

2017—2019 Multi Year Plan  
**FY 2018 ANNUAL IMPLEMENTATION PLAN**  
U.P. AREA AGENCY ON AGING UPCAP SERVICES, INC. 11



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**Planning and Service Area**

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

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# ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

FY 2017-2019

U.P. Area Agency on Aging

FY 2018

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### County/Local Unit of Govt. Review

UPCAP's responsibility as the administrative secretary for the Upper Peninsula Association of County Commissioners plays a vital role in the agency's overall ability to address the needs of older adults, particularly as these needs impact county government activities. This has been very advantageous in terms of guiding decisions related to local funding for senior programs and decisions to pursue local senior millage elections. A copy of the final proposed FY 2018 Annual Implementation Plan will be presented to UPCAP's Board of Directors at their meeting on June 23, 2017, 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, 2017 requesting approval of the plan as written by July 31, 2017.



### Approved Multi-Year 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 21-member Board of Directors and a 18-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.

**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



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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.
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

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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 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.



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**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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## 2018 AIP Highlights

The UPAAA is committed to ensuring that the current goals and objectives of the MYP are met. Due to the uncertainty of the current economic and political climate, there are currently no new program objectives or major changes to the UPAAA area plan this time. We do believe that access to new grant opportunities will help us meet our current objectives, so there are plans to support and participate in new initiatives as they become available. We have recently become a partner with other Area Agencies on Aging to apply for the Administration for Community Living's (ACL) Chronic Pain Self-Management Program, and have now partnered with the MSU Extension to seek a Falls Prevention grant (also offered by ACL) that will promote and provide Tai Chi for Arthritis in this region.

The UPAAA continues to work to increase the effectiveness and efficiency of services provided to older adults throughout the region by promoting open dialogue, technical assistance, and training to its partners. The UPAAA has already received accreditation from the American Association of Diabetes Educators and is a Medicare certified provider for diabetes education. We are currently working to seek national recognition status from the Centers for Disease Control and Prevention for its National Diabetes Prevention Program. This will help to generate income needed to sustain these programs, as well as to continue to promote health education and wellness to those at risk for Type 2 Diabetes.

We will continue to encourage and preserve strong partnerships in order to help us grow existing programs and begin new projects where feasible to help meet the needs of older adults in the most cost-effective and practical way possible, thus fulfilling our mission to advocate for and provide services to older adults residing in the Upper Peninsula so they can lead independent, meaningful and dignified lives in their own homes and communities for as long as possible.



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### Public Hearings

Date	Location	Time	Barrier Free?	No. of Attendees
06/20/2017	UPCAP Conference Room	01:00 PM	Yes	15

In order to gather information regarding the needs of older persons in the PSA, a public hearing was held on June 20th to solicit concerns, issues and ideas from the community. Notice of the public hearing was made via the agency website, local newspapers, notices to senior centers and provider agencies, and at board and advisory meetings at least thirty (30) days in advance of the scheduled hearing. Persons were given the opportunity to request a Draft of the 2018 Annual Implementation Plan (AIP), which was made available prior to the hearing, and to provide written testimony and comments if unable to attend the hearings in person.

At the public hearing the Draft 2018 AIP for the UPAAA was presented by the agency's Planner, highlighting the process for development of the plan, program development and advocacy objectives, progress towards those objectives to-date, and the projected work plans for access services directly provided by the U.P. Area Agency on Aging. Given the number of individuals present, comments, concerns, and the exchange of ideas was conducted in an informal fashion providing the opportunity for a free-flowing discourse.

A few issues were brought forth at the hearing. Several attendees expressed their gratitude and support of the UPAAA in providing necessary in-home services such as home-delivered meals, respite care and homemaking to help people remain in their own homes. It was acknowledged that publicly funded and managed services such as these are critical to our rural region and essential for older persons and those with disabilities in need of assistance, and that the UPAAA and their partners have consistently demonstrated the prudent use of taxpayer dollars in meeting these needs.

