons within boundary: 15,661
Services Provided: Information, outreach, homemaker, senior meals, social activities, MMAP

Name: Newberry Community Action Agency
Address: 405 Newberry Ave., Newberry, MI 49868
Website: www.clmcaa.com
Telephone Number: (906) 293-5621
Contact Person: Donn Riley
Service Boundaries: Luce County
No. of persons within boundary: 1697
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

Name: Norway-Vulcan Senior Center
Address: 608 Main Street, Norway, MI 49870



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Website:

Telephone Number: (906) 563-8716

Contact Person: Susan Slining

Service Boundaries: Dickinson County

No. of persons within boundary: 7062

Services Provided: Information and assistance, social activities, meals

Name: Pickford Senior Citizen Center

Address: Pickford Twp. Hal, Pickford, MI 49774

Website: www.clmcaa.com

Telephone Number: (906) 647-2204

Contact Person: Donn Riley

Service Boundaries: Chippewa County

No. of persons within boundary: 8436

Services Provided: Information and assistance, social activities, senior meals

Name: Rapid River Twp. Senior Citizen Center Omni Center

Address: 10574 N. Main St., P.O. Box 6, Rapid River, MI 49878

Website: www.mdscaa.org

Telephone Number: (906) 474-9039

Contact Person: Judy Lauria

Service Boundaries: Delta County

No. of persons within boundary: 10,597

Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

Name: Rock Senior Citizen Center

Address: 3892 W. Maple Ridge, Rock, MI 49880

Website: www.mdscaa.org

Telephone Number: (906) 356-6420

Contact Person: Becky Carey

Service Boundaries: Delta County

No. of persons within boundary: 10,597

Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

Name: Sagola Twp. Senior Citizen Center

Address: 205 Sagola Ave., Sagola, MI 49881

Website: www.dicsami.org/senior_centers



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Telephone Number:	(906) 542-3273
Contact Person:	Chris Tramontin
Service Boundaries:	Dickinson County
No. of persons within boundary:	7062
Services Provided:	Information and assistance, social activities, senior meals



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Other Grants and Initiatives

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

The AAA is involved in numerous health & wellness initiatives, such as PATH (Personal Action Towards Health), Diabetes-PATH, Chronic Pain Management, and PATH Chronic Disease Management, the Arthritis Foundation's Walk with Ease, and Matter of Balance. Other initiatives the UPAAA is committed to are Building Training, Building Quality Initiative (BTBQ), T-Care, PREVNT, MMAP, and MI Health Link Outreach & Education.

In 2016, UPCAP became a community partner with the Senior Reach Initiative. Senior Reach is a nationally recognized evidence-based program that identifies isolated, at-risk older adults living in the community. Senior Reach offers an evidence-based and cost-effective solution that utilizes existing community resources to provide behavioral health and care management services to isolated, at-risk older adults, age 60 and older, living in the community.

The UPAAA is also committed to bringing new programs to the region that will assist family caregivers, especially those caring for loved ones with Alzheimer's Disease or other related dementia. Two programs we hope to bring to the region soon are the evidence-based Alzheimer's Disease Initiative-Specialized Supportive Services project and Respite Education and Support Tools (REST), both specific to this purpose.

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, 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, Creating Confident Caregivers, REST, and the Alzheimer's Disease Initiative-Specialized Supportive Services project provide education, support, and respite for caregivers and promote caregiver self-care which ultimately leads to healthier and more productive lives for all involved. These programs also help caregivers become more confident and savvy in their care giving 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 BTBQ and PREVNT projects train personal care aides working with seniors in their homes how to provide quality care and how to prevent and detect elder abuse, so that the incidents of abuse towards vulnerable adults in the region will decrease. PREVNT has also been recently expanded to help teach community members and the general public about elder abuse, neglect and exploitation.



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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 2017-2019.

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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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	22
Aged 60 and Over	0	0	2	0	0	2	19

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		
Sharon Teeple	Chippewa	Member-at-Large, Bay Mills Tribe		Yes	
Edward Jenich	Houghton	Consumer			Yes
Dan LaFoille	Schoolcraft	Consumer			Yes
Jonathan Mead	Region-Wide	UPCAP/UPAAA		Yes	
Jan Hafeman	Menominee County	Menominee County Board of Commissioners	Yes		
Carl Nykanen	Ontonagon County	Ontonagon County Board of Commissioners	Yes		
Larry Mersnick	Schoolcraft County	Schoolcraft County	Yes		



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		Board of Commissioners			
Richard Timmer	Chippewa County	Consumer			Yes
Dan Young	Delta County	Member-at-Large			
Sarah Peurakoski	Region-Wide	Superior Alliance for Independent Living (SAIL)		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		
Greg Schultz	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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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	12	18
Aged 60 and Over	0	0	0	0	2	4	10

