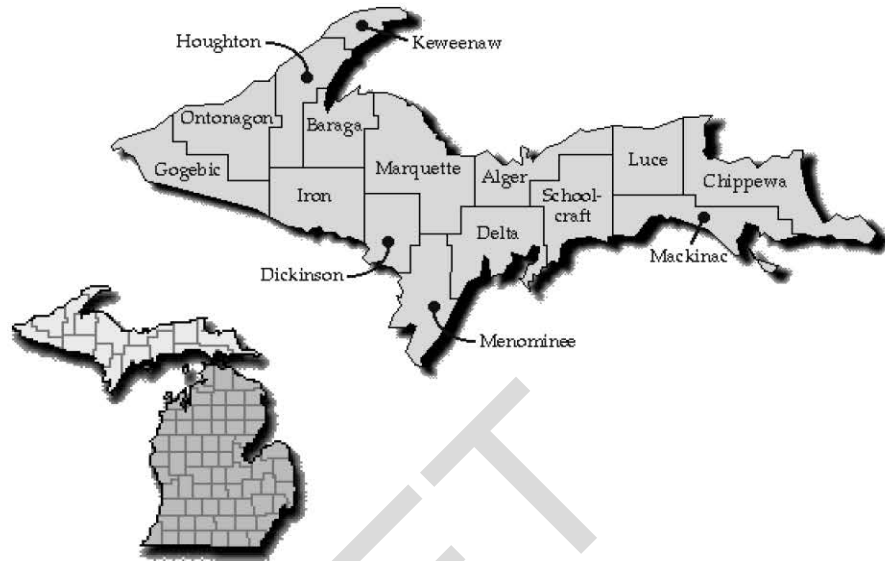


2023—2025 Multi Year Plan  
**FY 2023 ANNUAL IMPLEMENTATION PLAN**  
U.P. AREA AGENCY ON AGING UPCAP SERVICES, INC. 11



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**Planning and Service Area**

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

**U.P. Area Agency on Aging  
UPCAP Services, Inc.**

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### Executive Summary

The executive summary provides a succinct description of the priorities set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2023-2025. Please include a summary of your agency that touches on each of the items listed below.

1. A brief history of the area agency and respective PSA that provides a context for the MYP/AIP. It is appropriate to include the area agency's vision and/or mission statements and a brief description of the PSA. Include information on the service population, agency strengths, challenges, opportunities, and primary focus for the upcoming three-year period.
2. A description of planned special projects and partnerships.
3. 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.
4. Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs due to this emergency.
5. Any significant new priorities, plans or objectives set by the area agency for the use of OAA and state funding during the MYP. If there are no new activities or changes, note that in your response.
6. A description of the area agency's assessment of the needs of their service population. See *Operating Standard for AAAs C-2, 4.*

1. A brief history of the area agency and respective PSA that provides a context for the MYP/AIP. It is appropriate to include the area agency's vision and/or mission statements and a brief description of the PSA. Include information on the service population, agency strengths, challenges, opportunities, and primary focus for the upcoming three-year period.

In 1974, UPCAP Services, a non-profit multi-purpose human services organization, was designated as the Upper Peninsula Area Agency on Aging (UPAAA). A 7 member Board of Directors serves as the AAA Policy Board and a 17-member Advisory Council assist the UPAAA in accomplishing its mission of serving the U.P. elderly. The UPAAA's Policy Board 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,

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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 description of planned special projects and partnerships.**

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

- Veterans Self-Directed Care Program: partnering with the Veterans Administration to provide self-directed assessments and care planning to veterans facing long term care needs.
- Diabetes Prevention Program: partnering with Public Health of Delta and Menominee Counties and the U.P. Diabetes Outreach Network (UPDON) in Marquette County to provide this program to anyone in these areas who would like to know how to better manage their health and prevent Type 2 Diabetes.
- MI State University Falls Prevention Program: partnering to promote the evidence-based Matter of Balance program throughout the U.P, assisting to provide classes and recruit new coaches so that this program will be available to more people throughout the region, including in those areas not previously served.
- Alzheimer's Disease Supportive Services Program: partnering with AASA, we will continue to provide dementia education & workshops for in-home service agencies, community organizations, family caregivers, and the general public on topics related to identifying, relating to, living with and/or caring for someone with a dementia-related illness.
- National Kidney Foundation: as part of a 3-year grant received from the Michigan Health Endowment Foundation, we will continue to partner to explore Falls Prevention Awareness and programming across the region.
- 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.
- UPCAP will continue to engage and build on its relationships with key stakeholders of the Integrated Care network.
- 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 UPCAP Board of Commissioners. 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.
- Food As Medicine- In August of 2021, UPCAP, in collaboration with 25 partner organizations, was awarded a two-year grant for \$644,000.00 by the Superior Health Foundation to develop and implement The Upper Peninsula Food As Medicine (UPFAM) program. This pilot program is a nutrition intervention utilizing a prescription for health model and provides access in all 3 regions of the Upper Peninsula. The primary goal is to address and improve food security for low-income residents who currently have or are at risk of developing a chronic health condition. The program partners with local health practitioners to provide referrals for residents in our target population. Participants enrolled into the program, receive \$15 in vouchers each week for a total of 20 weeks during the market season. The vouchers will provide

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600 participants (over 2-year pilot) a total of \$300 to purchase fresh fruits and vegetables at local participating farm markets. In addition, nutrition education options will be available year-round and provide an opportunity for participants to earn additional produce vouchers. Additionally, infrastructure development is included in the program in the form of cold food storage grants made available to partnering farms. A total of 12 farms, 4 in each of the three regions, will be awarded grants to provide \$14,000.00 in funding to purchase and install cold food storage units at their farms. To date, 9 of the 12 grants have been awarded with the remaining 3 to be provided in year two of the pilot. The additional storage will help to increase access to local, nutritious and culturally appropriate foods and extend the growing season, capacity and economic impact of local producers. -Expand the current nutrition options to include drop ship meals (Mom's Meals/Homestyle Direct) and friendly reassurance to ensure those living in rural, hard to reach locations can have access to home delivered meals, regardless of current route status. This paired with Friendly Reassurance calls helps to combat social isolation food insecurity.

**3. 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.**

UPCAP is in the process of achieving NCQA (National Committee for Accreditation). NCQA's standards provide a framework for organizations to deliver efficient, effective person-centered care that meets people's needs, helps keep people in their preferred setting and aligns with state requirements.

**4. Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs due to this emergency.**

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**

- \*Remained open & fully functioning; offices temporarily closed to the public except by appointment;
- \*Care Management staff provided the option to work remotely from home;
- \*Conduct virtual monthly meetings with network providers to ensure open lines of communication and to assist them in their responses to the COVID pandemic;
- \*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**

- \*Supporting and encouraging nutrition providers to provide curbside 'grab and go' service at congregate meal sites and additional hot, frozen and shelf-stable meals to anyone age 60 and over who needs them;
- \*Expanded home-delivered meal delivery to those who might otherwise have gone to congregate sites or who could not pick up meals curbside;
- \*Worked with a direct service provider, Homestyle Direct to provide over 2000 meals per month to 30 kinship families during the pandemic, and to provide over 4600 meals for 3 months to 64 Baraga County home-delivered meal participants when the nutrition provider could not do so due to extreme staff shortages ;
- \*Working with U.P. Nutrition providers to plan next steps for the gradual re-opening of congregate nutrition sites

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while still allowing curbside pickup;

**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 to ensure their wellbeing and reduce social isolation; also, to allow Adult Day Care Center staff 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;
- \*Working closely with providers on their re-opening plans to ensure safety for all;
- \*MMAP services continue to be provided via telephone and virtual meetings;

**Health and Wellness Programs**

- \*Setting up a variety of programs to promote health and wellness via social media, webcasts, and interactive internet meetings;
- \*Promoted and conducted virtual health & wellness classes such as Walk with Ease, and partnered with other regions to offer virtual Personal Action Towards Health classes;

**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 virtual classes to those interested in receiving them;
- \*Created a separate webpage with updated resources, a caregiver blog and an on-line support group in order to provide more information and support to caregivers throughout the region.

The UPAAA will certainly face more challenges in the coming year - modified service deliveries, direct care worker shortages, 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 and programming to the older adults we serve throughout the Upper Peninsula. The AAA understands that even if the Public Health Emergency is lifted, there is a strong likelihood of spikes and increases in COVID-19 as we move forward, and will keep our plans flexible to ensure continued service delivery during any potential crisis.

