# FY 2021 Annual Implementation Plan* 

## U.P. Area Agency on Aging - Region 11



FINAL DRAFT

Planning \& Service Area:
Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, \& Schoolcraft Counties

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## SIGNATURES

This document covers Fiscal Year 2021. 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 Agard of Drectors |
| :--- | :--- | :--- |
| Print Name |
| Jerry Doucette |
| Signature olf Alea Agency on Aging Director |
| Jonathan Mead |
| Area Agency on Aging |
| UPCAP/U.P. Area Agency on Aging |

Documents referenced by the signature page:

- FY 2021 Area Plan Grant Budget
- FY 2021 Direct Service Budgets
- Request to Transfer Funds
- Waiver for Direct Service Provision
- Assurances and Certifications
- Assurance of Compliance with Titte 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

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U.P. Area Agency on Aging

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## Executive Summary

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

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

According to the U.S. Census Bureau's latest American Community Survey (ACS 2017), there are now 84,765 older adults eligible for Older American's Act and Older Michiganian's Act funded services in Michigan's Upper Peninsula. The region is comprised of 16,452 square miles, about one-third of the State's land area. Yet the U.P.'s population comprises only about $3 \%$ of the State's total population. This equates to a population density of approximately 19 persons per square mile. This has always created unique challenges in providing services to those needing them throughout the region, and proves to become more challenging as our population becomes older and frailer. Demographic trends indicate that as time goes on, the numbers of adults age 85+ will continue to increase while those in the workforce decrease. Our focus is 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.

The past few months have created many more challenges to providing services to older adults. The national COVID-19 pandemic has created barriers to service delivery in many ways, and we as an Area Agency on Aging have had to be creative, flexible and supportive in helping our partners provide those services amid a myriad of obstacles. In order to protect our most vulnerable population from the ravages of COVID-19, we have worked to provide services in unique and safer ways to help stop the spread of the virus, while providing life-essential services to those who need them. Examples of changes to service delivery the U.P. Area Agency on Aging has made/is making include the following
U.P. Area Agency on Aging Operations

## FY2020-2022 Multi Year Plan

FY 2021 Annual Implementation Plan

## U.P. Area Agency on Aging

FY 2021

- Remains open \& fully functioning; offices temporarily closed to the public except by appointment only
- Office staff provided the option to work remotely from home
- Continuous open communication with state offices, public health agencies and our provider network to ensure
life-essential programs and services continue for those most in need, as safely as possible
- Developed an action plan to prepare for re-entry into the workplace, including additional training, to ensure employee safety for now and into the future.


## Nutrition Services

- Working with nutrition providers to provide curbside service at congregate meal sites and additional hot, frozen and shelf-stable meals to anyone age 60 and over who needs them
- Working with AASA and partners to distribute shelf-stable Quarantine boxes and Farmer to Table Produce boxes throughout the U.P. to older adults
- Working with U.P. Nutrition providers to plan next steps for the gradual re-opening of congregate nutrition sites


## In-Home \& Community Services

- Assisted in obtaining appropriate Personal Protection Equipment to distribute to UPCAP care managers and provider agencies for in-home workers who needed this to remain working in older adults' homes
- Encouraged partner agencies to continue essential in-home services such as personal care and grocery shopping to older adults who have no family or other support network to assist them during the pandemic - Advocated for, promoted, and assisted in providing 'premium' pay to all in-home workers who continue to work throughout the pandemic to serve our most vulnerable population
- Requested and received waivers from AASA to pay our partner agencies to make Friendly Reassurance calls to older adults whose services were reduced or stopped during the pandemic; also, to allow Adult Day Care Centers to make phone calls and create virtual or other programming to reach out to participants not able to come to the centers because of closures; these services will be continued into FY 2021 and are included in this AIP
- MMAP services continue to be provided via telephone and virtual meetings


## Health \& Wellness

- Developed and implement a region-wide survey to determine interest and capability of older adults to access virtual programs and workshops
- Researched on-line programs and ideas to plan for alternate ways to provide health and wellness programs - Setting up a variety of programs to promote health and wellness via social media, webcasts, and interactive internet meetings


## Caregiver Support

- Continued/expanded the Benjamin Rose Institute's Care Consultation program to support caregivers during this difficult time
- Adapting programs like Powerful Tools for Caregivers and the Alzheimer's Disease Initiative-Specialized Supportive Project training in order to provide to the public via virtual means
- Create a separate webpage specific to caregiver support and programming on the UPCAP website in order to provide more resources to caregivers throughout the region

The UPAAA will certainly face more challenges in the coming year - reduced budgets, modified service

## U.P. Area Agency on Aging

deliveries, and a potential uptick in service needs by older adults facing on-going pandemic-related issues. The AAA will continue to research, adapt and pursue new ideas and funding sources in order to provide the most essential and meaningful services/programming to the older adults we serve throughout the Upper Peninsula, no matter what the future may bring.