Board Member Name	Geographic Area	Affiliation
Jim Bruce	Region-Wide	AARP
Connie Fuller	Delta County	Consumer
Sandy Guenette	Delta County	Hospital
Billie Jo Hermanson	Luce County	Consumer
Sally Kidd	Delta, Menominee, & Schoolcraft Counties	Community Action Agency
Ken Mylly	Delta County	Consumer
Jerry Irby	Marquette County	Consumer
Pam McKenna	Alger	Skilled Nursing Facility
Sarah Buckley	Region-Wide	Veteran's Administration
Vickie Londerville	Marquette County	Experience Works!
Sarah Peurakoski	Region-Wide	Superior Alliance for Independent Living (SAIL)
Jonathan Mead	Region-Wide	Area Agency on Aging
Joann Scheerz	Chippewa County	Consumer
Scheryl Searles	Chippewa County	Consumer
Duane Smith	Baraga County	Consumer/Veteran
Elsie Stafford	Delta County	Skilled Nursing Facility
Jaclyn Paulson	Marquette County	Upper Peninsula Health Plan
William Slavin	Region-Wide	NorthCare Network



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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.

DUAL SERVICE COORDINATION CONTINUUM

Community-Based Aging and Health Care System

The Dual Service Coordination Continuum serves as a way to graphically represent two service coordination continuums. The upper continuum represents health care services and the lower continuum represents community-based services. Together they show the entire range of service coordination options available to the consumer. Area agency-related options are primarily reflected on the community-based continuum. Boxes 2-5 are to describe service coordination program options. Box 1, Education and Prevention, describes early-on options that can help avoid premature use of more costly service coordination options.

Enter specific information in the continuum boxes provided to show the coordination of service program options available in the planning and service area. If you cannot fit all area programs in the space provided, list only the primary ones. Upload your completed continuum under the Budget and Other Documents tab. (For technical assistance, see completed sample in the Documents Library.)

Planning & Service Area	PSA 11				
Type of Continuum	Education and Prevention	Access I&A	Options Counseling	Case Coordination & Support	Care Management
Healthcare and Medical Continuum	U.P. hospitals' diabetes prevention, education, physical therapy & wellness programs; Upper Peninsula Health Plan; public health departments; some physicians' offices and/or clinics.	Web-based hospital and clinic resources; discharge planners, nursing facility social workers.	MI Health Link, Upper Peninsula Health Plan, nursing facility social workers, hospital discharge planners.	N/A	MI Health Link; home health care case management; insurance-based case management; hospital discharge case management; Veteran's self-directed HCBS.
Community-Based Support Continuum	UPAAA PATH, Chronic Pain PATH, Diabetes PATH, Matter of Balance, Creating Confident Caregivers, Walk with Ease, nutrition counseling, Diabetes Prevention Program, Edler Abuse Prevention and education, PREVNT. Same or similar programs are also available through the various YMCAs, Alzheimer's Association, and MI University Extension.	AAA information & referral services, including 2-1-1 (both call-in and web-based); the ADRC of the U.P.; SAIL; Alzheimer's Association; Veteran's Administration.	UPAAA, ADRC & SAIL Local Contact Agency (LCA); transition coordinators/options counselors, housing coordinator.	N/A	MI Health Link, MI Choice Waiver program, UPAAA care management; VA HCBS/self-determination; T-Care

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2017

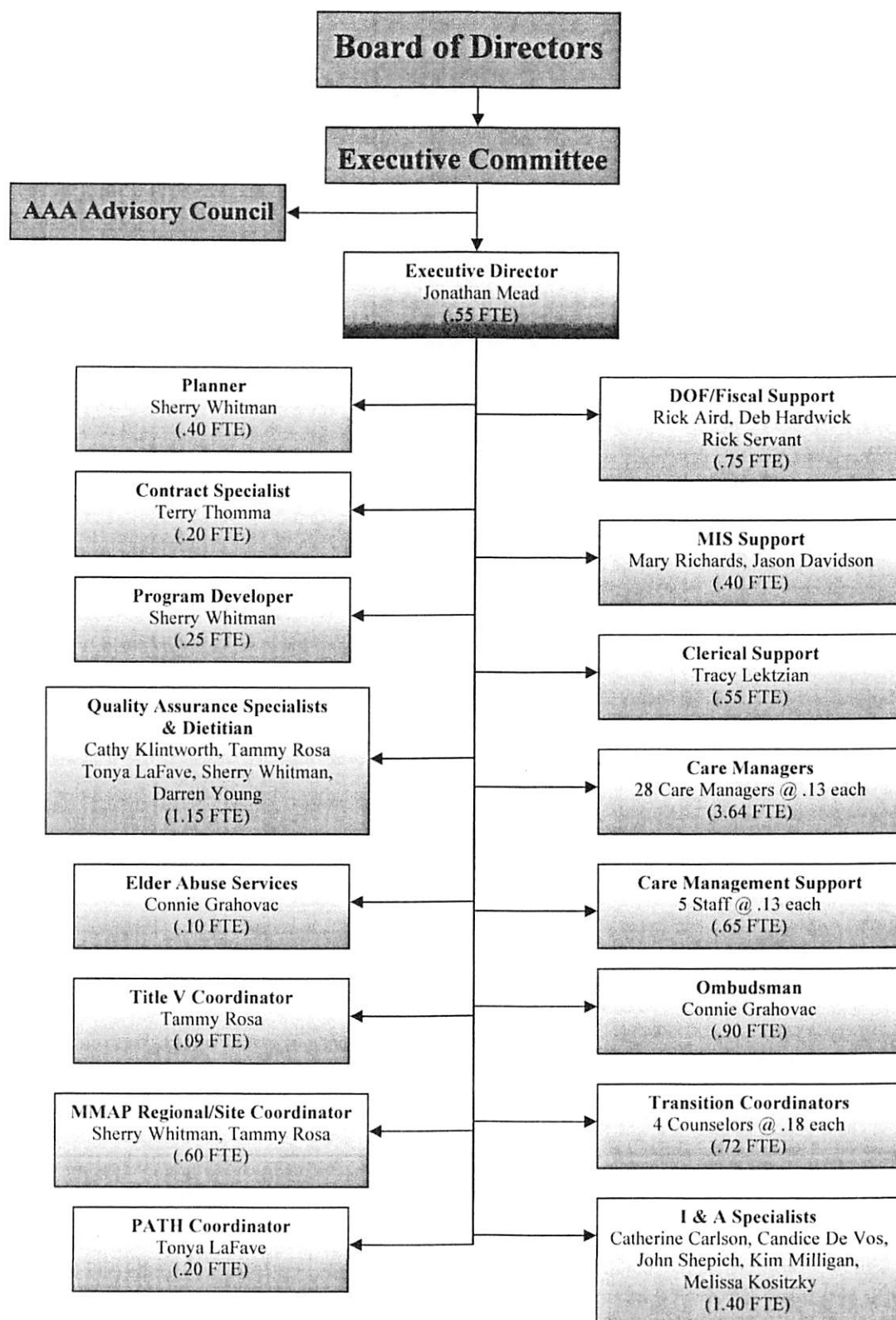
Funded Under Disease Prevention Health Promotion Service Definition