One attendee speaking on behalf of partners who provide Older Americans Act services to seniors commented that the unit rates allowed for in-home service workers are not adequate to attract quality/experienced employees. The rates are not keeping up with other industries; it's very hard to compete when comparable wages or benefits cannot be provided to these employees. This has resulted in a shortage of workers, especially in rural areas. Many times there are waiting lists because there are just not enough workers to meet the demand. A discussion about waiting lists ensued; the consensus was that simple waiting lists do not tell the true story of unmet needs and their causes.

Another attendee expressed concern about what might happen to rural community hospitals that are not part of a larger corporation or parent company, if folks cannot get the in-home care and assistance they need to prevent acute care episodes. If funding to Medicare and Medicaid are cut further, how will these small hospitals be able to stay in business to meet this increased need?

AAA staff acknowledged that workforce issues were consistent across the board with all in-home service providers. There needs to be a major shift in terms of policies and funding for in-home services as the need is only going to grow as time progresses and people age in place. Additionally, the fear that Medicare and Medicaid funding will be cut in the near future is a major concern as in most cases this could lead to the

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necessity for more acute and long term nursing care, which is much more costly over all. These issues are part of the AAA's advocacy strategy and will continue to be so in subsequent area plans until they are adequately addressed.

It was also reiterated that the UPAAA will continue to seek out and apply for new grants and funding as they become available to help meet the needs of constituents living in the region, and to fulfill the goals and objectives of the Area Plan.

One other written comment/questions about the plan was received via email and has been included.



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## Access Services

### Care Management

<u>Starting Date</u>	10/01/2017	<u>Ending Date</u>	09/30/2018
Total of Federal Dollars	\$47,000.00	Total of State Dollars	\$538,384.00
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 Veteran's Self-Directed Home and Community-Based Program in partnership with the Veterans' Administration Medical Center (VAMC) in Iron Mountain, MI. The information below for the current year is accurate through 5/1/17.

#### Activities:

1. The UPAAA will continue to utilize Older Michiganians Act (OMA) resources to provide comprehensive, person-centered Care Management services to individuals who screen eligible for Long Term Care Supports and Services (LTSS) via a standardized screening process. In 2018, the UPAAA will conduct approximately 200 screenings of individuals requesting LTSS, and conduct initial assessments for an estimated 175 individuals screening eligible for LTSS. The UPAAA will open active case activities for an estimated 150 individuals who meet the Nursing Facility Level of Care (NFLOC) criteria for LTSS, initiating 150 person-centered support and services plans.
2. The UPAAA will utilize Older Americans Act (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 Waiver screening. Each UPAAA T-Care trained care manager will meet with a minimum of two caregivers of older adults to assess the caregiver's needs utilizing the T-Care process. Each T-Care trained care 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 service plans for all veterans referred and whom are willing to utilize a self-directed approach to LTSS. The agency is currently serving 96 veterans and anticipates receiving 50 new referrals annually.

Number of client pre-screenings:	Current Year:	110	Planned Next Year:	200
Number of initial client assessments:	Current Year:	84	Planned Next Year:	175

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Number of initial client care plans:	Current Year: 75	Planned Next Year: 150
Total number of clients (carry over plus new):	Current Year: 125	Planned Next Year: 180
Staff to client ratio (Active and maintenance per Full time care	Current Year: 1:17	Planned Next Year: 1:18

## Information and Assistance

<u>Starting Date</u>	10/01/2017	<u>Ending Date</u>	09/30/2018
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 isolated and rural areas.