# AGING AND ADULT SERVICES AGENCY 

U.P. Area Agency on Aging FY 2021

## County/Local Unit of Government Review

Due to the COVID-19 crisis, the County/Local Unit of Government Review/Approvals are not required for the FY 2021 Annual Implementation Plan.

## Public Hearings

| Date | Location | Time | Barrier Free? | No. of Attendees |
| :--- | :--- | :--- | :--- | ---: |
| $06 / 16 / 2020$ | Virtual Public Hearing | $01: 00$ PM | Yes | 17 |

Due to the Governor's Executive Order (EO 2020-21), the public hearing was held virtually using WebEx to maximize access, participation, and to keep participants safe from COVID exposure. In addition to the virtual meeting, public comments are accepted in email or in writing, addressed to the Executive Director, UPCAP/U.P. AAA, P.O. Box 606, Escanaba, MI 49829.

Seventeen individuals participated in the virtual hearing. Approximately one-half appeared to be consumers, while the others represented providers of Older American's Act services or other interested parties from various entities within the community. A short review of the requirements and contents of the 2021 AIP was provided by the UPAAA Planner, including the response and activities of the agency and it's partners during the COVID crisis. While all input was welcomed, a general question was posed to participants to generate discussion. Specifically, participants were asked what they thought were the greatest needs facing older adults during the current national pandemic. The following concerns were discussed, in order of importance to those who participated:

- Social Isolation of older adults, especially those with disabilities such as vision or hearing loss
- The continued need for assistance with errand-running, shopping, etc.
- Re-opening senior centers, congregate meals programs, and adult day care centers, etc (to help with social isolation \& caregiver stress)
- The need for training so that older adults can learn how to use programs that provide virtual workshops, classes, and social events

It was shared that these very topics have been a concern of the aging network and all are working together within the region to ensure that older adults are receiving, and continue to recieve, the essential services they need. UPCAP is also working very closely with providers to slowly resume in-person acitivites in new and creative ways to ensure that older adults, as well as staff, are able to stay safe by following CDC and local health department guidelines as necessary. This include an increase in the amount of virtual programming that is available wherever practical and useful. We understand that this may prove challenging to some, but will work to provide accessibility in any way possible to those who want to participate.

The discussion ended at 1:45 PM. No written comments have been received by the UPAAA as of this date.

On 6/19/20, the Policy Board met to review and approve the 2021 AIP Draft. After limited discussion, the 2021 AIP Draft was unanimously approved by the Board.

## Regional Service Definitions

## Service Name/Definition

Adult Day Services - Alternate Activities
Rationale (Explain why activities cannot be funded under an existing service definition.)
Adult Day Care Centers play a vital role in not only providing respite relief to caregivers, but also by providing meaningful activities and structure to participants. These needs did not disappear when the centers were closed due to the national pandemic. We are requesting an expansion of the current service definition for Adult Day Services so we can continue to compensate ADCs for the alternate and meaningful activities they are providing to their participants outside their centers.

| Service Category | Fund Source |  |  |  | Unit of Service |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| $\square$ | Access | $\square$ | Title III PartB | $\square$ | Title III PartD | $\square$ |
| $\square$ | In-Home | $\square$ | Title VII | $\square$ | State Alternative Care PartE | $\square$ |
| $\square$ | $\square$ State Access | One hour of |  |  |  |  |
| care provided |  |  |  |  |  |  |
| Demmunity | $\square$ | State In-home client | $\square$ | State Respite |  |  |

## Minimum Standards

To be added under the current Operating Standards for Adult Day Care Centers, Section 6 while centers remained closed, or partially closed:
e. Wellness check-ups: making regular contact via telephone to assure the participants' wellbeing and safety, and to provide companionship and social interaction
f. Delivery of essential items: providing delivery of essential items such as groceries, food pantry boxes, prescription medications, etc. when there is no alternate delivery systems available
g. Provision of activity packets and various other materials: by mail or delivery, packets delivered to participants which provides them with meaningful activities and resources to keep them active and engaged
h. Virtual classes, meetings, and support groups: to engage, support, and provide social interaction to participants and/or their caregivers
i. Any other creative means or idea to help engage and support participants and their caregivers during times when the Centers must be closed to protect the welfare of participants.

## Access Services

Care Management
$\begin{array}{ll}\text { Starting Date } & 10 / 01 / 2020 \\ \text { Total of Federal Dollars } & \$ 80,000.00\end{array}$
Geographic area to be served
15 counties of the Upper Peninsula
$\begin{array}{ll}\text { Ending Date } & 09 / 30 / 2021 \\ \text { Total of State Dollars } & \$ 535,212.00\end{array}$

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

Goal: 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 will include the Veterans Self-Directed Home and Community Based Program in partnership with the Veteran's Administration Medical Center (VAMC) in Iron Mountain, MI.