Provide the information requested below for Evidence-Based Programs (EBDP) to be funded under Title III-D.

Beginning October 1, 2016 (FY 2017), Title III-D funds can only be used on health promotion programs that meet the highest level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2017.

Program Name	Provider Name	Anticipated No. of Participants	Funding Amount
PATH, including Chronic Pain Management PATH and Diabetes PATH	UPAAA & regional partners	150	\$17,000
Matter of Balance	UPAAA & regional partners	100	\$14,000
Walk with Ease	UPAAA & regional partners	30	\$4,000
Diabetes Prevention Program	UPAAA	10	\$3,280

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



** NOTE: FTE only includes OAA/OMA funding



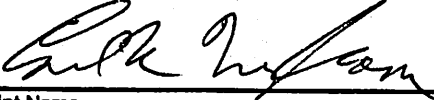
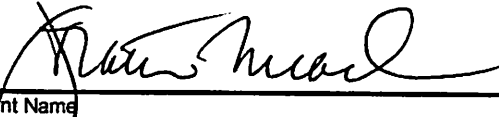
ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

FY 2017 - 2019

SIGNATURES

This document covers Fiscal Year 2017. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

The signatories below acknowledge that they have reviewed the entire document including all budgets, assurances, and appendices and they commit to all provisions and requirements of this Annual Implementation Plan.

Signature of Chairperson, Board of Directors 	Date June 24, 2016
Print Name Carl Nykanen	
Signature of Area Agency on Aging Director 	Date June 24, 2016
Print Name Jonathan Mead	
Area Agency on Aging Upper Peninsula Area Agency in Aging/UPCAP	
Documents referenced by the signature page: <ul style="list-style-type: none">▪ FY 2017 Area Plan Grant Budget▪ FY 2017 Direct Service Budgets▪ Request to Transfer Funds▪ Waiver for Direct Service Provision▪ Assurance and Certifications▪ Assurance of Compliance With Title VI of Civil Rights Act of 1964▪ Regional Service Definitions▪ Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly▪ Waiver of Minimum Percentage for a Priority Service Category	

FY 2017 AREA PLAN GRANT BUDGET

Rev. 4/2016

Agency: UPAAA - UPCAP Services, Inc

Budget Period: 10/01/16 to 09/30/17

PSA: XI

Date: 05/15/16

Rev. No.: 0 Page 1 of 3

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	547,094		547,094
2. Fed. Title III-C1 (Congregate)		688,765	688,765
3. State Congregate Nutrition		13,817	13,817
4. Federal Title III-C2 (HDM)		357,113	357,113
5. State Home Delivered Meals		605,915	605,915
8. Fed. Title III-D (Prev. Health)	37,920		37,920
9. Federal Title III-E (NFCSP)	235,565		235,565
10. Federal Title VII-A	21,099		21,099
10. Federal Title VII-EAP	9,405		9,405
11. State Access	41,243		41,243
12. State In-Home	322,992		322,992
13. State Alternative Care	162,358		162,358
14. State Care Management	431,825		431,825
16. St. ANS & St. NHO	106,860		106,860
17. Local Match			
a. Cash	37,500	75,000	112,500
b. In-Kind	238,200	120,000	358,200
18. State Respite Care (Escheat)	95,606		95,606
19. MATF & St. CG Support	212,938		212,938
20. TCM/Medicaid & MSO	17,311		17,311
21. NSIP		461,570	461,570
22. Program Income	43,200	1,375,000	1,418,200
TOTAL:	2,561,116	3,697,180	6,258,296