### Activities:

1. Continue to update the region's comprehensive data base using AIRS Taxonomy and the software system used by 2-1-1 to ensure the system is accurate and current.
2. I & A staff will continue to coordinate with Emergency Management Coordinators for all 15 counties via the U.P. 911 Authority in regards to it's roll in the event of a national or regional disaster. Memorandums of Understanding have been developed between the 2-1-1 program and the region's emergency management systems which detail the UPAAA's role in the coordination of essential and necessary services in the event of a disaster.
3. Continue conducting a public relations campaign across the region to inform the public of the 2-1-1 Information and Assistance Call Center, increasing its call volume by 10% over the next fiscal year as a result of additional television and radio advertising, and other public relation events.
4. Assist in coordinating the region's 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.
5. Coordinate with seven 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 veteran's resources.



## Approved MYP 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.

#### Progress

UPCAP has been contacted by city officials in Marquette to assist them with the implementation of the CFL Assessment. We've held multiple meetings and phone conferences with the Marquette Senior Center Coordinator; Marquette City Manager, Director of Community Action Alger-Marquette, Director of Marquette



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Aging Services, and the Director of the Superior Alliance for Independent Living. There has been much debate on whether the assessment should be conducted on the county or the city. Once this is determined we will continue to move forward.

### **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.

#### Progress

The UPAAA is currently participating in the Alzheimer's Disease Initiative-Specialized Supportive Services grant, which is still in the planning stages. We are working on creating a survey that U.P. 2-1-1 outreach staff can utilize to identify the potential needs of family caregivers in this region when they call in for assistance, and also have recently trained care management staff on how they can better assess & identify needs that these caregivers may have.

Additionally, we have had one staff member successfully complete trainer certification as a Master Trainer for

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REST. Since then, we have provided two workshops to train 18 individuals to provide respite to dementia clients & family members. Our plan is to provide additional training soon to certify more leaders in this program so that we can provide more companion workshops throughout the region in the next few years.

2. The Creating Confident Caregivers program will be maintained 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.

### 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.

### Progress

Since October 2016 we the UPAAA and its partners have conducted 5 Creating Confident Caregiver workshops with 42 family caregivers completing the program. We are in the process of building a 'Caregiver Resources' section on our website to help reach more family caregivers and inform them of all the services & workshops the UPAA can provide to assist them with their caregiving journey.

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.

### Progress

The UPAAA has a number of certified trainers in many programs that will assist in-home care staff become better caregivers. We routinely encourage the region's provider agencies to request & host trainings for their staff such as BTBQ, PREVNT, REST and others. Several partner agencies did send several of their in-home staff to the new



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REST training held this fiscal year. The UPAAA will continue to offer and conduct these trainings as requested.

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.

### Progress

The UPAAA continues 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. And, as mentioned earlier, a survey is being developed for the 2-1-1 Call Center staff to utilize when speaking to family caregivers about their needs and wants and to provide the specific information and resources they might need to help them with providing care to their loved ones. Additionally, partner agencies conducting assessments for OAA funded services are routinely encouraged to refer family caregivers to care management services and the T-Care process.

## **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.

### 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



### U.P. Area Agency on Aging

FY 2018

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.

#### Progress

The Ombudsman and six volunteers attend monthly resident council meetings in the majority of the nursing home facilities across the U.P. to address any issues of concern and to ensure residents' rights are being met. There have been efforts made to encourage the development of family councils as well. Since October 2016, Ombudsman volunteers have visited over 120 residents in 22 different facilities to assure satisfaction and residents rights. Twenty-one additional visits to provide advocacy were made to residents who had complaints or issues with the facility that they were unable to resolve themselves.

The Ombudsman and volunteers also provided six workshops to the region's facilities and providers to share information about residents' rights and elder abuse prevention. Additionally, the 14th Annual Best Practices Conference was offered to all residential and long term care facilities and their staff in the region on October 5, 2016. This conference has proven very popular and successful, and allows U.P. facilities to showcase their 'best practices' to their peers, while also providing updates and advocacy tips from professionals around the state.

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. 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.