## Activities:

1. The UPAAA will utilize Older Michiganian Act (OMA) resources to provide comprehensive, person-centered Care Management services to individuals who screen eligible for Long Term Care Supports \& Services via a standardized screening process. In 2021, the UPAAA will conduct approximately 466 screenings of individuals requesting Long Term Care Supports \& Services (LTSS), and conduct initial assessments for an estimated 245 individuals screening eligible for LTSS. The UPAAA will initiate an additional 50 person-centered support and service plans for persons who meet the Nursing Facility Level of Care criteria for LTSS, with an overall
goal of assisting at least 75 persons with LTSS in FY 2021.
2. 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 43 veterans and anticipates receiving 50 new referrals annually.
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.

| Number of client pre-screenings: | Current Year: | 1,041 | Planned Next Year: | 1,000 |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Number of initial client assesments: | Current Year: | 136 |  | Planned Next Year: | 150 |
| Number of initial client care plans: | Current Year: | 49 | Planned Next Year: | 55 |  |
| Total number of clients (carry over <br> plus new): | Current Year: | 202 |  | Planned Next Year: | 205 |
| Staff to client ratio (Active and |  | Current Year: | $1: 27$ |  |  |

## Information and Assistance

## U.P. Area Agency on Aging

| Starting Date | $10 / 01 / 2020$ | Ending Date | $09 / 30 / 2021$ |
| :--- | :--- | :--- | :--- |
| Total of Federal Dollars | $\$ 70,000.00$ | Total of State Dollars | $\$ 0.00$ |

FY 2021

Geographic area to be served
15 counties of the Upper Peninsula

Specify the planned goals and activities that will be undertaken to provide the service.
Goal: Over the course of the multi-year planning period, the UPAAA will increase awareness and improve access to available resources for older adults, individuals with disabilities, LGBTQ+ individuals, minorities, caregivers, and family members, including individuals living in isolated and rural areas.

Activities:

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

## Approved MYP Program Development Objectives

## Area Agency on Aging Goal

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

## Objectives

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

## Progress

This goal/objective will be suspended through 2021 due to the COVID pandemic.
B. Help older adults maintain their health and independence at home and in their community.

## Objectives

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

## 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. The UPAAA currently has agreements with 7 community-based residential facilities to provide additional in-home services to over 20 residents choosing to remain living within those facilities. Additionally, UPCAP became partners with Grand Valley State University to implement the MI CAPABLE-Community Aging in Place, Advancing Better Living for Elders research study. Care managers completed comprehensive training to address participant's self-identified problems in home safety, fall prevention, and basic/instrumental activities of daily living. This initiative is a client-directed approach to meeting the needs of the participant by integrating home modifications and repairs, and includes the development of functional and personal goals to keep the participant safe, active, healthier and in their own home for as long as possible.

UPCAP also administers the nationally accredited U.P. 2-1-1 Call Center which serves as the UPAAA's Information and Assistance Helpline, as well as being the answering point for the Aging \& Disability Resource Center and long term care services such as options counseling, care management, and MI Choice Waiver services. Last year over 10,000 calls were received from individuals in need. Most callers were assisted in finding resources and services related to Medicare/Medicaid issues, care management and in-home services, veteran's services and benefits, transportation, and long term care options.

All call specialists and care managers have completed LGBT Cultural Competency training. The 2-1-1 database is continually updated to include LGBT resources and demographics, including those agencies and businesses
determined to be LGBT friendly. This helps to ensure that all individuals who come to the UPAAA for assistance are treated fairly and with dignity.
2. Ensure adequate community services are available to those who need them to enable them to remain in their own homes for as long as they choose.
Timeline: 10/01/2019 to 09/30/2022

## Progress

The availability of chore-types services (including needs such as one-time snow plowing, furnace repairs/replacement, assistance with utility shut-off notices or emergency food relief, etc.) are still inadequate across the region, especially to low income individuals living in the most rural areas. UPCAP/UPAAA has requested a Regional Service Definition to use Older American's Act funds to help address one-time emergent needs of older adults trying to remain in their own homes, where no other formal or informal supports or resources are available to meet the need. This was approved and is being utilized on an as-needed basis using the 2-1-1 call center as the portal for this assistance.

In the area of transportation, UPCAP received a grant from the MI Health Endowment Fund to conduct a comprehensive study and analysis of transportation needs across the region. Once needs are clearly identified, a future proposal will be submitted to grant makers to secure funding to begin addressing the most critical transportation needs identified in the region.

The UPAAA continues to work with its partners across the region to provide many health and wellness programs, such as the various Personal Action Towards Health (PATH) programs, Matter of Balance, and the National Diabetes Prevention Program. The UPAAA has been involved in two initiatives to expand PATH program participation, in partnerships with the National Kidney Foundation of Michigan, and with the Lions Clubs of Michigan as part of their Lions Defense Against Diabetes program. The UPAAA worked closely with their Upper Peninsula representative on this initiative to schedule, recruit, promote and conduct more PATH-Diabetes workshops throughout the region. The UPAAA is currently looking to find alternative versions of programs such as on-line workshops and support programs related to chronic illness. UPCAP continues to partner with the MI State University Extension's Fall Prevention Initiative to promote and increase visibility and access to evidenced-based fall prevention programs such as A Matter of Balance and Tai Chai for Arthritis. The UPAAA will also be offering the self-paced Walk with Ease program that will include weekly supportive virtual programming to keep folks motivated and engaged.