ADMINISTRATION

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	207,384	45,000	252,384
State Administration	36,134		36,134
MATF & St. CG Support Administration	19,164		19,164
Other Admin	-		-
Total AIP Admin:	262,682	45,000	307,682

Expenditures


	FTEs	
1. Salaries/Wages	2.45	142,440
2. Fringe Benefits		48,499
3. Office Operations		116,743
Total:		307,682

Cash Match Detail

Source	Amount	Source	Amount
		Volunteer Time	45,000
Total:	-	Total:	45,000

In-Kind Match Detail

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

Executive Director
Title

05/15/16
Date

FY 2017 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: UPAAA - UPCAP Services, Inc

Budget Period: 10/01/16

to 09/30/17

Rev. 4/2016

PSA: XI

Date: 05/15/16

Rev. No.:

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 MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
1. Access																
a. Care Management	20,000		20,000		41,243			431,825					4,000	7,000	65,000	589,068
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
2. In-Home																
a. Chore	6,000												200		1,000	7,200
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	166,670					166,992	75,358						25,000	10,000	40,000	484,020
e. Home Health Aide																-
f. Medication Mgt																-
g. Personal Care																-
h. Assistive Device&Tech																-
i. Respite Care	30,000		106,998							95,606	87,305			4,000	12,000	335,909
j. Friendly Reassure																-
3. Legal Assistance	37,000													2,000	41,500	80,500
4. Community Services																
a. Adult Day Care	6,000		45,000								106,469		2,000	2,000	4,000	165,469
b. Dementia ADC																-
c. Disease Prevent		37,920												2,000	3,000	42,920
d. Health Screening																-
e. Assist to Deaf																-
f. Home Repair																-
g. LTC Ombudsman	7,009			21,099					42,546			17,311			7,000	94,965
h. Sr Ctr Operations																-
i. Sr Ctr Staffing																-
j. Vision Services																-
k. Elder Abuse Prevnt				9,405											1,100	10,505
l. Counseling																-
m. Creat.Conf.CG@ CCC			8,567												1,000	9,567
n. Caregiver Supplmt																-
o. Kinship Support			16,000												1,600	17,600
q. Caregiver E,S,T																-
5. Program Develop	109,415														12,500	121,915
6. Region Specific																
a.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
b.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
d.																-
e.																-
7. CLPI/ADRC Services	-		-		-			-	64,314						7,300	71,614
8. MATF & St CG Sup Adm											19,164					19,164
SUPPRT SERV TOTAL	547,094	37,920	235,565	30,504	41,243	322,992	162,358	431,825	106,860	95,606	212,938	17,311	43,200	37,500	238,200	2,561,116

FY 2017 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 4/2016

Agency: UPAAA - UPCAP Services, Inc Budget Period: 10/01/16 to 9/30/17
 PSA: XI Date: 05/15/16 Rev. Number 0

page 3 of 3

FY 2017 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	642,765		13,817		200,000	625,000	30,000	60,000	1,571,582
2. Home Delivered Meals		334,113		605,915	261,570	750,000	45,000	60,000	2,056,598
3. Nutrition Counseling									-
4. Nutrition Education									-
5. AAA RD/Nutritionist*	46,000	23,000							69,000
Nutrition Services Total	688,765	357,113	13,817	605,915	461,570	1,375,000	75,000	120,000	3,697,180

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

FY 2017 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
LTC Ombudsman Services									
1. LTC Ombudsman	7,009	21,099		42,546	17,311	-	-	7,000	94,965
2. Elder Abuse Prevention	-		9,405			-	-	1,100	10,505
3. Region Specific	-	-	-	-		-	-	-	-
LTC Ombudsman Ser. Total	7,009	21,099	9,405	42,546	17,311	-	-	8,100	105,470

FY 2017 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	-	-	-	-	-	-	-	-	-
Respite Service Total	-	-	-	-	-	-	-	-	-

FY 2017 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.	-	-				-	-	-	-
Kinship Services Total	-	16,000				-	-	1,600	17,600