**5. Any significant new priorities, plans or objectives set by the area agency for the use of OAA and state funding during the MYP. If there are no new activities or changes, note that in your response.**

- The UPAAA developed a fully functioning Caregiver Resource Center (CRC) and continues to expand and work to bring Caregiver Resources to all residents of our Region. The mission of the Upper Peninsula Caregiver Resource Center is to help maintain and improve quality of life for family caregivers and those they care for by providing information, education, support and resources. The UPAAA will be pursuing additional funding to enhance and expand the resource center in the next year as well.
- The UPAAA will be exploring a Community Option for Non-Emergency Medical Transportation (NEMT) for the upcoming year and will be looking for community partners to join. The UPAAA will also be pursuing additional



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fund sources and grants to help get the program up and running.

--Expanding the use of Drop Ship (Mom's Meals/Homestyle Direct) in our Region to ensure those in rural areas, without Home Delivered Meal options can have access to nutritious and easily accessible meals.

**6. A description of the area agency's assessment of the needs of their service population.**

**See Operating Standard for AAAs C-2, 4.**

UPCAP conducted an extensive survey of the region's aging population and their caregivers. Over 3500 individual surveys were mailed to care recipients and their caregivers to assess what services were the most important to them. Additionally, an online option was posted on Facebook, UPCAP's website and QR codes were attached to senior center mailings, lunch menus and other direct mail resources. The survey responses were shared with UPCAP's Board of Commissioners meeting and with providers as well, and this MYP plan attempts to help meet the needs and desires of our aging residents and their caregivers.

The results of that survey show the top five needs for the UP are as follows:

- Healthcare (ease of access and affordability)
- Transportation (non-emergent)
- Senior Housing/Small Homes
- Homecare Assistance/Personal Care
- Lower Prescription Services

The UPAAA will continue to work with programs that address these needs/wants. Currently, the UPAAA is working with several programs to address residents' concerns, and we will continue to do so:

- Healthcare – MMAP Program and 211 Resource Center;*
- Transportation – New Community Option NEMT Pilot and continued outreach for AAA Transportation Services;*
- Senior Housing – work with 211 for information on housing options in the Region;*
- Homecare Assistance/Personal Care -working on expanding our provider network to ensure consistent and adequate services across the region*
- Lower Prescription Services – MMAP Program and 211 will help increase awareness of extra help programs, open enrollment options and manufacturer prescription assistance programs*

It also listed the Respite Care/Adult Day care as the most needed services for unpaid caregiver, along with information on Caregiver Resources. (A full copy of the survey and responses can be forwarded.)

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**Regional Service Definitions**

If the area agency is proposing to fund a service category that is not included in the *Operating Standards for Service Programs*, then information about the proposed service category must be included under this section. Enter the service name, identify the service category and fund source, unit of service, minimum standards, and rationale for why activities cannot be funded under an existing service definition.

**Service Name/Definition**

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

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

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

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

**Minimum Standards**

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



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- d. Require professional assessment of the participant's cognitive status or alertness and orientation to encourage optimal cognitive status and mental function or identify the need for modifications to the medication regimen.
  - e. Require professional evaluation of the participant's success with a prescribed exercise routine to assure its effectiveness and identify the need for additional instruction or modifications when necessary .
  - f. Require professional evaluation of the participant's physical status to encourage optimal functioning and discourage adverse outcomes.
  - g. Have a condition that is unstable, could easily deteriorate, or experience significant changes AND a lack of competent informal supports able to readily report life-threatening changes to the participant's physician or other health care professional.
4. In addition to the observation and evaluation, a nursing visit may also include, but is not limited to, one or more of the following nursing services:
- a. Administering prescribed medications that the participant cannot self-administer (as defined under Michigan Compiled Law (MCL) 333.7103(1)).
  - b. Setting up medications according to physician orders.
  - c. Monitoring participant adherence to their medication regimen.
  - d. Applying dressings that require prescribed medications and aseptic techniques.
  - e. Providing refresher training to the participant or informal caregivers to assure the use of proper techniques for health-related tasks such as diet, exercise regimens, body positioning, taking medications according to physician's orders, proper use of medical equipment, performing activities of daily living, or safe ambulation within the home.

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<b>Service Name/Definition</b>				
Critical/Emergent Unmet Needs: a service and/or an item that is required to meet a need essential to a client's independence and no other resources are available to meet the need				
Rationale (Explain why activities cannot be funded under an existing service definition.)				
There are no existing service standards that fit the definition of this service.				
<b>Service Category</b>	<b>Fund Source</b>			<b>Unit of Service</b>
<input type="checkbox"/> Access	<input checked="" type="checkbox"/> Title III PartB	<input type="checkbox"/> Title III PartD	<input type="checkbox"/> Title III PartE	Based on per unit item cost
<input checked="" type="checkbox"/> In-Home	<input type="checkbox"/> Title VII	<input type="checkbox"/> State Alternative Care	<input type="checkbox"/> State Access	
<input type="checkbox"/> Community	<input type="checkbox"/> State In-home	<input type="checkbox"/> State Respite		
	<input type="checkbox"/> Other _____			

**Minimum Standards**

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

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

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

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

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**Access Services**

Access services may be provided to older adults directly by the area agency without a Direct Service Provision Request. Approved access services are Care Management, Case Coordination and Support, Options Counseling, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and Merit Award Trust Fund (MATF)/State-Caregiver-Support-Program-funded Transportation with specific attention to outreach with underserved populations. If the area agency is planning to provide any access services directly during FY 2023-2025, complete this section.

Select from the list of all access services the ones the area agency plans to provide directly during FY 2023-2025, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2023 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details.

**Care Management**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2022
Total of Federal Dollars	\$80,000.00	Total of State Dollars	\$535,212.00

Geographic area to be served  
15 counties of the UP

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

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

Activities:

1. The UPAAA will utilize Older Michiganian Act (OMA) resources to provide comprehensive, person-centered Care Management services to individuals who screen eligible for Long Term Care Supports & Services via a standardized screening process. In 2023, the UPAAA will conduct approximately 500 screenings of individuals requesting Long Term Care Supports & Services (LTSS), and conduct initial assessments for an estimated 250 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 2023.
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 56 veterans and anticipates receiving 50 new referrals annually.
3. The AAA will continue its contractual relationship with SAIL to purchase transition services for individuals

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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:	Planned Next Year:	1,000
Number of initial client assessments:	Current Year:	Planned Next Year:	150
Number of initial client care plans:	Current Year:	Planned Next Year:	55
Total number of clients (carry over plus new):	Current Year:	Planned Next Year:	205
Staff to client ratio (Active and maintenance per Full time care	Current Year: 1:18	Planned Next Year:	1:18

**Information and Assistance**

<u>Starting Date</u>	10/01/2022	<u>Ending Date</u>	09/30/2023
Total of Federal Dollars	\$70,000.00	Total of State Dollars	\$0.00
Geographic area to be served			
15 counties of the UP			

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

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

**Activities:**

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

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**Direct Service Request**

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers. However, when appropriate, area agencies may ask to provide these services directly. Direct Service Provision Requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the area agency's administrative functions; or C) a service can be provided by the area agency more economically than any available contractor and with comparable quality. Area agencies requesting approval to provide an in-home, community, and/or a nutrition service must complete the section below for each service category.

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any Direct Service Provision Request for FY 2023-2025. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2023 are to be included under the Services Summary tab and Direct Service Budget tabs in the Area Plan Grant Budget. The funding identified should correspond to the funding (Federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget.

Skip this section if the area agency is not planning on providing any in-home, community, or nutrition services directly during FY 2023.