And finally, the UPAAA continues to work with its partners to improve recruitment, training, and retention of its direct care workers by continuing to advocate for increased wages, developing on-line training programs that providers can access to train their staff in topics important to working with older adults, and providing ongoing support as needed and requested.
3. Enhance caregiver efficacy by providing improved access to information, support, and resources. Timeline: 10/01/2019 to 09/30/2022

Progress
The UPAAA participates in the Alzheimer's Disease Initiative-Specialized Supportive Services Project which helped to expand education, supports and services to persons with dementia, their families and caregivers. Additionally, a survey specific to caregivers continues to be utilized by 2-1-1 Information and Assistance staff and
care managers to identify family caregivers and understand their needs so that appropriate referrals to programs can be made to help them in their caregiving journey.

The UPAAA is committed to the continuing the Respite Education \& Support Tools (REST) workshops to train companions willing to provide volunteer respite to family caregivers, as well as the Creating Confident Caregivers program for family caregivers dealing with Alzheimer's Disease. The UPAAA also began providing the Benjamin Rose Care Consultation Program (BRI). BRI Care Consultation ${ }^{T M}$ is an evidence-based care-coaching program, designed to deliver cost-effective assistance and support to individuals with chronic conditions and their caregivers by telephone and email. Currently, we have 7 trained care consultants to provide service to caregivers in this new way.

The UPAAA provides comprehensive, person-centered care 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 supports and services. The UPAAA is in the process of implementing a new initiative called MI Capable whereby all care managers will be trained to address participants' self-identified.problems in home safety, fall prevention, and basic and instrumental activities of daily living. It is a client-directed approach to meeting the needs of the caregiver by integrating home modifications and repairs, and includes the development of functional and personal goals to keep the caregiver safe, active, and healthy.

The UPAAA has a number of certified trainers in many programs that can assist in-home staff become better caregivers as well. We continually offer training to direct care workers regarding elder abuse prevention, dementia, homemaking skills, nutrition, confidentiality, and other topics as requested. A new RN Caregiving Programs/Health Educator was hired to assist in providing dementia-specific training, education, and support to caregivers, partner agencies and their personal care staff, and the general public on dementia causes and care.
4. Identify housing needs on a county-by-county basis and where applicable, provide assistance in addressing those identified needs.
Timeline: $10 / 01 / 2019$ to 09/30/2022

## Progress

UPCAP is committed to ensuring accessible and affordable housing for all, and currently manages thirteen housing projects in 8 of 15 counties within the region. Many 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 region and maintains a county by county listing of available housing options. This information is shared with all interested partied, including care management staff and the 2-1-1 Call Center. The Housing Coordinator also conducts outreach activities with private landlords and maintains a county-by-county listing of accessible, private unsubsidized housing options. Training is routinely offered to local housing managers related to issues pertaining to older adults, veterans, and individuals with disabilities.

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

## Objectives

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

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

## Progress

Through the Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect (PREVNT) grant awarded by the Michigan Department of Health and Human Services Aging \& Adult Services Agency, UPCAP was able to provide:

- 76 educational sessions across the region, reaching 4,516 individuals in order to increase the public's knowledge and awareness of abuse, neglect and exploitation and how to report it;
- 13 formalized training sessions were provided to 209 individuals working for service providers, public service organizations, and medical clinics;
- Facilitation to begin development and implementation of community-based prevention implementation plans with groups such as the U.P. 9-1-1 Authority, Hannahville Tribal Community, Keweenaw Bay Indian Community, and Sault Ste. Marie's Elder Justice Initiative;
- Three public service announcements being aired on several local television stations throughout the region to increase public knowledge and awareness of elder abuse, neglect and exploitation;
- Distribution of educational materials and surveys to over 400 individuals attending the U.P. State Fair in 2019. The surveys helped to determine whether any communities might lack an awareness regarding elder abuse prevention and reporting. Based on the results, UPCAP is targeting those areas for educational outreach in the future.

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

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

## Progress

The Ombudsman and five 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 continued efforts made to encourage the development of family councils as well. Ombudsman volunteers have visited over 5220 residents in 24 different long-term care facilities, to assure resident satisfaction and that residents rights are not violated. Through both unannounced visits and scheduled complaint visits the local ombudsman and volunteers have had 47 consults with facility staff, 36 consults with individuals, 224 non-complaint visits, 19 complaint visits and 4 opportunities for community education. There have been 32 ongoing cases opened whereby the Ombudsman Program follows through until the issues and concerns are resolved to the satisfaction of the resident. There have also been 8 formal cases filed with the State of Michigan Investigative Team on behalf of residents.