Planned Services Summary Page for FY 2017			PSA: XI		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 589,068	9.41%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 78,000	1.25%			X
Outreach	\$ -	0.00%			
Transportation	\$ 23,500	0.38%	X	X	
IN-HOME SERVICES					
Chore	\$ 7,200	0.12%	X	X	
Home Care Assistance	\$ 398,000	6.36%	X	X	
Home Injury Control	\$ 11,200	0.18%	X	X	
Homemaking	\$ 484,020	7.73%	X	X	
Home Delivered Meals	\$ 2,056,598	32.86%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 335,909	5.37%	X	X	
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 165,469	2.64%	X	X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,571,582	25.11%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 42,920	0.69%			X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 80,500	1.29%		X	
Long Term Care Ombudsman/Advocacy	\$ 94,965	1.52%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 10,505	0.17%			X
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ 9,567	0.15%			X
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 17,600	0.28%	X	X	
Caregiver Education, Support, & Training	\$ -	0.00%			
AAA RD/Nutritionist	\$ 69,000	1.10%			X
PROGRAM DEVELOPMENT	\$ 121,915	1.95%			X
REGION-SPECIFIC					
a.	\$ -	0.00%			
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
e.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ 71,614	1.14%			X
MATF & ST CG ADMINISTRATION	\$ 19,164	0.31%			
TOTAL PERCENT		100.00%	1.06%	82.67%	16.27%
TOTAL FUNDING	\$ 6,258,296		\$66,000	\$5,173,857	\$1,018,439

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

FY 2017 BUDGET REVIEW SPREADSHEET

Rev. 4/2016 ||

Agency:	UPAAA - UPCAP	11		Fiscal Year:	FY 2017
Date of SGA:	5/5/2016	SGA No.	2016-5	Date Reviewed by AASA:	
Date of Budget:	05/15/16	Revision No.	0	Initials of Field Rep Approving:	
SGA CATEGORY	SGA AWARD	C/O AMOUNT	TOTAL	AAA COMMENTS	
Title III Administration	\$ 210,016		\$ 210,016		
State Administration	\$ 36,476		\$ 36,476		
Title III-B Services	\$ 554,086		\$ 554,086		
Title III-C-1 Services	\$ 697,544		\$ 697,544		
Title III-C-2 Services	\$ 361,665		\$ 361,665		
Federal Title III-D (Prev. Health)	\$ 38,280		\$ 38,280		
Title III-E Services (NFCSP)	\$ 238,567		\$ 238,567		
Title VI/A Services (LTC Ombuds)	\$ 21,099		\$ 21,099		
Title VI/EAP Services	\$ 9,495		\$ 9,495		
St. Access	\$ 41,634		\$ 41,634		
St. In Home	\$ 326,058		\$ 326,058		
St. Congregate Meals	\$ 13,948		\$ 13,948		
St. Home Delivered Meals	\$ 611,666		\$ 611,666		
St. Alternative Care	\$ 163,599		\$ 163,599	AASA COMMENTS	
St. Aging Network Srv. (SL ANS)	\$ 64,925		\$ 64,925		
St. Respite Care (Escheats)	\$ 96,763		\$ 96,763		
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		
MSO Fund-LTC Ombudsman	\$ 17,311		\$ 17,311		
St. Care Mgt.	\$ 431,825		\$ 431,825		
NSIP	\$ 461,570		\$ 461,570		
SGA TOTALS:	\$ 4,654,032	\$ -	\$ 4,654,032		
Administrative Match Requirements					
ADMINISTRATION	BUDGET	SGA	DIFFERENCE	Minimum federal administration match amount	\$70,005
Federal Administration	\$ 210,016	\$ 210,016	\$ -	Administration match expended (State Adm. + Local Match)	\$81,476
State Administration	\$ 36,476	\$ 36,476	\$ -	Is the federal administration matched at a minimum 25%?	Yes
Sub-Total:	\$ 246,492	\$ 246,492	\$ -	Does federal administration budget equal SGA?	Yes
MATF & St. CG Sup. Administration	\$ 19,345			Does state administration budget equal SGA?	Yes
Local Administrative Match				Merit Award Trust Admin. & St. Caregiver Support Admin must be expended at or below 9% of	
Local Cash Match	\$ -			Total Merit Award Trust Fund & St. Caregiver Support Admin. Funds budgeted:	9%
Local In-Kind Match	\$ 45,000			Is Merit Award Trust Fund & St CG Support Admin. budgeted at 9% or less?	Yes
Sub-Total:	\$ 45,000			Amount of MATF Funds budgeted on Adult Day Care	\$ 107,480
Other Admin	\$ -	AIP TOT ADMIN	DIFFERENCE	Is at least 50% of MATF budgeted on Adult Day Care services?	Yes
Total Administration:	\$ 310,837	\$ 310,837	\$ -	Title III-E Kinship Services Program Requirements	
SERVICES:	BUDGET	SGA	% BUDGETED	Are kinship services budgeted at > 5% of the AAA's Title III-E funding?	Yes
Federal Title III-B Services	\$ 554,086	\$ 554,086	100.00%	Are kinship services budgeted at < 10% of the AAA's Title III-E funding?	Yes
Fed. Title III C-1 (Congregate)	\$ 697,544	\$ 697,544	100.00%	(note: see TL #369 & TL#2007-141)	
State Congregate Nutrition	\$ 13,948	\$ 13,948	100.00%	For Agencies required to budget a minimum of \$25,000 of Title III-E requirement met?	N/A
Federal C-2 (HDM)	\$ 361,665	\$ 361,665	100.00%	Title III-B Long Term Care Ombudsman Maintenance of Effort Requirements	
State Home Delivered Meals	\$ 611,666	\$ 611,666	100.00%	Amount required from Transmittal Letter #428. (see cell L 42)	\$7,009
Federal Title III-D (Prev. Health)	\$ 38,280	\$ 38,280	100.00%	Budgeted amount Title III-B for LTC Ombudsman.	\$7,009
Federal Title III-E (NFCSP)	\$ 238,567	\$ 238,567	100.00%	Is required maintenance of effort met?	Yes
St. Access	\$ 41,634	\$ 41,634	100.00%		
St. In Home	\$ 326,058	\$ 326,058	100.00%		
St. Alternative Care	\$ 163,599	\$ 163,599	100.18%	Service Match Requirements	
St. Care Mgt.	\$ 431,825	\$ 431,825	100.00%	Minimum service match amount required	\$402,793
St. LTC Ombudsman	\$ 42,546	\$ 42,546	100.00%	Service matched budgeted: (Local Cash + In-Kind)	\$470,700
St ANS	\$ 64,925	\$ 64,925	100.00%	Is the service allotment matched at a minimum 10%?	Yes
Sub-Total:	\$ 3,586,643	\$ 3,586,343	100.01%		
Local Service Match				Miscellaneous Budget Requirements / Constraints	
Local Cash Match	\$ 112,500			Amounts budgeted for OAA / AASA Priority Services:	
Local In-Kind Match	\$ 358,200			Access:	\$70,000
Sub-Total:	\$ 470,700			In-Home:	\$323,577
Title VI/A Services (LTC Ombuds)	\$ 21,099	\$ 21,099	100.00%	Legal:	\$37,000
Title VI/EAP Services	\$ 9,495	\$ 9,495	100.00%	Total Budgeted for Priority Services: \$430,577	
NSIP	\$ 461,570	\$ 461,570	100.00%	Are Access Services budgeted at minimum 10% of Original ACL Title III-B	Yes
St. Respite Care (Escheats)	\$ 96,763	\$ 96,763	100.00%	Are In Home Services budgeted at minimum 10% of Original ACL Title III-B	Yes
MATF + St. CG Support	\$ 214,959	\$ 195,614	109.89%	Are Legal Services budgeted at minimum 6.5% of Original ACL Title III-B	Yes
MSO Fund-LTC Ombudsman	\$ 17,311	\$ 17,311	100.00%	(Actual % of Legal)	6.68%
TCM-Medicaid / CM	\$ -			Title III-B award w/o carryover or Transfers in current SGA	\$554,086
Program Income	\$ 1,418,200			Amount budgeted for Program Development:	\$110,500
Total Services:	\$ 6,296,740			% of Title III-B Program Development (must be 20% or less):	19.0%
Grand Total: Ser.+ Admin.	\$ 6,607,577			Is Program Development budgeted at 20% or less?	Yes
				Title III-D allotment with carryover:	\$38,280
				Amount budgeted for EBDP Activities, per TL#2012-244:	\$38,280
				Is 100% of Title III-D budgeted on APPROVED EBDP?	Yes