**Disease Prevention/Health Promotion**

Total of Federal Dollars      \$44,469.00

Total of State Dollars      \$0.00

Geographic Area Served

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

GOAL: The availability of evidence-based educational programs such as PATH (Personal Action Towards Health), Diabetes Education, and Matter of Balance that are designed to promote healthy and active lifestyles will be expanded to allow older adults in the region the opportunity to learn ways to improve their health and quality of life. Activities: 1. Seek out and work with new key partners such as MI State University Extension, Tribal Health clinics and others to promote and increase the availability of fall prevention programs such Matter of Balance throughout the region. 2. Continue to work with new and existing partners to provide PATH (Personal Action Towards Health), Diabetes PATH, Chronic Pain Self-Management, and Matter of Balance to all who want to participate; especially to more rural areas of the region and to those areas not previously served and work with online partners to increase enrollment and awareness 3. Partner with the National Kidney Foundation in their quest to develop and promote a fall protection resource center and virtual educational modules to allow people to access classes via the internet in their own homes. 5. Outreach to new partners such as local and regional healthcare providers and federally qualified health centers to help sponsor and provide evidence-based health and wellness programs at their locations.

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

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

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

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

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

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

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

#### **Long Term Care Ombudsman**

Total of Federal Dollars      \$19,585.00

Total of State Dollars      \$59,857.00

Geographic Area Served      15 counties of the UP

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

GOAL: To provide assistance and advocacy to residents of licensed long-term care facilities; to resolve complaints through problem identification, education, and information on appropriate rules and residents' rights; to make referrals to appropriate community resources as needed or requested. Activities: 1. Increase awareness of the Ombudsman program through presentations at resident family council meetings and distribution of program materials to residents, family members, and other interested parties. The



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Ombudsman will provide information to the public through print and local media, participation in local health and community fairs, and in consultation with local agencies. 2. The Ombudsman program manager will continue to encourage long term care facilities to promote change within their facilities to offer a better quality of life to all residents, including promoting the concepts of emergency preparedness, exploitation, restraints and wound/pressure sore care. This and other topics that will help to ensure quality will be highlighted during the Best Practices Conference to be held (provided COVID-19 breakouts allow). 3. Promote and provide training on the ombudsman program, resident's rights, elder abuse and other topics of interest to facility staff of long-term care facilities as needed and requested throughout the region. 4. The Ombudsman will publish a newsletter for volunteer Ombudsman on a regular basis to ensure that they are kept up-to-date on breaking news related to their roles, and on upcoming training events that they may be required to attend - as allowed based on COVID outbreaks and precautions. 5. The Ombudsman program will work with state regulators to offer continuing education credits through the Best Practices Conference for Social Work, Nursing, Administrator & Activity Director CEUs and will also work to make this conference web-based to help reduce costs and allow more to attend. 6. The Ombudsman Program Manager will continue to participate in quarterly scheduled training where collaborating with other Ombudsman across the state is the goal. Topics vary at each quarterly meeting, but always is directed to enhance and assist the Ombudsman in gaining additional knowledge of how to effectively advocate for all long term residents. 7. The Ombudsman program will work to promote and increase family council meetings at long term care facilities to encourage family members to discuss their concerns and successes with issues they may have or had with the facility, as well as providing support to one another in their caregiving roles. 8. Ombudsman Program Manager will complete training and begin utilizing the new MI Ombudsman NORS (Wellsky) reporting system that will allow for more detailed and uniform reporting of resident issues and concerns across the state.

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An RFP for this service was created, sent to current contracted agencies and service providers, and published in local papers and on the UPCAP website during the RFP process. No other provider agency is willing or available to offer LTC Ombudsman services throughout the region. The UPAAA has demonstrated it's

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capabilities to advocate on behalf of nursing facility residents, to mediate disputes, and through it's "Best Practices" Conference, assist the nursing home industry in improving the quality of care provided to facility residents

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

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

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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

**Activities:**

1. Promote & provide updated training and education programs to in-home service organizations, long-term care facilities, senior centers, and other agencies providing services to older adults, as requested throughout the PSA.
2. Work with the Ombudsman program to conduct elder abuse presentations to families and caregivers of people in long-term care facilities within the region.
3. In conjunction with an Elder Abuse Grant recieved by UPCAP's Mediaton program to focus on Conflicts or difficulties can arise between elder adults and their children or among children caring for elderly parents . Mediation provides a comfortable, safe and neutral setting for discussion. Mediators can guide the discussion to help all the parties plan for how to deal with the many issues that may exist or arise at any time, including:
  - Health/medical care decisions · Financial decisions · Living arrangements · Communication issues · Decision making · Personal, household care and maintenance · Safety/risk taking/autonomy · Family relationships (new or long-standing) · Lifestyle choices · Needs of other family members
4. UPAAA's direct service providers will be expected to complete a mandatory, annual CMS Fraud, Waste & Abuse training for all staff; newly hired staff must complete within 90 days of hire. 5. Continue working with MMAP to train and recruit volunteers to provide outreach and education in their communities about Medicare fraud and abuse. Assist them in outreach activities by making available outreach tools such as pertinent flyers, handouts, newsletter articles, Senior Medical Patrol (SMP) outreach.

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

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

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

### **Creating Confident Caregivers**

<u>Total of Federal Dollars</u>	\$5,000.00	<u>Total of State Dollars</u>	\$0.00
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Geographic Area Served All 15 counties in the UP

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

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

Activities: 1. Recruit and train an additional 1-2 leaders to ensure the ability to reach projected goals, especially in the underserved areas of the region. 2. Conduct at least 18 workshops within at least 5 of the 15 counties throughout the PSA during the 3 year planning cycle, with approximately 150 caregivers completing the class during that timeframe. 3. Continue to partner with agencies providing in-home

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services, medical clinics, tribal organizations, and adult day care centers to help promote CCC and identify family caregivers who could benefit from the program. 4. Through the Alzheimer's Disease Supportive Service Program (ADSSP) grant, provide mini-workshops developed using CCC training material on aspects of dementia and dementia care important to family and informal caregivers. We will promote the CCC program during these presentations and encourage more family members to attend the more intense and informative 6-week course.

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

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

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**Regional Direct Service Request**

It is expected that regionally defined services will be provided under contracts with community-based service providers, but when appropriate, a provision to provide such regional services directly by the area agency may be approved by the CSA. Regional direct-service provision by the area agency may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the area agency's administrative functions; or C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.

Area agencies requesting permission to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on the left after a screen refresh. Select the link for the newly added regional service and enter the requested information pertaining to basis, justification and public hearing discussion for any regional direct service request for FY 2023-2025. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Since regional service definitions expire with the end of each multi-year plan period, please include any previously approved regional services the agency expects to continue providing directly, including COVID-19 policy-waiver-approved services. Address any discussion at the public hearing related to each regional direct service provision request.

Regional Direct Service Budget details for FY 2023-2025 are to be included under the Direct Service Budget tab and the Support Services Detail tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget.

Please skip this section if the area agency is not planning on providing any regional services directly as of now.

Total of Federal Dollars

Total of State Dollars

Geographic Area Served

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

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



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**Program Development Objectives**

Please provide information for all program development goals and objectives that will be actively addressed for this multi-year period, including the diversity, equity and inclusion goal outlined here.

**Diversity, Equity, and Inclusion Goal**

Aging and Community Living Services Bureau (ACLS) *Operating Standards for Area Agencies on Aging* have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly. Please refer to *Operating Standards for Area Agencies on Aging* sections C-2 and C-4.

With increased awareness of the effects of racial and ethnic disparities on the health, well-being, and lifespans of individuals, the State Plan on Aging for FY 2023-2025 has implemented goals that relate to identifying and increasing services to black, indigenous and people of color as well as LGBTQ+ adults over age 60.

Please assess and summarize how well the area agency is currently addressing accessibility of services for the groups listed above and complete the objective(s), strategies and activities that are indicated for quality improvement in this area. Include planned efforts to:

1. Increase services provided to black, indigenous and people of color and the (LGBTQ+) communities.
2. Increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.
3. Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.

**Goal: Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.**

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, that some of the area agency's program development goals correspond to the ACLS Bureau's State Plan Goals (listed in the Documents Library). There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.

A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. Additional instructions on completing the Program Development section can be found in the Documents Library.

**Area Agency on Aging Goal**

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**A. Improve the Accessibility of Services to Michigan's Communities and People of Color, Immigrants and LGBTQ+ Individuals.**

State Goal Match: 1

Narrative  
fdafdsa

Objectives

1. All UPAAA staff and subcontractors are regularly trained in diversity, equity, and inclusion to improve access to services for all.