The Ombudsman continues to provide education and workshops to the region's facilities and providers to share information about residents' rights, elder abuse and financial exploitation prevention. Additionally, the 17 th Annual Best Practices Conference, Linking Quality of Care \& Quality of Life, was offered to all residential and long-term care facilities and their staff in the region in October 2019.Topics discussed included pain management, psychotropic medication reduction, nutritional strategies for long term care, bio patches, and recognizing and reducing personal biases. 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. The Ombudsman Program again partnered with Northern Michigan University to offer continuing education credits for nurses and social workers who attended the conference.
3. Increase community awareness and understanding of Medicare \& Medicaid fraud and abuse across the

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region.
Timeline: $10 / 01 / 2019$ to 09/30/2022
Progress
MMAP counselors across the Upper Peninsula are provided regular updates by the Regional Coordinator on the most prevalent scams happening at any given time. Information provided by the Centers for Medicare \& Medicaid Services (CMS), Social Security, and the SHIP Technical Assistance Center was used to update counselors on Fraud and Abuse scams as an on-going process to ensure the most accurate and up-to-date information.

There have been 84 outreach events held by MMAP counselors throughout the U.P. in the past year specific to Medicare Fraud and Abuse. These events included in-person presentations, information provided at health and senior fairs, local newspaper and senior newsletter articles, and social media postings on Facebook and Twitter. Additionally, as part of the 39 total Welcome to Medicare presentations, education on fraud and abuse was also provided to participants.

## U.P. Area Agency on Aging

FY 2021

## 2021 Program Development Objectives

## Area Agency on Aging Goal

## A. Improve the accessibility of services to Michigan's communities and people of color, immigrants and LGBTQ+ individuals <br> State Goal Match: 1

## Narrative

The U.P. Area agency on Aging has always tried to be very inclusive of any older adult needing assistance, resources, or services; this includes people of color, immigrants, and LGBTQ+ individuals. All staff have received training in diversity and LGBTQ Cultural Comptetency. UPCAP has also assisted with the development of the LGBTQ Inclusivity Guide for Area Agencies on Aging which has been distributed to all our service providers and other agencies and partners in this region. We have a strong working relationship with most of the tribes of the Upper Peninsula, and contract with them to provide in-home services, access services, and health/weliness classes to their Elders. The UPAAA realizes that more work could be done to promote inclusivity throughout the region, and will continue to take a proactive approach in this endeavor.

## Objectives

1. Ensure that UPAAA staff and subcontractors are provided training in diversity, equity, and inclusion. Timeline: $10 / 01 / 2020$ to 09/30/2021

## Activities

- Staff will participate in diversity, equality, and inclusion training on an annual basis.
- Offer diversity, equity, and inclusion training materials to all subcontractors and require them to provide training to their staff at least once annually.
- Ensure that programming and outreach is culturally sesitive and welcoming to all.
- Continue robust communication with the LGBTQ+ community, as well as with our tribal partners and other groups to receive further input, recommendations, and resources as needed to further this goal.


## Expected Outcome

All UPAAA staff and subcontractors are regularly trainined in diversity, equity, and inclusion to improve access to services for all.
2. Ensure that all programming and outreach is culturally sensitive and welcoming to all.

Timeline: $10 / 01 / 2020$ to 09/30/2021

## Activities

- All outreach materials will be reviewed to ensure they are culturally sesitive, and make revisions as needed.
- The 2-1-1 database will continue to be updated regularly to include LGBTQ+ resources and demographics, as well as those relating to other culturaly sensitive groups.
- The UPAAA will include messages creating inclusivity for all in all future media campaigns and publications.
- Strengthen partnerships with minority, immigrant, and LGBTQ+ communities to create a better understanding of how to remain culturally sensitive.


## Expected Outcome

All programming and outreach will be more inclusive, and underserved populations including LGBTQ+ individuals, people of color, and immigrants will be better informed of resources and services available to them.
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## Supplemental Documents

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2021
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.

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 2020. If funding has been allocated as a single amount for all Title III-D programs for a provider, enter on first line under "Funding Amount for This Service.

## Program Name

Arthritis Exercise Program
Walk with Ease - Self PacedNirtual Support
Matter of Balance
Powerful Tools for Caregivers (virtual program)

## Provider Name

 Keweenaw Bay IndForsyth Sr. Center
Annual \& Multi Year Implementation Plan 2020-2022

## Funded Under Disease Prevention Health Promotion Service Definition


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# EMERGENCY MANAGEMENT AND PREPAREDNESS 

## Minimum Elements for Area Agencies on Aging <br> FY 2020 Annual Implementation Plan

After each general and nutrition minimum element for emergency preparedness, provide a brief description regarding how the AAA Emergency Preparedness Plan for FY 2020 will address the element.

