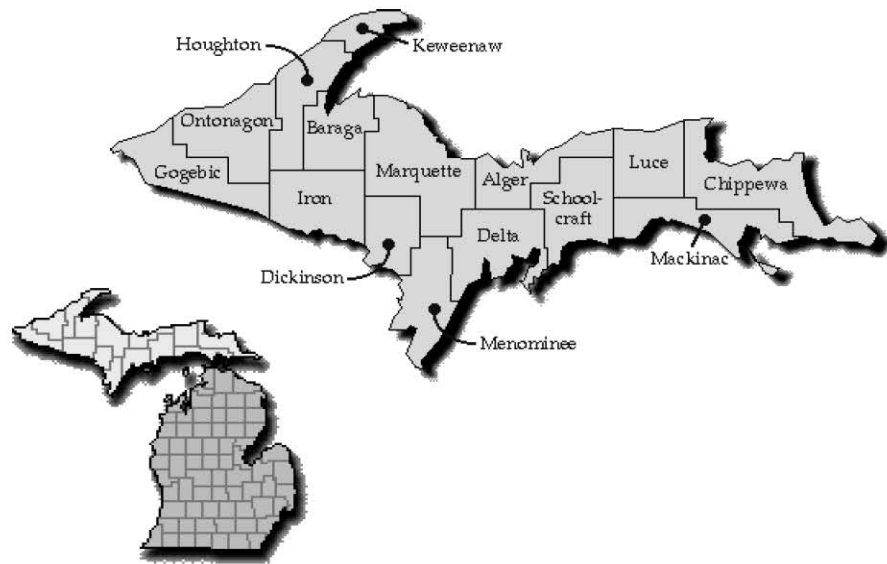


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FY 2023 ANNUAL IMPLEMENTATION PLAN
U.P. AREA AGENCY ON AGING UPCAP SERVICES, INC. 11



Planning and Service Area

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

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

2501 14th Avenue South

P.O. Box 606

Escanaba, MI 49829

906-786-4701 (phone)

800-338-7227 (toll-free)

906-786-5853 (fax)

Jon Mead, President & CEO

www.upcap.org

Field Representative Cindy Albrecht

albrechtc@michigan.gov

517-284-0162

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Michigan Department of Health & Human Services
AGING AND ADULT SERVICES AGENCY

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County/Local Unit of Government Review

Area Agencies on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final MYP/AIP by no later than June 24, 2022, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), requesting their approval by July 12, 2022. For a PSA comprised of a single county or portion of the county, approval of the MYP/AIP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by July 14, 2022, the MYP/AIP is deemed passively approved. The area agency must notify their Bureau of Aging and Community Living Supports (ACLS Bureau) field representative by July 18, 2022, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP/AIP. The area agency may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the MYP/AIP. To employ this option, the area agency must:

Send a letter through the US Mail with delivery and signature confirmation or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP/AIP on the area agency's website. Instructions for how to view and print the document must be included. Offer to provide a printed copy of the MYP/AIP via US Mail or an electronic copy via email, if requested. Be available to discuss the MYP/AIP with local government officials, if requested. Request email notification from the local unit of government of their approval of the MYP/AIP, or their related concerns. Please describe the efforts, including the use of electronic communication, made to distribute the MYP/AIP and to gain support from the appropriate county and/or local units of government.

UPCAP's responsibility as the administrator for the Upper Peninsula Association of County Commissioners plays a vital role in the agency's overall ability to address the needs of older adults, particularly as these needs impact county government activities. This has been very advantageous in terms of guiding decisions related to local funding for senior programs and decisions to pursue local senior millage elections. A copy of the final proposed FY 2023-2025 Multi-Year Plan will be presented to UPCAP's Board of Directors at their meeting on June 24, 2022 requesting formal resolution of approval. Information on the plan will then be sent via email, read receipt requested, to the chairperson of each of the 15 County Board of Commissioners within the region by June 24, 2022 requesting approval of the plan as written by July 14, 2022. Resolutions received verifying approval will be submitted to AASA on July 18, 2022.

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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 600 participants (over 2-year pilot) a total of

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\$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.

*Providing the Developing Dementia Dexterity on-line classes for family members who are caring for a person with a dementia-related illness, such as Alzheimer's Disease. The program has been proven to reduce caregiver stress by providing caregivers with useful tools and information;

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

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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 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.)

Additional Information: Narrative and Plans for using ARP funds for Equipment/Supplies for MYP 23-25:

The UPAAA will continue to work with providers to facilitate equipment and supply needs for the upcoming plan year(s).

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Public Hearings

The area agency must employ a strategy for gaining MYP/AIP input directly from the planned service population of older adults, caregivers, and persons with disabilities, along with elected officials, partners, providers and the general public, throughout the PSA. The strategy should involve multiple methods and may include a series of input sessions, use of social media, on-line surveys, etc.