Timeline: 10/01/2022 to 09/30/2023

Activities

Trainings and outreach will continue throughout the year with UPAAA staff and provider network to ensure all persons served are treated with culturally appropriate information and quality of services were appropriate. e. All call specialists and care managers have completed LGBT Cultural Competency training. The 2-1-1 database is continually updated to include LGBTQ resources and demographics, including those agencies and businesses determined to be LGBTQ friendly. Plans are Printed On: 05/23/2022 11:46:18 Page 3 of 38 in place to train all staff in Diversity, Equity and Inclusion within the next fiscal year. This all helps to ensure that any individual who comes to the UPAAA for assistance will be treated fairly, impartially and with dignity.

Expected Outcome

UPCAP is in the process of researching training programs specific to this objective. Fourteen staff members who are also MMAP counselors completed training in Diversity, Equity and Inclusion (DEI) as part of their recertification process in 2021. All call specialists and care managers have completed LGBTQ Cultural Competency training. The AAA Director and several UPAAA key staff will be participating in the AASA-sponsored DEI training provided by the Michigan Public Health Institute this fall. Once trained, UPAAA staff will disseminate information about approved training modules and formats to other agency staff, as well as to agency providers and subcontractors. UPCAP will continue providing technical assistance, support and monitoring in this area to ensure that all provider staff - especially direct care workers - are sufficiently trained in diversity, equity, and inclusion.

2. Ensure that all programming and outreach is culturally sensitive and welcoming to all.

Timeline: 10/01/2022 to 09/30/2023

Activities

The UP AAA will work to review outreach materials and social media platforms to ensure they are culturally sensitive and inclusive to all.

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Expected Outcome

UPCAP has a strong partnership and currently holds contracts with three of the region's tribes to provide services to tribal elders under the Older American's Act. The 2-1-1 Information and Assistance database is continually updated to include LGBTQ resources and demographics, including those agencies and businesses determined to be LGBTQ friendly. UPCAP also assisted in the development of the LGBTQ Inclusivity Guide for Area Agencies on Aging which has been distributed to all of our service providers and partners. UPCAP will continue to strengthen partnerships with minority, immigrant, and LGBTQ communities within our region to work on furthering this goal.

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

State Goal Match: 4

Narrative

It is the objective of the UPAAA that all older adults within the region have the ability to remain in their own homes and communities for as long as they choose. Regional needs surveys conducted by the agency indicate that people are concerned about having enough affordable housing options within their own communities as they age in place, as well as having accessible and affordable services available to them to help them remain in their own homes. As the population ages and more people are being cared for by family or other informal caregivers, the UPAAA is looking for ways to better support these caregivers with education, training, and supportive services. We know that caregiver burnout is often the reason why many individuals with dementia end up in long term care facilities prematurely, and is also the likely cause of many health issues faced by the caregiver themselves. Also, the lack of sufficient resources in many rural areas makes it difficult to provide respite and other necessary services to help families successfully caregive for longer periods of time. Providing critical information on the myriad of services and choices when families face long term care needs is imperative to ensuring that they have the knowledge and assistance needed to make decisions best for them. Use of person-centered planning to provide options and services through programs and resources such as Care Management, Communities for a Lifetime, MMAP, and readily accessible services available through the Older American's Act will help ease the burden of health care costs and allow those who choose to do so age in place in the setting of their choice.

Objectives

1. Provide consumers with options and assistance in obtaining self-directed community-based care when facing the need for long term supports and services.

Timeline: 10/01/2022 to 09/30/2023

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Activities

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

Expected Outcome

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

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**Scope of Services**

The COVID pandemic has highlighted the importance of the aging service network. People over age 65 comprised 75 percent of COVID deaths in the US, or one in 100 people in that age group by the end of 2021. Fear of contracting the virus has caused long-term social isolation, resulting in serious physical and emotional health effects. The growing availability of supports delivered remotely has been of great assistance. Maintaining adequate services for those who are homebound and their caregivers will continue to be essential. Burdens on family caregivers have increased due to the closure of some in-person services because of the pandemic as well as because of the direct care worker shortage.

Most people with dementia live at home, supported by family and friends. Evidence-based interventions are effective methods for supporting both the person living with dementia and their caregivers. Aging service providers can provide services and support to maintain independence with referrals to healthcare professionals as appropriate.

Though we have long known that racial and ethnic minorities, the LGBTQ+ community and other disadvantaged groups have higher rates of disease and early death, the factors that lead to discrimination have not been fully explored. Growing determination to address diversity, equity and inclusion are leading us to look holistically at discrimination concerns with an eye toward eliminating disparities and micro-aggressions.

Constantly changing service demand challenges make it essential that the area agency carefully evaluate the potential, priority, targeted, and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

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

According to the U.S. Census Bureau's latest American Community Survey (ACS 2017), there are now 84,765 older adults eligible for Older American's Act and Older Michiganiaan's Act funded services in Michigan's Upper Peninsula. The region is comprised of 16,452 square miles, about one-third of the State's land area. Yet the U.P.'s population comprises only about 3% of the State's total population. This equates to a population density of approximately 19 persons per square mile. This has always created unique challenges in providing services to those needing them in this region and proves to become more challenging as our population becomes older and frailer, and as the workforce declines. Per the ACS 2020 demographic information, the UP's overall population decreased by approximately 4%, while the aging population (60+) increased by 15%; Per the ACS 2020 -estimated reports, demographic trend since 2017 show a 6% increase in those age 60; with a subset of those age 85 or older at a 4% increase.

Changes to our region's demographics are as follows:

Total U.P.	Pop Aged 60+	Aged 85+
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2010: 312,731	76,496	8,181
2017: 305,245	84,765	8,487
2020: 300,111	90,908	8,985

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

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

Currently the UPAAA utilizes its 2-1-1 call center specialists to conduct pre-screens for the Care Management and MI Choice Waiver programs. There are also protocols in place to assist call specialists in determining the needs of an individual, including determining whether they may have a cognitive impairment or possible dementia. If this is believed to be a possibility, additional information about a caregiver or representative is sought, and information about the caller's living arrangements is collected. All of this information is then passed to a care manager who will complete the assessment and care planning process to address the needs of the caller, and their caregiver if necessary. This may include a referral to a physician or clinic for a diagnostic evaluation. Programs such as OAA-funded programs, Creating Confident Caregivers, Powerful Tools for Caregivers, the BRI (Benjamin Rose Institute Care Consultation) Program, and others are provided by the UPAAA to help caregivers and individuals with cognitive impairment receive the services they need to enhance their quality of life. Care managers and supports coordinators are social workers or registered nurses. Care managers and supports coordinators provide critical knowledge and coordination of services, and continually seek to address the progression of the disease process, allowing for flexibility in arranging services and moving within care systems to meet the needs of the individual and their family. They, the 2-1-1 call specialists, and key AAA staff have received extensive training in dementia and other cognitive issues. Many of these staff are trainers, coaches, and Master Trainers of the evidenced-based programs provided by the UPAAA listed above. During this multi-year planning cycle, we are committed to seeking, and hopefully implementing, new programs that will help families care give successfully for longer periods of time. The UP AAA will also continue to expand it's Caregiver Resource Center to ensure that allcaregivers across the region have access to helpful and timely information to increase education; combat fatigue and burnout; for non-paid caregivers.

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

The UPAAA will continue to enter into contracts or purchase of service agreements in order to meet the needs of underserved populations. Outreach efforts will be accomplished by:

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



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coordination at the local level. The AAA will work with providers to, at a minimum, maintain (and at best increase) the number and percentage of individuals served and to increase targeting efforts towards underserved target groups, with specific attention paid to low-income minority groups. This will continue to be a challenge as those aged 85 and older increased by 4% since 2017, while overall population alternatively decreased by 4%. This is indicative of a trend that will more than likely continue as more and more Baby Boomers age into the system.