## Area Agency on Aging <br> UPCAP/U.P. Area Agency on Aging

## A. General Emergency Preparedness Minimum Elements (required by the Older American's Act).

1. Anticipated expectations during a State or locally declared emergency/disaster. Include having a staff person (the area agency director or their designee) available for communication with AASA staff to provide real time information about service continuity (status of aging network service provider's ability to provide services).
UPCAP has a Safety Team and plans in place that will aid in the protection of staff, volunteers, clients, and guests when an emergency or disaster occurs. Memorandums of Understanding have been entered into with local Emergency Management and 911 authorities in the event of a disaster. The agency Director and the LTC Operations Supervisor are the main points of contact for the agency when needed. The LTC Operations Supervisor has access to all client data for the UPAAA and MI Choice Waiver program, as well as contact information for each AAA/DSP provider throughout the region.

## 2. Being prepared to identify and report on unmet needs of older individuals.

UPCAP maintains an emergency/disaster list for all clients within the organization that includes their name, address, phone number, emergency contact person, medical diagnosis, and emergency back-up plan. All clients would be contacted by phone or in person, and their emergent needs would be assessed at that time. The LTC Operations Supervisor would be in contact with local Emergency Management and would work closely with them to assure the needs of all older adults in the region are being met.
3. Being able to provide information about the number and location of vulnerable older persons receiving services from the area agency residing in geographic area(s) affected by the emergency/disaster.

The emergency/disaster list noted above would be utilized to identify vulnerable older persons receiving services from the UPAAA. This list would also be shared with local Emergency Management Coordinators as needed to ensure the safety and wellness of all.
4. Being able to contact such affected older persons to determine their well-being.

Clients would first be contacted by phone; if this is not possible, UPCAP agency staff would be assigned to visit that person at their home to assess their needs and safety. Priority would be given to at-risk clients.
5. Anticipated minimum expectations during a State or locally organized preparedness drill include being available to establish communication between AASA staff and area agency staff and being able to provide information upon request to both state and local emergency operation centers regarding the number and location of vulnerable older individuals residing in geographic areas affected by the drill.

[^0] The agency Director and/or the LTC Operations Supervisor or AAA Planner/Grant Manager will be in constant contact with AASA as needed with information pertaining to the number/location of vulnerable older adults in those areas affected by the drill. Additionally, this information would be shared with local Emergency Management and 9-1-1 authorities as appropriate.
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## B. Nutrition providers shall work with the respective area agency to develop a written emergency plan. The emergency plan shall address, but not be limited to the following elements:

1. Uninterrupted delivery of meals to home-delivered meals participants, including, but not limited to use of families and friends, volunteers, shelf-stable meals and informal support systems.

Each nutrition provider is required to obtain information of all meal participants as it pertains to their needs/wishes for the provision of meals in the event of an emergency at the time of their assessment; this information is updated at each reassessment. Providers deliver shelf-stable meals to all participants who need or want them in the event a hot meal cannot be delivered as scheduled.
2. Provision of at least two, and preferably more, shelf-stable meals and instructions on how to use for homedelivered meal participants. Every effort should be made to assure that the emergency shelf-stable meals meet the nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines.
All home-delivered meal participants are offered (at a minimum) two shelf-stable meals per year. All emergency meals have been analyzed by the UPAAA dietitian to ensure nutritional adequacy.
3. Backup plan for food preparation if usual kitchen facility is unavailable.

All nutrition providers have agreements with surrounding senior services programs for the acquisition of food/meals, in the following preparation methods: hot, cold, frozen, or shelf-stable.
4. Agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery.

All nutrition programs have agreements with other nutrition providers to assure food acquisition - either in the form of fresh/hot, cold, frozen, or shelf-stable. County Emergency Management personnel are also provided copies of these plans.
5. Communications system to alert congregate and home-delivered meals participants of changes in meal site/delivery.

The following methods are utilized to notify meal participants of changes in program delivery: radio PSAs, local television stations, UPAAA social media partners, and phone calls directly to participants.
6. The plan shall cover all the sites and home-delivered meals participants for each nutrition provider, including sub-contractors of the AAA nutrition provider.

All nutrition programs and providers are covered and adhere to this policy.
7. The plan shall be reviewed and approved by the respective area agency and submitted electronically to AASA for review.

The AAA will review each emergency plan during the annual quality assurance monitoring visit. New providers will be asked to submit their plan for approval at the time of application.

## Quality Outcome Measures Reporting Form <br> (6 Month Report Due April 15, 2020 and Annual Final Report Due November 15, 2020)

## 1. Participant Satisfaction Level

Measure: The percentage of the total participant satisfaction survey question responses that are positive; negative; or neutral for:

| Care Management | Positive | $93 \%$ | Negative | $0 \%$ | Neutral | 7 | $\%$ |
| :--- | :--- | ---: | :--- | ---: | :--- | ---: | :--- |
| Case Coordination \& Support | Positive | $\%$ | Negative | $\%$ | Neutral | $\%$ |  |