PRIORITY SERVICE SECTION

Access Services	III-B Budget Amount
a. Care Management	\$20,000
b. Case Coord/supp	\$0
c. Disaster Advocacy	\$0
d. Information & Assis	\$35,000
e. Outreach	\$0
f. Transportation	\$15,000
Access Total:	\$70,000

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

In Home Services	III-B Budget Amount
a. Chore	\$6,000
b. Home Care Assis	\$105,000
c. Home Injury Cntrl	\$10,000
d. Homemaking	\$172,577
e. Home Health Aide	\$0
f. Medication Mgt	\$0
g. Personal Care	\$0
h. Assistive Device&Tech	\$0
i. Respite Care	\$30,000
j. Friendly Reassure	\$0
In Home Services Total:	\$323,577

(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
Kinship Services Total:	\$16,000

(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	\$554,086
a. Amt. Transferred into Title III-B	
b. Amt. Transferred out of Title III-B	
AoA Title III-B Award Total:	\$554,086

(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 2017 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: UPAAA

FISCAL YEAR: FY 2017

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	28,000		288,000	4,000	7,000	65,000		392,000
Fringe Benefits	9,550		107,568					117,118
Travel	700		32,000					32,700
Training	200							200
Supplies	400		10,000					10,400
Occupancy	750		17,500					18,250
Communications	400		7,000					7,400
Equipment			5,500					5,500
Other:			5,500					5,500
Service Costs								0
Purchased Services								0
								0
Totals	40,000	0	473,068	4,000	7,000	65,000	0	589,068

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 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Volunteer Time		65,000		
Local Sources	7,000		4,000	

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: UPAAA

FISCAL YEAR: FY 2017

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
Totals	70,000	0	0	0	0	8,000	0	78,000

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 2017

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

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: UPAAA

FISCAL YEAR: FY 2017

SERVICE: Disease Prevention & Health Promotion

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	23,800				2,000	3,000		28,800
Fringe Benefits	7,010							7,010
Travel	2,800							2,800
Training	570							570
Supplies	1,280							1,280
Occupancy	2,000							2,000
Communications	150							150
Equipment	0							0
Other:	310							310
Service Costs								0
Purchased Services								0
								0
Totals	37,920	0	0	0	2,000	3,000	0	42,920