**4. Describe the agency's past practices, current activities and plans for addressing the needs of people living with dementia and their caregivers.**

Currently the UPAAA utilizes its 2-1-1 call center specialists to conduct pre-screens for the Care Management and MI Choice Waiver programs. There are also protocols in place to assist call specialists in determining the needs of an individual, including determining whether they may have a cognitive impairment or possible dementia. If this is believed to be a possibility, additional information about a caregiver or representative is sought, and information about the caller's living arrangements is collected. All of this information is then passed to a care manager who will complete the assessment and care planning process to address the needs of the caller, and their caregiver if necessary. This may include a referral to a physician or clinic for a diagnostic evaluation. Programs such as OAA-funded programs, Creating Confident Caregivers, Powerful Tools for Caregivers, the BRI (Benjamin Rose Institute Care Consultation) Program, and others are provided by the UPAAA to help caregivers and individuals with cognitive impairment receive the services they need to enhance their quality of life. Care managers and supports coordinators are social workers or registered nurses. Care managers and supports coordinators provide critical knowledge and coordination of services, and continually seek to address the progression of the disease process, allowing for flexibility in arranging services and moving within care systems to meet the needs of the individual and their family. They, the 2-1-1 call specialists, and key AAA staff have received extensive training in dementia and other cognitive issues. Many of these staff are trainers, coaches, and Master Trainers of the evidenced-based programs provided by the UPAAA listed above. During this multi-year planning cycle, we are committed to seeking, and hopefully implementing, new programs that will help families care give successfully for longer periods of time. The UP AAA will also continue to expand it's Caregiver Resource Center to ensure that allcaregivers across the region have access to helpful and timely information to increase education; combat fatigue and burnout; for non-paid caregivers.

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

Whenever the UPAAA is not able to meet current needs of the customer anywhere in the region, a referral to 2-1-1 is made to assist the person in finding alternative resources to help meet the needs they have. The 2-1-1 Call Specialists work with the caller to first identify their particular needs, and secondly locate resources to help meet those needs in the best way possible. The Call Specialists will follow-up with the customer to ensure that they were connected appropriately to the resource and are receiving the help that they choose. If long term care information is needed or requested, the 2-1-1 call specialists will make the referral to a care manager or options counselor. All Care Managers, 2-1-1 Call Specialists, and Options Counselors have received training in Person-Centered Planning and follow these principals when assisting customers. As unmet needs/trends are identified, the UPAAA works to incorporate programs and strategies within the Multi-Year and Annual Implementation Plan processes.

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

The UPAAA intends to address the unmet needs of program participants in various ways .

--First, the services that appear to be critical to keep people in their own homes will have top priority for funding, such as home care assistance, home-delivered meals, and respite care.

--Secondly, new partner agencies will be sought who can meet the needs of participants where others may not be able or willing to do so.

-Third, two regional service definitions are being sought to help meet: a) emergent unmet needs, and b) nursing services. These services will fill current gaps in service delivery for various crisis-type issues that no other program or service can meet, such as help paying for life-saving medications not covered by insurance, roof-shoveling and snow plowing during extreme winter seasons, furnace repair or replacement, etc. Nursing services will help prevent hospitalization and early nursing home admissions for care management clients by providing intermittent in-home nursing services not allowed under other traditional payer sources.

--Fourth, the UPAAA will pursue a grant from the MI Health Endowment Fund to conduct a regional assessment that will identify existing non-emergency medical transportation (NEMT) services and providers; examine service, funding and resource needs, determine gaps between needs and available services, and develop an action plan and strategy to address those gaps. Additionally, in this vein, and through a partnership with the MUVE-P3 and others, we will participate in a pilot program to expand the availability of non-medical transportation in the rural areas of the central counties in the region where little or no transportation services currently exist.

--And lastly, the UPAAA will continue to advocate for increased funding to support hiring, training and sustaining a larger workforce of competent direct care service workers to meet the needs of a growing elder population

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

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

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

Ongoing issues regarding the Direct Care Worker shortage continue to take precedence and input session and the lack of workers resulting in the lack of ability to provide services. The UPAAA will work with State and local agencies to continue to encourage employment and growth in the care and service of the aging population. Transportation continues to be an issue in our very rural region, and the UP AAA will continue to

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explore NEMT options to assist in travel. We will also work with current and new partners to continue and expand options for older adults and their caregivers, as opportunities arise. Over the past three years, the public health emergency and COVID-19 pandemic have had far reaching impacts on local communities, with a quickly dwindling workforce. This decrease has created a worker shortage across the region in all areas, but the direct care worker pool has been doubly impacted. When workers were forced to remain home during the peak of the pandemic, many sought alternative employment and after the lifting of the Stay Home, Stay Safe orders and did not return to the direct care workforce. The need for living wages and benefits for our direct care worker staff have not kept pace with other industries, and that makes finding and keeping staff difficult.

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

The UPAAA continues to search out new and innovative ways to address the needs of older adults within the region. Caregiver support and training programs, along with health promotion and disease prevention programs provided by the UPAAA and its partners should help to improve the health and well-being of our aging population, improving their quality of life and thus avoiding the need for increased in-home services or nursing home placement. Having close partnerships with such entities as the MI State University Extension office and the Hannahville Tribe, for example, allows us to share funding and grants they receive to expand and promote these very important programs. The UPAAA is also working very closely with nutrition service providers to improve the quality and efficiency of the congregate and home-delivered meal programs, which are the two of the largest and most costly programs currently provided within the PSA. Additionally, a new transportation initiative for the central Upper Peninsula should help fulfill the need for critical transportation to allow those in the most rural areas access to their physicians, specialists, shopping, congregate meal programs, etc. We will continue helping those facing nursing home placement and their families understand their options, and helping them manage their care in a way of their choosing via the region's Nursing Home Transitions and Care Management programs. We believe this helps ease the burden of health care costs and allows older adults to age in place in the setting of their choice.

**10. Identify the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.**

The categories receiving the most funds are as follows: Nutrition Services (home-delivered and congregate); Homecare Assistance; Homemaking; Respite Care; Adult Day Services. After reviewing the community survey data, regular in-home survey results and local census data, it is logical to expect regular increases in these programs as time continues. Additionally, current wait lists indicate a need for increases in all services listed above.

**11. Describe the area agency's efforts to ensure diversity, equity, and inclusion, including how the agency ensures that staff at their agency and subcontracting agencies is diverse, equitable, inclusive and knowledgeable of the harms of implicit bias?**

Fourteen staff members who are also MMAP counselors completed DEI training as part of their recertification process in 2022. All call specialists and care managers have completed LGBTQ Cultural Competency training. The AAA director and several UPAAA key staff will be participating in the AASA-sponsored DEI training provided by the Michigan Public Health Institute this fall. UPAAA staff will disseminate information about

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approved training modules and formats to other agency staff, as well as to agency providers and subcontractors. UPCAP will continue providing technical assistance, support and monitoring in this area to ensure that all provider staff, especially direct care workers, are sufficiently trained in diversity, equity, and inclusion.

UPCAP has a strong partnership and currently holds contracts with three of the region's tribes to provide services to tribal elders under the Older Americans Act. We are currently in the process of reviewing all outreach materials and social media platforms to ensure they are culturally sensitive and inclusive to all. The 2-1-1 Information & Assistance database is continually updated to include LGBTQ resources and demographics, including those agencies and businesses determined to be LGBTQ friendly. UPCAP also assisted in the development of the LGTBQ Inclusivity Guide for Area Agencies on Aging which has been distributed to all of our service providers and partners. UPCAP will continue to strengthen partnerships with minority, immigrant, and LGBTQ communities within our region to work on furthering this goal.

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<b>Planned Service Array</b>  Complete the FY 2023-2025 MYP/AIP Planned Service Array form for your PSA. Indicate the appropriate placement for each ACLS Bureau service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide.
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	Access	In-Home	Community
<b>Provided by Area Agency</b>	<ul style="list-style-type: none"> <li>Care Management</li> <li>Information and Assistance</li> </ul>		<ul style="list-style-type: none"> <li>Disease Prevention/Health Promotion</li> <li>Long-term Care Ombudsman/Advocacy</li> <li>Programs for Prevention of Elder Abuse, Neglect, and Exploitation</li> <li>Creating Confident Caregivers</li> <li>Kinship Support Services</li> <li>Caregiver Education, Support and Training</li> </ul>
<b>Contracted by Area Agency</b>		<ul style="list-style-type: none"> <li>Chore *</li> <li>Home Care Assistance</li> <li>Home Injury Control</li> <li>Homemaking</li> <li>Home Delivered Meals</li> <li>Medication Management</li> <li>Personal Care</li> <li>Assistive Devices &amp; Technologies</li> <li>Respite Care</li> <li>Friendly Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>Adult Day Services *</li> <li>Dementia Adult Day Care</li> <li>Congregate Meals</li> <li>Legal Assistance</li> <li>Long-term Care Ombudsman/Advocacy</li> <li>Caregiver Supplemental Services</li> </ul>
<b>Local Millage Funded</b>	<ul style="list-style-type: none"> <li>Case Coordination and Support *</li> <li>Outreach *</li> <li>Transportation *</li> </ul>	<ul style="list-style-type: none"> <li>Chore *</li> <li>Home Care Assistance *</li> <li>Home Injury Control *</li> <li>Homemaking *</li> <li>Assistive Devices &amp; Technologies *</li> <li>Respite Care *</li> <li>Friendly Reassurance *</li> </ul>	<ul style="list-style-type: none"> <li>Adult Day Services *</li> <li>Disease Prevention/Health Promotion *</li> <li>Home Repair *</li> <li>Senior Center Operations *</li> <li>Senior Center Staffing *</li> </ul>
<b>Participant Private Pay</b>	<ul style="list-style-type: none"> <li>Transportation *</li> </ul>	<ul style="list-style-type: none"> <li>Chore *</li> <li>Home Care Assistance *</li> <li>Homemaking *</li> <li>Respite Care *</li> </ul>	<ul style="list-style-type: none"> <li>Adult Day Services *</li> <li>Congregate Meals *</li> <li>Disease Prevention/Health Promotion *</li> <li>Home Repair *</li> <li>Legal Assistance</li> </ul>