#### 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.

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## Progress

Forty-eight PREVNT presentations have been provided since the beginning of fiscal year 2017. These presentations are informational in nature and have been targeted to community organizations and charitable agencies. Additionally, 5 separate training sessions have been provided to home care agencies and/or other "gatekeeper" entities.

Promotional materials (flyers, magnets, brochures) have been updated. Public Service Announcements (PSAs) continue to be run on local TV stations and a new PSA is in the initial stages of production. An informational document has been developed for use in newspapers and for radio PSAs, to both educate and promote these community presentations. Our presentation survey tool was updated to provide more realistic feedback and to help identify potential contacts for future focus groups.

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 (MMAP) to further train and update MMAP 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.

## Progress

U.P. MMAP counselors received training in Medigap Rights and Protections in October 2016 and also Senior Scams & Identity Theft by local law enforcement in April 2017. They continue to receive informational emails and news articles to share with their communities in order to educate older adults about these issues. To date, 20 outreach events were held by U.P. MMAP counselors in nine of the region's 15 counties related to fraud, abuse and identity theft and how older adults can protect themselves. The events included in-person presentations, providing information at health fairs, and via local newspapers and senior center newsletters.

- 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



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them. Use of person-centered planning to provide options and services through programs such as Care Management, Nursing Home Transitions, Communities for a Lifetime, MMAP, and readily accessible services available through the Older American's Act will help ease the burden of health care costs and allow those who choose to do so age in place in the setting of their choice.

### Objectives

1. 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 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.

### Progress

The UPAAA's care managers continue to work with consumers using principles of person-centeredness to provide options to long term care needs such as the Residential Services Option, self-directed care, and by participating in projects and opportunities that support these endeavors whenever available.

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.

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### 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.

### Progress

So far this fiscal year, the UPAAA has assisted over 2,000 older adults gain access to information and services on such topics as Medicare & Medicaid counseling, Care Management & in-home services, Veteran's benefits, Legal Aid, housing search assistance, utility payment assistance, transportation, and more via the 2-1-1 Call Center. Also, UPCAP is currently working with the Michigan LGBT & Aging Initiative and will be hosting training for all care managers and I & A 2-1-1 call center staff in the fall of 2017 to help improve access to care for these individuals. The 2-1-1 database is currently being updated to include LGBT resources and demographics. I & A call specialists and care managers will continue to conduct surveys pertinent to family caregivers in hopes of identify their specific needs and ensuring that referrals to appropriate services and programs are made.

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.
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.

### Progress

UPCAP care managers continue to work with the Veterans Administration Medical Care facility and SAIL to ensure all consumers in the region have choices in self-directed long-term care options within the community as appropriate and desired.

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.



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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.

### Progress

The UPAA works with its partners to provide many health & wellness programs such as the various PATH programs, Matter of Balance, and Diabetes Prevention Education. In all, 30 classes were held throughout the region since October 2016, with over 250 consumers completing the various workshops. Classes to train new leaders have also been held to help sustain these programs throughout the region. We are currently a partner with the Area Agency on Aging of Northwest MI and many others to secure a grant through the Administration for Community Living to build and sustain the Chronic Pain Self-Management Program. We were also recently asked to be a partner with the MSU Extension in a grant that would expand the Tai Chi for Arthritis program throughout the U.P. While this is not a program the UPAAA was initially involved with, we hope this funding opportunity will allow us to play a more active role in the promotion and provision of this program throughout the region as it is recognized as a Title III-D highest tier Evidence-Based Disease Prevention program.

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 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.

### Progress

UPCAP is committed to ensuring accessible and affordable housing for all, and currently manages ten housing

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projects in 7 of 15 counties in the region. Most of these are located in the most rural areas of the Upper Peninsula. UPCAP's Housing Specialist works closely with all public housing facilities throughout the U.P. and maintains a county by county listing of available housing options. This information is shared with all interested parties, including care management staff. The Housing Coordinator also conducts outreach activities with private landlords and maintains a county-by-county listing of accessible private, unsubsidized housing options. Trainings are routinely offered to local housing managers related to issues pertaining to older adults and individuals with disabilities.