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 2017

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

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #4**

AAA: UPAAA

FISCAL YEAR: FY 2017

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	5,000	9,139	30,357			7,000		51,496
Fringe Benefits	1,200	2,110	7,500					10,810
Travel	400	7,500	15,500					23,400
Training	100	450	1,600					2,150
Supplies	100	750	1,500					2,350
Occupancy	159	650	2,300					3,109
Communications	50	300	800					1,150
Equipment	0	0	0					0
Other:	0	200	300					500
Service Costs								0
Purchased Services								0
								0
Totals	7,009	21,099	59,857	0	0	7,000	0	94,965

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 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Volunteer Time		7,000		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #5**

AAA: UPAAA

FISCAL YEAR: FY 2017

SERVICE: Programs for Prevention of Elder Abuse

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries		4,600				1,100		5,700
Fringe Benefits		1,120						1,120
Travel		2,000						2,000
Training		640						640
Supplies		300						300
Occupancy		600						600
Communications		145						145
Equipment								0
Other:								0
Service Costs								0
Purchased Services								0
								0
Totals	0	9,405	0	0	0	1,100	0	10,505

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 2017

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

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #6**

AAA: UPAAA

FISCAL YEAR: FY 2017

SERVICE: Creating Confident Caregivers

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	3,700					1,000		4,700
Fringe Benefits	942							942
Travel	825							825
Training	300							300
Supplies	400							400
Occupancy	350							350
Communications	250							250
Equipment	0							0
Other:	0							0
Service Costs	0							0
Purchased Services	1,800							1,800
								0
Totals	8,567	0	0	0	0	1,000	0	9,567

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 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Volunteer Time		1,000		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #7**

AAA: UPAAA

FISCAL YEAR: FY 2017

SERVICE: Nutritionist

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	43,000							43,000
Fringe Benefits	19,000							19,000
Travel	3,000							3,000
Training	300							300
Supplies	1,000							1,000
Occupancy	2,300							2,300
Communications	400							400
Equipment	0							0
Other:	0							0
Service Costs	0							0
Purchased Services	0							0
								0
Totals	69,000	0	0	0	0	0	0	69,000

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

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #8**

AAA: UPAAA

FISCAL YEAR: FY 2017

SERVICE: Program Development

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	80,500					12,500		93,000
Fringe Benefits	19,600							19,600
Travel	3,500							3,500
Training	500							500
Supplies	750							750
Occupancy	3,415							3,415
Communications	850							850
Equipment	0							0
Other:	300							300
Service Costs								0
Purchased Services								0
								0
Totals	109,415	0	0	0	0	12,500	0	121,915

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

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Volunteer Time		12,500		

**FY 2017 Annual Implementation Plan
Direct Service Budget Detail #9**

AAA: UPAAA

FISCAL YEAR: FY 2017

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			39,000			7,300		46,300
Fringe Benefits			12,800					12,800
Travel			7,889					7,889
Training			400					400
Supplies			750					750
Occupancy			2,100					2,100
Communications			825					825
Equipment			250					250
Other:			300					300
Service Costs								0
Purchased Services								0
								0
Totals	0	0	64,314	0	0	7,300	0	71,614

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

FY 2017

SOURCE OF FUNDS	MATCH		OTHER RESOURCES	
	VALUE		VALUE	
	Cash	In-Kind	Cash	In-Kind
Volunteer Time		7,300		

AREA AGENCY ON AGING--OPERATING BUDGET

PSA: XI
Agency: UPAAA

Budget Period: 10/01/16

to: 09/30/17

Date of Budget: 05/15/16

Rev. No.: _____ Page 1 of 2

Operations		Program Services/Activities													
Admin	Program Develop	Cong. Meals	HDM	USDA Meals	SCSEP Title V	State Access	Care Mgmt & Indirect	IIIB Services	IIID & IIIE	Ombuds-man	Elder Abuse	Aging Network	In Hm, Alt Care, Resp	MATF C/G Spt	TOTAL

REVENUES

Federal Funds	207,384	109,415	688,765	357,113	461,570	47,780	-	-	437,679	273,485	21,099	9,405	-	-	-	2,613,695
State Funds	36,134	-	13,817	605,915	-	-	41,243	431,825	-	-	59,857	-	64,314	580,956	212,938	2,046,999
Local Cash	-	-	30,000	45,000	-	-	-	7,000	20,000	3,000	-	-	-	5,000	-	110,000
Local In-Kind	45,000	12,500	60,000	60,000	-	7,500	5,000	60,000	30,000	28,000	7,000	1,100	7,300	50,000	-	373,400
Interest Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fund Raising/Other	-	-	-	-	-	-	-	4,000	-	-	-	-	-	-	-	4,000
TOTAL	288,518	121,915	792,582	1,068,028	461,570	55,280	46,243	502,825	487,679	304,485	87,956	10,505	71,614	635,956	212,938	5,148,094