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<b>Funded by Other Sources</b>	<ul style="list-style-type: none"><li>• Case Coordination and Support *</li><li>• Outreach *</li><li>• Transportation *</li></ul>	<ul style="list-style-type: none"><li>• Chore *</li><li>• Home Care Assistance *</li><li>• Assistive Devices &amp; Technologies *</li><li>• Respite Care *</li><li>• Friendly Reassurance *</li></ul>	<ul style="list-style-type: none"><li>• Adult Day Services *</li><li>• Disease Prevention/Health Promotion *</li><li>• Home Repair *</li><li>• Senior Center Operations *</li><li>• Senior Center Staffing *</li></ul>
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\* Not PSA-wide

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**Planned Service Array Narrative**

**Describe the area agency's rationale/strategy for selecting the services funded under the MYP/AIP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.**

**Instructions**

**Use the provided text box to present the Planned Service Array narrative.**

For the most part, the planned service array reflects the preferences of local communities within the PSA. The Upper Peninsula is uniquely rural with a population density of only 19 persons per square mile. This poses a significant problem in providing access to all older persons needing services. The primary barrier for seniors in this region is the inability to access community and medical services. Many who are no longer able to drive or keep up the family home do not always have access to affordable transportation and housing options. Additionally, most service providers are struggling with the cost of providing necessary services, particularly in the extreme rural areas of the region. Providers are expressing concerns over the impact of stagnant funding, increased fuel costs, the mandatory increase in the minimum wage, and workforce shortages. They are frustrated by the inability to maintain a consistent and experienced workforce at a price they can afford. The competitive bidding process used by the UPAAA allows partner agencies to pick and choose to provide services funded by the AAA. Some partners choose not to apply for funding for some services because they don't feel the need for that particular service in their community, or it may be because they feel the amount of funding is not sufficient to provide that service. Many partners often receive funding from other sources (federal and state grants, millage, etc) that allows them to expand on or provide other services they feel are needed in their local communities. UPAAA staff work closely with these partners to identify gaps in service, locate new sources of funding for necessary and requested services, and provide new programs that will help meet the changing needs of older adults within their communities.

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**Strategic Planning**

Strategic planning is essential to the success of any area agency on aging to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the ACLS Bureau. Agencies must be proactive in establishing safeguards in case of internet failure, hacking, or other connectivity issues. The increasing frequency of climate-related disruptions make emergency planning a priority.

All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP.

**1. Describe your process to analyze your agency's strengths, weaknesses, opportunities and threats.**

*The UPAAA identified many strengths, such as:*

- We are a regional, multi-purpose organization administering many programs and services that complement each other for the good of our clientele.

We are comprised of longstanding, dedicated, and experienced staff committed to the mission and vision of the UPAAA.

We have a strong financial position with many diversified funding sources .

We have significant support and respect from elected officials , i.e.: county commissioners who work with UPCAP to identify new and creative ways to meet the needs of people living in the PSA .

We are progressive and forward-thinking, successfully taking on new projects and services before others in the field.

We are well-respected by the aging network, government entities, community organizations, and other stakeholders at all levels. However, we were also able to identify some weaknesses:

- Communication and access are both challenges due to our extremely large and rural geographic area. There are still several areas of the region where cell phone service and internet are not available.

- We have a lack of providers able to provide needed services across the realm . Many of our traditional and long-standing providers are having difficulties developing new and innovative ways of service delivery to boost the participation of older adults in OAA programs , as well as in the recruitment of direct-care staff.

UPAAA staff are over-extended because limited grants do not typically allow for additional hires for new projects.

There is a limited availability of well-trained direct-care staff to meet the demand of in-home service needs across the region, due to high turnover and competition for other available service employment.

*Looking forward, we anticipate the following opportunities:*

- Many new grant opportunities are available to meet the needs of both formal and informal caregivers, a population group that is growing rapidly. Grant opportunities also continue to increase in the areas of fall prevention, health and wellness.

The ability to offer private pay options to help fund and provide services to keep people healthy .

The potential opportunity for participation and growth in the managed care realm .

*There may be some potential threats, as follows:*

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·The overall population in the state is shrinking, which could affect future funding. Additionally, the population of folks in the workforce is shrinking while the number of older adults age 85 and over is increasing.

Partner agencies/service providers in the region have been unwilling or unable to change or modify programming to meet the needs of new, younger seniors which has resulted in declining participation at many congregate meal sites, which in turn may cause a decline in future funding received for this program.

Mandated managed care and the medicalization of long term care may limit our programs and abilities in the future.

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

A greater role in these programs could allow the organization to free up more resources for those people who may not be waiver eligible, or to find and assist those who may fall between the cracks as far as care management and other service provision is concerned. However, a lesser role in the future will limit the success of the care management program, or may even eliminate the need for care management. This may result in a loss of efficiency in the use of coordinated service programs, and would certainly eliminate experienced, long-standing agency personnel. We anticipate that there could be significant changes to the MI Choice Waiver and other Medicaid long term care services in the near future. As this occurs, the UPAAA will work to make the adjustments necessary to accommodate these changes.

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

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

·Payments to community partners/providers would be reduced overall.

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

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

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

UPCAP has been working diligently on its NCCQ accreditation in the last year, and is hopeful that our work will be completed and that we will receive accreditation before the end of this calendar year.

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

Due to the extremely rural nature and geographic location of our region, the UPAAA has had to increasingly rely on technology to complete everyday business. We currently have 6 physical offices within our 15 county region. After dealing with the effects of the COVID-19 pandemic and utilizing technology during the stay at home first phase of the PHE, staff have continued to access and utilize technology that

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allows for less travel and more efficient means of hosting meetings and trainings. Many, if not all meetings over the past two years have been hosted virtually, and staff continue to explore options to make classes, education and outreach more accessible in many different ways on many different platforms (social media, direct mailing, television and radio). All in-home and community staff have been issued tablets or laptops and scanners or portable printers so that data can be immediately retrieved and entered while working in the field. This helps to keep staff and records much more organized, timely, and allows for better time management. Additionally, UPCAP uses COMPASS, Vendor View and Wellsky software which provides expedited communication regarding service delivery and allows contracted agencies to bill for services electronically. Although surveys show that many older seniors do not access social media (or even the internet) for information, we do know that their families and caregivers do. We also know that younger seniors (the Baby Boomers) are more likely to use the internet and be social media savvy. The UPAAA will continue to look for new and better ways to use technology to reach more people in a very rural area. This is a challenge as there are still many rural areas that do not have access to broadband internet.