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.

### Progress

UPCAP has historically been an advocate for economic stability and fair wages for direct care workers, and this will continue as the need for this important work grows and as our aging population expands. Care managers currently work with one of the U.P.'s fiscal intermediaries, Northern Homecare Services, to find appropriate in-home workers for those who can self-direct their own care, especially in more rural areas of the region where traditional providers are unable or unwilling to provide services. UPCAP also offers and provides low- or no-cost training to direct care staff of the region's contracted service providers to ensure a more stable and competent workforce.





# ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

## FY 2017-2019

U.P. Area Agency on Aging

FY 2018

### Appendices

# AREA AGENCY ON AGING--OPERATING BUDGET

PSA: XI  
Agency: UPAAA

Budget Period: 10/01/17

to: 09/30/18

Date of Budget:

05/25/17

Rev. No.:

Page 1 of 2

Operations		Program Services/Activities														
Admin	Program Develop	Cong. Meals	Home Del. Meals	USDA Meals	SCSEP Title V	State Access	Care Mgmt & Indirect	IIIB Services	IIID Services	IIIE Services	St. Omb MSO VII OMB	Elder Abuse	St. Aging Network	In Hm, Alt Care, Resp	MATF C/G Spt	TOTAL

REVENUES																	
Federal Funds	207,384	109,400	688,765	357,113	461,570	47,780		437,694	37,920	235,565	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				5,000	17,600		5,000						102,600
Local In-Kind	45,000	13,000	50,000	62,000		7,500	4,600	43,000	33,900	4,500	23,000	7,500	7,200	65,000	2,600		368,800
Interest Income	-																-
Fund Raising/Other	-							-									-
<b>TOTAL</b>	<b>288,518</b>	<b>122,400</b>	<b>782,582</b>	<b>1,070,028</b>	<b>461,570</b>	<b>55,280</b>	<b>45,843</b>	<b>479,825</b>	<b>489,194</b>	<b>42,420</b>	<b>263,565</b>	<b>88,456</b>	<b>9,405</b>	<b>71,514</b>	<b>645,956</b>	<b>215,538</b>	<b>5,132,094</b>

EXPENDITURES																	
Contractual Services			656,582	940,028	461,570	45,494		352,185		195,065				580,956	193,778		3,425,658
Purchased Services								55,000		12,000							67,000
Wages and Salaries	140,793	76,107	25,700	12,850	-	1,791	26,851	270,137	19,045	19,861	17,788	46,728	4,615	41,912	-	15,212	719,390
Fringe Benefits	33,898	14,492	13,450	6,700		349	5,826	74,289	3,830	6,520	4,498	1,501	159	9,196		2,723	177,431
Payroll Taxes	11,454	6,101	2,100	1,050		146	2,203	21,721	1,562	1,768	1,470	3,806	471	3,439		1,225	58,516
Professional Services	750						1,218	13,962	688		688			1,901			19,207
Accounting & Audit Services	3,800						310	3,056	175		175			484			8,000
Legal Fees	500						37	364	21		21			58			1,001
Occupancy	9,897	4,800	2,900	1,700			1,638	17,766	1,244	2,300	1,201	3,056	1,200	2,396			50,098
Insurance	2,500						174		101		73	328		206			3,382
Office Equipment																	-
Equip Maintenance & Repair	2,200						185	1,952	104		104			288			4,833
Office Supplies	7,326	1,000					590	6,458	445	3,000	733	1,909	600	922			22,983
Advertising	4,500	1,000					41	968	23	250	23			64			6,869
Postage	1,300	250		50			125	1,237	83	140	71			196			3,452
Telephone & Internet	4,500	1,000	150	50			443	4,568	286	80	250	554	160	691			12,732
Travel	9,000	2,950	1,600	600			1,528	15,182	2,502	2,300	1,363	18,935	2,200	2,385			60,545
Meetings and Trainings	2,100	1,700	100				74	165	400	1,400	42	4,139		176			10,296
Dues and Subscriptions	9,000									301							9,301
Special Events																	-
Cash & InKind Match	45,000	13,000	80,000	107,000	-	7,500	4,600	48,000	51,500	4,500	28,000	7,500	-	7,200	65,000	2,600	471,400
																	-
<b>TOTAL</b>	<b>288,518</b>	<b>122,400</b>	<b>782,582</b>	<b>1,070,028</b>	<b>461,570</b>	<b>55,280</b>	<b>45,843</b>	<b>479,825</b>	<b>489,194</b>	<b>42,420</b>	<b>263,565</b>	<b>88,456</b>	<b>9,405</b>	<b>71,514</b>	<b>645,956</b>	<b>215,538</b>	<b>1,639,436</b>