## 2. Participant Quality of Life Satisfaction Level Before and After Receiving Services

Measure: The percentage of the total participant satisfaction survey question responses about quality of life before and after receiving services that are positive; negative; or neutral (based on these two questions to be added to the area agency survey):
A. My quality of life prior to receiving services was:

| Care Management | Positive | $32 \%$ | Negative | $68 \%$ | Neutral | $0 \%$ |
| :--- | :--- | ---: | :--- | ---: | :--- | ---: |
| Case Coordination \& Support | Positive | $\%$ | Negative | $\%$ | Neutral | $\%$ |

B. My quality of life after receiving services is:

| Care Management | Positive | $100 \%$ | Negative | $0 \%$ | Neutral | 0 |
| :--- | :--- | ---: | :--- | ---: | :--- | ---: |
| Case Coordination \& Support | Positive | $\%$ | Negative | $\%$ | Neutral | $\%$ |

## 3. Prevalence of Social Isolation

Measure: The percentage of all participants who are alone for long periods of time or always AND who also report feeling lonely -OR- Participants who are distressed by declining social activity, 90 days prior to assessment/reassessment (or since last assessment if less than 90 days) for:
Care Management
17.2 \% Case Coordination \& Support:
\%

## 4. Prevalence of Emergency Room Visits and Hospital Stays

Measure: The percentage of all participants who have had one or more hospitalizations or emergency room visits during the last 90 days before the assessment/reassessment (or since last assessment if less than 90 days) for:

Care Management: 44.8 \% Case Coordination \& Support: \%

## 5. Prevalence of Inadequate Meals and Dehydration

Measure: The percentage of all participants who in at least 4 of last 7 days prior to assessment/reassessment ate one or fewer meals for:

Care Management: 4 \% Case Coordination \& Support: \%
Measure: The percentage of all participants who in the last 3 days prior to assessment/reassessment had fluid intake less than 1,000 cc per day (less than four 8 oz . cups/day) for:

Care Management: 7.9 \% Case Coordination \& Support: \%

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.


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|  | FY 2021 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \mathrm{Op} \\ & \text { Std } \end{aligned}$ | SERVICES PROVIDED AS A FORM OF RESPITE CARE | Title III-B | Title III-E | State Alt Care | State <br> Escheats | State In-Home | Merit Award Trust Fund | Program Income | Cash/In-Kind Match | TOTAL |
| B-1 | Chore |  |  |  |  |  |  |  |  | - |
| B-4 | Homemaking |  |  |  |  |  |  |  |  | - |
| B-2 | Home Care Assistance |  |  |  |  |  |  |  |  | - |
| B-6 | Home Health Aide |  |  |  |  |  |  |  |  | - |
| B-10 | Meal Preparation/HDM |  |  |  |  |  |  |  |  | - |
| B-8 | Personal Care |  |  |  |  |  |  |  |  | - |
|  | Respite Service Total | - | - | - | - | - | - | - | - | - |


|  | FY 2021 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { Op } \\ & \text { Sid } \end{aligned}$ | SERVICE CATEGORY | Title III-B | Title III-E |  |  |  | Program Income | Cash <br> Match |  | In-Kind <br> Match | TOTAL |
|  | Kinship Ser, Amounts Only |  |  |  |  |  |  |  |  |  |  |
| C-18 | Caregiver Sup. Services | - |  |  |  |  | - |  |  | - | - |
| C-19 | Kinship Support Services | - | 14,000 |  |  |  | - | - |  | 1,600 | 15,600 |
| C-20 | Caregiver E,S,T | - | - |  |  |  | - | - |  | - | - |
|  |  | - | - |  |  |  | - | - |  | - | - |
|  | Kinship Services Total | - | 14,000 |  |  |  | - | - |  | 1,600 | 15,600 |

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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.

| Total <br> Budgeted |
| ---: |
| 462,000 |
| 138,100 |
| 27,500 |
| 1,250 |
| 6,850 |
| 23,500 |
| 6,500 |
| 3,400 |
| 112 |
| 0 |
| 0 |
| 0 |

Other
Resources




SERVICE: Care Management

## AAA: UPCAP Services, Inc. UPAAA

| LINE ITEM | Federal OAA <br> Title III Funds | Other Fed Funds <br> (non-Title III) |  |
| :--- | ---: | ---: | ---: |
| Wages/Salaries | 40,000 |  |  |
| Fringe Benefits | 13,100 |  |  |
| Travel | 2,500 |  |  |
| Training | 250 |  |  |
| Supplies | 1,250 |  |  |
| Occupancy | 2,000 |  |  |
| Communications | 500 |  |  |
| Equipment | 400 |  |  |
| Other: |  |  |  |
| Service Costs |  |  |  |
| Purchased Services (CM only) | 0 |  |  |
|  |  |  |  |
| Totals |  |  |  |



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

Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? If yes, please describe:
SCHEDULE OF MATCH \& OTHER RESOURCES \#1
FY 2021
FY 202


|  | O | O | - | - | - | - | - | O | - | $\begin{aligned} & \mathrm{B} \\ & \mathbf{R} \\ & \mathbf{N} \end{aligned}$ | - | - | \% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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FY 2021 Annual Implementation Plan