**6. Describe your agency's emergency planning system, how planning is updated and whether back-up systems are adequate to maintain services during potential disruptions.**

·Please see the attached Emergency Management and Preparedness Plan

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**Advocacy Strategy**

**Describe the area agency's comprehensive advocacy strategy for FY 2023-2025. Describe how the area agency's advocacy efforts will improve the quality of life of older adults within the PSA. Also give an update on current advocacy efforts. See *Operating Standards for Area Agencies on Aging* section C-6.**

**Include initiatives, if any, the area agency is pursuing regarding recruitment, training, wages, diversity and inclusion, credentialing, etc. related to the direct care workforce shortage. Also identify area agency best or promising practices, if any, that could possibly be used in other areas of the state. Enter your advocacy strategy in the dialogue box.**

The following advocacy strategies were formulated from a variety of sources. Input was solicited through surveys and discussions at public input sessions and public hearings. In addition, the UPAAA received input from County Commissioners through its role as administrator for the U.P. Association of County Commissioners. Additional issues were presented through other required collaborations and advisory boards. The AAA will continue to promote, support, and advocate for programs and services that are person-centered, evidenced-based, and community-based. The AAA will advocate for increased capacity and expanded access to the MI Choice Program and other community-based long term care options to meet the needs of a rapidly increasing aging population. The AAA will advocate for increased funding from the Older Americans and Older Michiganians Acts in line with increased cost of providing services and meeting the needs of older adults utilizing these funds. The AAA will continue to play a role in Michigan's Dual Eligible Medicaid/Medicare Integrated Care Initiative, building on its relationships with key stakeholders with the goal of promoting and securing seamless service delivery for Integrated Care in the region. The AAA will continue to advocate for the provision of adequate funding for non-emergency medical and non-medical transportation and to promote the service as an essential component to low-income and rural consumers. The AAA will continue to work in collaboration with groups representing and advocating for the prevention and treatment of chronic conditions and disabilities, including: UPDON, MI Arthritis Foundation, U.P. Alzheimer's Association, MSU Extension, local Health Plans, Superior Alliance for Independent Living (SAIL), and others to develop and conduct evidenced-based disease prevention programs throughout the region. The AAA will advocate for the provision of additional funding and support for preventive services, including home injury control, elder abuse prevention, caregiver education and training, chore services, and nutrition and wellness (EBDP) programs. The AAA will promote, support and advocate for adequate wages and training for direct care workers, in order to overcome in-home worker shortages and meet the increasing needs of older adults who want to age in place. The AAA will advocate for continuation and expansion of the MI Medicare/Medicaid Assistance Program (MMAAP). Through MMAAP, trained volunteers provide information and counseling to Medicare beneficiaries concerning Medicare and Medicaid eligibility, enrollment and coverage, medical bills, prescription drug coverage, and supplemental and long term care insurance at no charge. The AAA will continue to play an active role and advocate for increased affordable housing options including the development of senior housing projects in rural areas and for the increased provision of supportive services in housing facilities. Additional advocacy issues will be selected throughout the multi-year planning cycle based on input received from older adults, service providers, county commissioners, area agency staff, and through input provided by the AAA Advisory Council, Quality Collaborative, ADRC Collaborative, and the UPCAP Board of Directors. Members of these groups will continue their advocacy efforts as in the past, taking positions on various topics and issues of concern to older

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adults in the region.

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**Leveraged Partnerships**

**Describe the area agency's strategy for FY 2023-2025 to partner with providers of services funded by other resources, as indicated in the PSA Planned Service Array.**

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

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

Various partners throughout the region form a vital link in the region's extensive aging network. Many of the services funded by the UPAAA are offered at meal sites/senior centers run by Commissions on Aging and Community Action Agencies. Services provided include home delivered meals, congregate meals, homemaker aide, home care assistance, in-home respite care, chore services, elder abuse education, transportation, outreach, service coordination, legal assistance, long-term care ombudsman services, and caregiver training. We rely on these strong partnerships to tackle region-specific issues and needs by working together on special projects and grants to meet the needs of older adults and those with disabilities that are not met through traditional avenues. Additionally, Mental and Public Health agencies partner with the UPAAA to provide health and wellness training via evidenced-Based Disease Prevention Programs, and we will be working together to address the opioid crisis and other issues pertinent to health and aging. The UPAAA also has a strong partnership with the region's Center for Independent Living, known as SAIL. SAIL is a key stakeholder in the ADRC of the U.P. and has trained Information & referral specialists and options counselors available to assist those looking for options counseling when faced with long term care needs. SAIL also provides Medicare/Medicaid Assistance counseling (MMAP) and other community outreach programs essential to meeting the needs of folks with disabilities throughout the region. UPCAP, a multi-purpose non-profit organization, administers a variety of other programs which although funded outside the aging network, positively impact on the UPAAA's purpose and mission. These programs include congregate housing development and management for seniors, low-income families, and those with disabilities and the Professional Mediation Program, which resolves disputes and disagreements between parties (i.e. landlord-tenant, medical billing, caregiver issues, etc).

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

With the help of new and existing grants received by the UPAAA and/or its partners, we have been very successful in recruiting new partners and leaders to provide Evidence-Based Disease Prevention (EBDP) programs throughout the entire region, especially as it relates to the Diabetes PATH and Matter of Balance programs. Our partners have seen the value of these and other EBDP programs, and many are committed to continuing them even after supplemental funding is no longer available. The UPAAA and partners continually discuss ways to keep the programs going, expanding as possible, by seeking out new grant opportunities or

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using existing funds such as millage or OAA funds. Additionally, charging nominal fees to participants has worked successfully in the past and may be implemented again in order to sustain programs. Some of the area's health plans have also expressed an interest in paying to have their members participate in EBDP programs that will provide strategies to keep members healthy. The UPAAA will continue to meet and work with its partners and pursue any and all possible funding sources to sustain, and further increase, capacity for these important programs.

**3. Describe the agency's strategy for developing non-formula resources and use of volunteers to support implementation of the MYP and 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.

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**Community Focal Points**

**Community Focal Points are visible and accessible points within communities where participants learn about and gain access to available services. Community Focal Points are defined by region. Please review and update the listing of Community Focal Points for your PSA below and edit, make corrections and/or update as necessary. Please specifically note if updates have been made.**

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

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

RATIONALE FOR DEFINITION AND SELECTION OF COMMUNITY FOCAL POINTS: The UPAAA will have community focal points designated at three levels: at the local level, Care Management level, and Regional Level. The UPAAA serves as the regional focal point for assuring access to information and services for older adults across the Upper Peninsula through the U.P. Senior Helpline and the 2-1-1 Call Center, both which serve as toll-free information and assistance services. Care Management access sites serve as a focal point for frail individuals who have in-home service needs and who are at risk of nursing home placement.

Multi-service senior centers will be given special consideration in the designation of focal points at the local level. The UPAAA will work with county and local officials to designate focal points in each county. Because of the rural nature of the Upper Peninsula, and the fact that many older people live on homesteads in sparsely populated townships, rural centers located in isolated areas may be designated as focal points if they can meet the criteria. The criterion designed by the UPAAA has set the standards which must be met prior to designation. The standards reflect requirements which address safety, health, fair and equal treatment and service delivery. In counties where no agency meets every criterion for a community focal point as set forth below, the UPAAA will designate the most appropriate agency that best meets the needs and criteria of a community focal point, to ensure local access to needed information and services.

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

1. The facility must meet all the fire, safety, and health code standards addressed in the Michigan Office of Services to the Aging Operating Standards for Service Programs and all local and state fire, safety, and health requirements.
2. Each designated focal point should be open for services at least 2 days or 16 hours per week, and provide at least 3 services.
3. Each designated focal point should provide meal services (Older Americans Act Congregate Meals OR locally funded programs).
4. Each designated focal point should have a telephone and an individual available to respond to local inquiries about information and referral services.
5. Each designated focal point should work with other community agencies and institutions to maximize

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coordination for access to other services and opportunities, including the promotion of 2-1-1.

6. Each designated focal point must have adequate insurance.

7. Each designated focal point should adhere to the Code of Ethics including compliance with the Freedom of Information Act (5 U.S. Code Annotated, Section 552). This requires that certain information be freely available to the public and requires confidential treatment of personal information.