MI Choice
6,762,240
3,803,760
13,025
-
10,579,025
8,664,318
1,084,219
282,887
90,581
137,500
8,000
2,000
87,000
4,600
10,500
25,600
15,000
5,050
19,120
85,200
55,575
1,875
10,579,025

**FY 2018 AREA PLAN GRANT BUDGET**

Rev. 1/2017

Agency: UP Area Agency on Aging

Budget Period: 10/01/17 to 09/30/18

PSA: XI

Date: 05/25/17

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	27,600	75,000	102,600
b. In-Kind	204,300	112,000	316,300
18. State Respite Care (Escheat)	95,606		95,606
19. MATF & St. CG Support	193,778		193,778
20. TCM/Medicaid & MSO	17,311		17,311
21. NSIP		461,570	461,570
22. Program Income	58,200	1,375,000	1,433,200
<b>TOTAL:</b>	<b>2,513,156</b>	<b>3,689,180</b>	<b>6,202,336</b>

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	19,160			19,160
Other Admin				-
Total AIP Admin:	262,678	-	45,000	307,678

Expenditures		
	FTEs	
1. Salaries/Wages	3.09	156,005
2. Fringe Benefits		49,300
3. Office Operations		102,373
<b>Total:</b>		<b>307,678</b>

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

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

  
Signature

CFO  
Title

05/25/17  
Date



Planned Services Summary Page for FY 2018			PSA:		XI
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 653,382	10.50%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 78,000	1.25%			X
Outreach	\$ -	0.00%			
Transportation	\$ 17,600	0.28%	X	X	
IN-HOME SERVICES					
Chore	\$ 6,900	0.11%	X	X	
Home Care Assistance	\$ 406,800	6.54%	X	X	
Home Injury Control	\$ 11,200	0.18%	X	X	
Homemaking	\$ 479,135	7.70%	X	X	
Home Delivered Meals	\$ 2,058,598	33.09%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 346,060	5.56%	X	X	
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 159,389	2.56%	X	X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,561,582	25.10%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 42,420	0.68%			X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 40,100	0.64%		X	
Long Term Care Ombudsman/Advocacy	\$ 95,465	1.53%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 9,405	0.15%			X
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ 5,600	0.09%			X
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 13,700	0.22%	X		
Caregiver Education, Support, & Training	\$ 25,600	0.41%		X	
AAA RD/Nutritionist	\$ 69,000	1.11%			X
PROGRAM DEVELOPMENT	\$ 122,400	1.97%			X
REGION-SPECIFIC					
a.	\$ -	0.00%			
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
e.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES	\$ 6,202,336				
MATF & ST CG ADMINISTRATION	\$ 19,160	0.31%			X
TOTAL PERCENT		100.00%	1.11%	81.29%	17.60%
TOTAL FUNDING		\$ 6,221,496	\$68,700	\$5,057,964	\$1,094,832

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 2018 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: UP Area Agency on Aging

Budget Period:

10/01/17

to

09/30/18

Rev. 1/2017

PSA: XI

Date:

05/25/17

Rev. No.:

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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
<b>1. Access</b>																
a. Care Management	23,500		23,500		41,243			431,825	64,314				4,000	5,000	60,000	653,382
b. Case Coord/supp																-
c. Disaster Advocacy																-
d. Information & Assis	35,000		35,000												8,000	78,000
e. Outreach																-
f. Transportation	10,000		4,000										2,000	600	1,000	17,600
<b>2. In-Home</b>																
a. Chore	6,000												200		700	6,900
b. Home Care Assis	113,800					156,000	87,000						10,000	5,000	35,000	406,800
c. Home Injury Cntrl	10,000														1,200	11,200
d. Homemaking	165,785					166,992	75,358						25,000	10,000	36,000	479,135
e. Home Health Aide																-
f. Medication Mgt																-
g. Personal Care																-
h. Assistive Device&Tech																-
i. Respite Care	25,000		85,565							95,606	87,309		15,000	5,000	23,000	336,480
j. Friendly Reassure																-
<b>3. Legal Assistance</b>	35,600														4,500	40,100
<b>4. Community Services</b>																
a. Adult Day Care	6,000		47,500								106,469		2,000	2,000	5,000	168,969
b. Dementia ADC																-
c. Disease Prevent		37,920													4,500	42,420
d. Health Screening																-
e. Assist to Deaf																-
f. Home Repair																-
g. LTC Ombudsman	7,009			21,099					42,546			17,311	-		7,500	95,465
h. Sr Ctr Operations																-
i. Sr Ctr Staffing																-
j. Vision Services																-
k. Elder Abuse Prevnt				9,405									-			9,405
l. Counseling																-
m. Creat.Conf.CG@ CCC			5,000										-		600	5,600
n. Caregiver Supplmt																-
o. Kinship Support			12,000										-		1,700	13,700
q. Caregiver E,S,T			23,000												2,600	25,600
<b>5. Program Develop</b>	109,400												-		13,000	122,400
<b>6. Region Specific</b>																
a.	-	-	-	-	-	-	-	-		-			-	-	-	-
b.	-	-	-	-	-	-	-	-		-			-	-	-	-
c.	-	-	-	-	-	-	-	-		-			-	-	-	-
d.																-
e.																-
<b>7. CLP/ADRC Services</b>	-		-		-			-								-
<b>8. MATF &amp; St CG Sup Adm</b>											19,160					19,160
<b>SUPPRT SERV TOTAL</b>	547,094	37,920	235,565	30,504	41,243	322,992	162,358	431,825	106,860	95,606	212,938	17,311	58,200	27,600	204,300	2,532,316



**EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2018**

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 and regional partners	150	\$19,920
Matter of Balance	UPAAA and regional partners	100	\$14,000
Diabetes Prevention Program	UPAAA	12	\$4,000


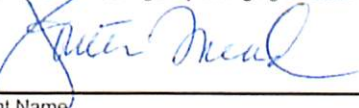


## ANNUAL & MULTI YEAR IMPLEMENTATION PLAN FY 2017 - 2019

### SIGNATURES

This document covers Fiscal Year 2018. 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 6-20-17
Print Name William F. Menge	
Signature of Area Agency on Aging Director 	Date 6-20-17
Print Name Jonathan Mead	
Area Agency on Aging UPCAP / UP Area Agency on Aging	
Documents referenced by the signature page: <ul style="list-style-type: none"><li>• FY 2018 Area Plan Grant Budget</li><li>• FY 2018 Direct Service Budgets</li><li>• Request to Transfer Funds</li><li>• Waiver for Direct Service Provision</li><li>• Assurance and Certifications</li><li>• Assurance of Compliance With Title VI of Civil Rights Act of 1964</li><li>• Regional Service Definitions</li><li>• Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly</li><li>• Waiver of Minimum Percentage for a Priority Service Category</li></ul>	