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SERVICE: Ombudsman

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

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

## FY 2021

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|  | Program Income | Match |  | Other Resources | Total Budgeted |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Cash | In-Kind |  |  |
|  |  |  | 600 |  | 2,476 |
|  |  |  |  |  | 249 |
|  |  |  |  |  | 300 |
|  |  |  |  |  | 2,300 |
|  |  |  |  |  | 150 |
|  |  |  |  |  | 125 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
|  |  |  |  |  | 0 |
| 0 | 0 | 0 | 600 | 0 | 5,600 |

AAA: UPCAP Services, Inc. UPAAA
SERVICE:__ Creating Confident Caregivers
LINE ITEM
Totals
SERVICE AREA: UPAAA
(List by County/City if service area is not entire PSA)
Does the Direct Service Budget reflect any changes to the one approved as part of the agency's FY AIP? If yes, please describe:

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



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| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |



SERVICE AREA: UPAAA
(List by County/City if service area is not entire PSA)
SCHEDULE OF MATCH \& OTHER RESOURCES


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

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

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

 According to the U.S. Census Bureau's latest American Community Survey (ACS 2017), there are now 84,765 older adults eligible for Older American's Act and Older Michiganian's Act funded services in Michigan's Upper Peninsula. The region is comprised of 16,452 square miles, about one-third of the State's land area. Yet the U.P.'s population comprises only about $3 \%$ of the State's total population. This equates to a population density of approximately 19 persons per square mile. This has always created unique challenges in providing services to those needing them throughout the region, and proves to become more challenging as our population becomes older and more frail - and as the workforce declines.According to the ACS 2017, demographic trends over the past few years show a $10 \%$ increase of those age 60 plus, with a subset of those folks age 85 and older also increasing by almost $4 \%$. Additionally, about $9.5 \%$ percent of those aged 60 or older are now in poverty, an increase of approximately $10 \%$ since 2010 . Yet the overall population of those under age 60 has declined by $3 \%$. Over the past several years, many of our local communities have experienced challenging economic times with the closing or removal of key area businesses, some of which were the main employer for those communities. This has caused the younger generation to leave the area, shrinking the workforce available to agencies that provide direct care services like those the UPAAA and its partners provide to older adults. In fact, the counties of Keweenaw and Ontonagon now have fewer adults aged 20-59 than those aged 60 and older.

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

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

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

Additional services to be provided by the UPAAA and its partners in 2020 include:
-Information \& Assistance
--Care Management
--Chore Service
-Home Injury Control
--Nursing Services (Regional Service Definition)
--Emergent/Unmet Needs (Regional Service Definition)
--Adult Day Services
--Transportation
--Disease Prevention/Health Promotion
-Legal Assistance
--Long-term Care Ombudsman
--Programs for Prevention of Elder Abuse, Neglect \& Exploitation
--Kinship Support Services
--Caregiver Education, Support, and Training
---Creating Confident Caregivers

## 4. Highlights of planned Program Development Objectives.

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

1. More communities within the region will conduct an aging-friendly community assessment and apply for recognition to the Aging \& Adult Services Agency (AASA) as a Community for a Lifetime: the objective is to assist at least one additional community within the PSA to conduct an aging-friendly community assessment and apply for recognition to the Aging \& Adult Services Agency (AASA) as a Community for a Lifetime.
2. Ensure that older adults have a choice in where they live through increased access to information and services: the objective is that by using the principles of person-centerd planning, more services and options will be available to consumers, allowing them to live as independently as possible and assure that they have choices in
where they live. Additionally, we will enhance the caregiver experience, and thus their effectiveness, by providing improved access to information, support and resources so that they can successfully care for their loved ones at home, as well as care for themselves.
3. Protect older adults from abuse, neglect, and exploitation: the objective is to increase community awareness and understanding of elder abuse issues and how to report suspected cases of abuse, so that the incidents of abuse towards older adults in the region will decrease.

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

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

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. Center for Independent Living), working together on many projects, including the ADRC of the U.P., the

Nursing Facility Transition Program and many others. The UPAAA Executive Director is a member of the SAIL Board and the SAIL Executive Director is a member of the UPAAA Policy Board. The goal of both agencies is to provide a seamless and integrated service delivery system to older adults and those with disabilities across the continuum.
6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.
Increased efficiency in service delivery and program management is a continual goal for the UPAAA. The AAA continues to work to increase the proficiency of services provided to older adults throughout the region in the most economic ways possible, by promoting open dialogue and technical assistance to its partners through the quality assurance process, and through regularly scheduled meetings, collaboratives, and advisory groups. Additionally, a concerted effort continues to be made to help nutrition partners better manage the rising costs of providing both congregate and home-delivered meals in a vastly rural area.

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

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

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

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

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

## 8. Highlights of strategic planning activities.

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

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

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


[^0]:    In this event, UPCAP will follow protocol to contact all Safety team members first, then those members would contact all remaining staff.