9. Each designated focal point shall be barrier free.

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

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

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

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

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

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Name:	Sewell Avery Senior Citizen Center
Address:	524 Ashmun St., P.O. Box 70, Sault Ste. Marie, MI 49783
Website:	www.clmcaa.com
Telephone Number:	(906) 632-3363
Contact Person:	Toni Phillips
Service Boundaries:	Chippewa County
No. of persons within boundary:	8659

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

Services Provided:	Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite
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Name:	UPCAP Care Management
Address:	912 Carpenter Avenue, Iron Mountain, MI 49801
Website:	www.upcap.org
Telephone Number:	(906) 774-9918
Contact Person:	Jean Legault
Service Boundaries:	Dickinson, Iron Counties
No. of persons within boundary:	11,737

Services Provided:	Information & Assistance, Care Management, Outreach, MMAP
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Name:	UPCAP Care Management-Hancock
Address:	787 Market Street, Suite 7, Hancock, MI 49930
Website:	www.upcap.org
Telephone Number:	(906) 482-0982
Contact Person:	Jean Fettig
Service Boundaries:	Houghton, Baraga, Keweenaw Counties
No. of persons within boundary:	11,215

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

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

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

Name: UPCAP-Esc  
Address: 2501 14th Ave. South, Escanaba, MI 49829  
Website: www.upcap.org  
Telephone Number: (906) 786-4701  
Contact Person: 2-1-1  
Service Boundaries: All 15 counties of the U.P.  
No. of persons within boundary: 83,000  
Services Provided: Information & assistance, Outreach, Care Management, MMAP, health & wellness programs,

Name: Alger County Commission on Aging  
Address: 1604 Sand Point Rd., Munising, MI 49862  
Website:  
Telephone Number: (906) 387-2439  
Contact Person: Kristine Lindquist  
Service Boundaries: Alger County  
No. of persons within boundary: 3126  
Services Provided: Information, outreach, homemaker, personal care, respite, adult day services, health & wellness programs, MMAP

Name: Amasa Senior Citizen Center



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

Name: Baragaland Senior Citizen Center  
Address: Box 258, 6 North Main St., L&#39;Anse, MI 49946  
Website:  
Telephone Number: (906) 524-6711  
Contact Person: Pamela Anderson  
Service Boundaries: Baraga County  
No. of persons within boundary: 2373  
Services Provided: Information, outreach, social activities, homemaker, personal care, transportation and respite

Name: Breen Senior Citizen Center  
Address: 244 Parkway St., Kingsford, MI 49802  
Website: [www.dicsami.org/senior\\_centers](http://www.dicsami.org/senior_centers)  
Telephone Number: (906) 774-5110  
Contact Person: Laurie Helberg/Sheila Wood  
Service Boundaries: Dickinson County  
No. of persons within boundary: 7463  
Services Provided: Information and assistance, social activities, senior meals

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

Name: Chatham Manor Senior Nutrition Site  
Address: N5282 Gladstone St., Chatham MI 49816  
Website:

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Telephone Number: (906) 439-5101  
Contact Person: Wilma Hill  
Service Boundaries: Alger County  
No. of persons within boundary: 3126  
Services Provided: information and assistance, social activities, senior meals

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

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

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Name: Crystal Falls Senior Center  
Address: 601 Marquette Ave., Crystal Falls, MI 49920  
Website:  
Telephone Number: (906) 875-6709  
Contact Person: Beverly Wilcox  
Service Boundaries: Iron County  
No. of persons within boundary: 4274  
Services Provided: Information and assistance, meals, social activities

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Name: Dickinson County Senior Citizen Center  
Address: 700 Crystal Lake Blvd., Iron Mountain, MI 49801  
Website: [www.dicsami.org/senior\\_centers](http://www.dicsami.org/senior_centers)  
Telephone Number: (906) 774-5888  
Contact Person: Gary Carlson

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

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

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

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Name:	Forsyth Senior Center Forsyth Community Bldg.
Address:	165 N. Maple St., Gwinn, MI 49841
Website:	
Telephone Number:	(906) 346-9862
Contact Person:	Brian Veale
Service Boundaries:	Marquette County
No. of persons within boundary:	16,470
Services Provided:	Information, outreach, senior meals, social activities, homemaker services

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

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No. of persons within boundary: 10,991

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

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Name: Gogebic Co Senior Center - Mill Street Garden

Address: 100 S. Mill Street, Bessemer, MI 49911

Website:

Telephone Number: (906) 667-0283

Contact Person: Donna Heikkala

Service Boundaries: Gogebic County

No. of persons within boundary: 5016

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

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Name: Hermansville Senior Citizen Center

Address: Box 236, Hermansville, MI 49847

Website: [www.mdscaa.org](http://www.mdscaa.org)

Telephone Number: (906) 498-7735

Contact Person: Pam Haluska

Service Boundaries: Menominee County

No. of persons within boundary: 7186

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

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Name: Iron County Senior Citizen Center

Address: 800 4th Avenue, Iron River, MI 49935

Website: [www.dicsami.org/senior\\_centers](http://www.dicsami.org/senior_centers)

Telephone Number: (906) 265-6134

Contact Person: Jan Gibson

Service Boundaries: Iron County

No. of persons within boundary: 4274

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

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Name: Ishpeming Senior Center

Address: 320 S. Pine St., Ishpeming, MI 49849

Website:

Telephone Number: (906) 485-5527

Contact Person: Elyse Bertucci

Service Boundaries: Marquette County

No. of persons within boundary: 16,470

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Services Provided:	Information, outreach, homemaker, senior meals, social activities
Name:	Lake Gogebic Senior Citizen Center
Address:	109 Pine St., P.O. Box 361, Bergland, MI 49910
Website:	
Telephone Number:	(906) 575-3461
Contact Person:	Joan Harris
Service Boundaries:	Ontonagon County
No. of persons within boundary:	2710
Services Provided:	Information, outreach, social activities, homemaker, personal care, and respite services
Name:	Manistique Senior Citizen Center
Address:	101 Main St., Manistique, MI 49854
Website:	
Telephone Number:	(906) 341-5923
Contact Person:	Jennifer VanDyck
Service Boundaries:	Schoolcraft
No. of persons within boundary:	1847
Services Provided:	Information, outreach, senior meals, social activities, transportation, and homemaker services
Name:	Marquette Senior Services Center
Address:	300 W. Spring St., Marquette, MI 49855
Website:	<a href="http://www.mqtcty.org/senior">www.mqtcty.org/senior</a>
Telephone Number:	(906) 228-0456
Contact Person:	Maureen Sullivan
Service Boundaries:	Marquette County
No. of persons within boundary:	16,470
Services Provided:	Information, outreach, MMAP, homemaker, senior meals, social activities
Name:	Menominee Senior Citizen Center
Address:	905 10th St., P.O. Box 811, Menominee, MI 49858
Website:	<a href="http://www.mdscaa.org">www.mdscaa.org</a>
Telephone Number:	(906) 863-2158
Contact Person:	Renelle Betters
Service Boundaries:	Menominee County
No. of persons within boundary:	7186
Services Provided:	Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

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Name: Mid-County Senior Citizen Center  
Address: P.O. Box 102, U.S. 41, Daggett, MI 49821  
Website: www.mdscaa.org  
Telephone Number: (906) 753-6986  
Contact Person: Becky Thoune  
Service Boundaries: Menominee County  
No. of persons within boundary: 7186  
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

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

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Name: Negaunee Senior Center  
Address: 410 Jackson St., Negaunee, MI 49866  
Website:  
Telephone Number: (906) 475-6266  
Contact Person: Kristy Malmsten  
Service Boundaries: Marquette County  
No. of persons within boundary: 16,470  
Services Provided: Information, outreach, homemaker, senior meals, social activities, MMAP

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Name: Newberry Community Action Agency  
Address: 405 Newberry Ave., Newberry, MI 49868  
Website: www.clmcaa.com  
Telephone Number: (906) 293-5621  
Contact Person: Catarina Edison  
Service Boundaries: Luce County  
No. of persons within boundary: 1804  
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

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Name: Newberry Senior Citizen Center



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

Name: Norway Senior Center  
Address: 608 Main Street, Norway, MI 49870  
Website:  
Telephone Number: (906) 563-8716  
Contact Person: Susan Slining  
Service Boundaries: Dickinson County  
No. of persons within boundary: 7062  
Services Provided: Information and assistance, social activities, meals

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

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

Name: Rapid River Twp. Senior Citizen Center Omni Center  
Address: 10574 N. Main St., P.O. Box 6, Rapid River, MI 49878  
Website: www.mdscaa.org

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Telephone Number: (906) 474-9039  
Contact Person: Gail Zierk  
Service Boundaries: Delta County  
No. of persons within boundary: 10,991  
Services Provided: Information, outreach, senior meals, social activities, homemaker, personal care, and respite services

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

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