EXPENDITURES

Contractual Services	-	-	656,582	940,028	461,570	42,405	-	-	325,670	167,567	-	-	-	580,956	193,774	3,368,552
Purchased Services	-	-	-	-	-	-	-	-	50,000	16,000	-	-	-	-	-	66,000
Wages and Salaries	135,375	81,000	29,000	14,000	-	4,455	27,000	261,000	19,000	34,798	39,496	4,600	39,000	-	13,590	702,314
Fringe Benefits	33,807	13,440	10,510	5,200	-	580	7,734	78,190	4,521	8,895	6,590	770	9,204	-	3,792	183,233
Payroll Taxes	9,860	6,160	2,220	1,070	-	340	2,065	19,970	1,454	2,890	3,020	350	2,985	-	1,040	53,424
Professional Services	6,500	-	-	-	-	-	-	900	35,000	35,000	-	-	-	-	-	77,400
Accounting & Audit Services	4,700	-	-	-	-	-	-	4,000	-	-	-	-	-	-	-	8,700
Legal Fees	725	-	-	-	-	-	-	500	-	-	-	-	-	-	-	1,225
Occupancy	6,026	3,415	1,125	1,175	-	-	1,000	16,500	534	2,375	2,950	600	2,100	-	567	38,367
Insurance	2,500	-	-	-	-	-	100	2,000	-	-	-	-	300	-	-	4,900
Office Equipment	2,000	-	-	-	-	-	-	3,000	-	-	-	-	250	-	-	5,250
Equip Maintenance & Repair	1,800	-	-	-	-	-	200	5,300	-	-	-	-	-	-	-	7,300
Office Supplies	4,975	250	670	330	-	-	400	7,250	300	1,480	2,250	300	750	-	100	19,055
Printing & Publication	-	-	-	-	-	-	-	300	-	-	-	-	-	-	-	300
Postage	2,500	300	-	-	-	-	140	1,700	-	-	-	-	-	-	-	4,640
Telephone	8,300	850	265	135	-	-	660	4,500	250	350	1,100	145	825	-	-	17,380
Travel	12,500	3,500	2,010	990	-	-	1,709	29,900	750	3,150	23,000	2,000	8,500	-	75	88,084
Conferences	2,950	500	200	100	-	-	235	815	200	670	2,050	640	400	-	-	8,760
Memberships	9,000	-	-	-	-	-	-	-	-	310	500	-	-	-	-	9,810
Special Events	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash & In Kind Match	45,000	12,500	90,000	105,000	-	7,500	5,000	67,000	50,000	31,000	7,000	1,100	7,300	55,000	-	483,400
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	288,518	121,915	792,582	1,068,028	461,570	55,280	46,243	502,825	487,679	304,485	87,956	10,505	71,614	635,956	212,938	5,148,094

AREA AGENCY ON AGING--WAGES AND SALARIES

PSA: XI
Agency: UPAAA

Budget Period: 10/01/16

to: 09/30/17

Date of Budget: 05/15/16

Rev. No.:

Page 2 of 2

JOB CLASSIFICATION FTEs		Operations		Program Services/Activities													TOTAL
		Admin	Program Develop	Cong. Meals	HDM	USDA Meals	SCSEP Title V	State Access	Care Mgmt & Indirect	IIIB Services	IIID & IIIE	Ombuds-man	Elder Abuse	Aging Network	In Hm, Alt Care, Resp	MATF C/G Spt	
Administration/Mgmt																	
AAA Executive Director	0.55	25,000	31,500						3,800								60,300
Financial Officer	0.25	16,250							2,450							2,400	21,100
Financial Mgr/HR	0.25	11,125							1,700							2,450	15,275
Financial Mgr	0.21	8,000							1,300								9,300
Payroll/Systems Mgr	0.25	10,000							1,500							1,450	12,950
Program Planner	0.05	2,500															2,500
Program Developer	0.25	-	13,000														13,000
QA Supervisor	0.40	10,000	13,100						-							3,140	26,240
QA Specialists	0.25	12,000	10,700						-							2,250	24,950
Clerical Support Staff	0.90	15,000	12,700						1,600								29,300
Contract Specialist	0.70	5,000														1,900	6,900
MIS Supports Staff	1.10	20,500							1,392								21,892
Subtotal	5.16	135,375	81,000						13,742							13,590	243,707
Direct Services																	
Nutritionist	1.00			29,000	14,000												43,001
Ombudsman	0.90									5,000		39,496					44,497
Elder Abuse Coord.	0.10												4,600				4,600
Title V Coord.	0.10						4,455										4,455
Support Coordinators	5.80							27,000	229,100	14,000	10,998						281,104
Care Management Spt	0.60								18,158								
Path Coordinator	0.50										23,800						23,801
Options Counselors	1.60										-			39,000			39,002
																	-
Subtotal	10.60			29,000	14,000		4,455	27,000	247,258	19,000	34,798	39,496	4,600	39,000			458,618
																	-
																	-
																	-
																	-
																	-
																	-
																	-
TOTAL	15.76	135,375	81,000	29,000	14,000	-	4,455	27,000	261,000	19,000	34,798	39,496	4,600	39,000	-	13,590	702,325