At least two public hearings on the FY 2023-2025 MYP/AIP must be held in the PSA. In-person hearings are preferred, but virtual hearings are acceptable if they follow Michigan's Open Meetings Act and the requirements of the area agency's governing authorities. The hearings must be accessible. When deciding between online and in-person meetings, consider limitations to internet access and other accessibility issues with the relevant populations in your region. In person, e-mail, and written testimony must also be accepted for at least thirty days beginning when the summary of the MYP/AIP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA, as well as news sources geared toward communities of color, people who are lesbian, gay, bisexual, transgender queer or other (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the area agency's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. See *Operating Standards for Area Agencies on Aging*, Section B-2 #3. The public hearing notice should be available at least thirty days before the scheduled hearing. This notice must indicate the availability of a summary of the MYP/AIP at least fourteen days prior to the hearing, and information on how to obtain the summary. All components of the MYP/AIP should be available for the public hearings.

Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab.

A narrative description of the hearings and the public input strategy is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP/AIP. Tell us the strategy used specifically to inform communities of color, LGBTQ+, immigrant communities and/or other underrepresented groups. Describe all methods used to gain public input and the resultant impact on the MYP/AIP. Indicate whether the meeting(s) complied with the Michigan Open Meetings Act.

Date	Location	Time	Barrier Free?	No. of Attendees
06/20/2022	Virtual	01:30 PM	Yes	7

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06/24/2022	Escanaba/Virtual	11:00 AM	Yes	18
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Public Hearing notices were posted in the four major news papers that cover our Region, as well as posting on our Website and Facebook page (please see attached). The hearings were available to participants via webinar or in person, based on preference. The proposed plan was reviewed with attendees, and any questions asked were documented and answered. Feedback received is listed below.

Feedback was given on plan: Concern was expressed on the rising cost of doing business for our provider network, coupled with the already low number of direct care workers that this could make providing services even more difficult in the upcoming three year period.

Comments were received about concerns regarding the extensive increases in fuel and food costs moving forward and hoping that the State will be looking at ways to assist in meeting those issues.

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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

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.

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 _____	Based on per unit item cost

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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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 ACLS 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.
 - 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

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or other health care professional.

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

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

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Access Services

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>	09/30/2023
Total of Federal Dollars	\$70,000.00	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:	683	Planned Next Year:	750
Number of initial client assessments:	Current Year:	77	Planned Next Year:	100
Number of initial client care plans:	Current Year:	13	Planned Next Year:	45
Total number of clients (carry over plus new):	Current Year:	154	Planned Next Year:	200
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
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Total of Federal Dollars	\$70,000.00	Total of State Dollars	\$0.00
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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 \$44,605.00 Total of State Dollars \$0.00

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

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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. No other provider agency is willing or available to offer LTC Ombudsman services throughout the region. The UPAAA has demonstrated its capabilities to advocate on

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

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

Prevention of Elder Abuse, Neglect and Exploitation

Total of Federal Dollars \$9,212.00

Total of State Dollars

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 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. To be in conjunction with an Elder Abuse Grant recieved by UPCAP's Mediaiton program to focus on Conflicts or difficulties that 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.

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.

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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 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 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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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. 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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- (A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.
- (B) Such services are directly related to the Area Agency's administrative functions.
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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.

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

It is the goal of the UPAAA to provide access and outreach to diverse populations across our 15 county region. We will continue to strive to provide information in ways that is culturally sensitive and relative to all populations across the Upper Peninsula and will work with our provider network to educate and assist in making sure the standards are met for all individuals and their caregivers we serve.

Objectives

1. 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.

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.

2. 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 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.

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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 ACLS-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.

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

State Goal Match: 4

Narrative

It is the goal 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 provide care 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. OAA-funded programs such as, 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. 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 UPAAA will also continue to expand it's Caregiver Resource Center to ensure that all caregivers 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.

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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 2023-2025 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 the lack of workers resulting challenges providing 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 UPAAA will continue to explore non-emergency

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medical transportation (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); Personal Care; 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 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.

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Planned Service Array 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
Provided by Area Agency	<ul style="list-style-type: none"> Care Management Information and Assistance 		<ul style="list-style-type: none"> Disease Prevention/Health Promotion Long-term Care Ombudsman/Advocacy Programs for Prevention of Elder Abuse, Neglect, and Exploitation Creating Confident Caregivers Kinship Support Services
Contracted by Area Agency	<ul style="list-style-type: none"> Transportation * 	<ul style="list-style-type: none"> Chore * Home Injury Control Homemaking Home Delivered Meals Medication Management Personal Care Assistive Devices & Technologies Respite Care Friendly Reassurance 	<ul style="list-style-type: none"> Adult Day Services * Congregate Meals Legal Assistance Long-term Care Ombudsman/Advocacy Caregiver Supplemental Services Caregiver Education, Support and Training
Local Millage Funded	<ul style="list-style-type: none"> Case Coordination and Support * Outreach * Transportation * 	<ul style="list-style-type: none"> Chore * Home Care Assistance * Home Injury Control * Homemaking * Assistive Devices & Technologies * Respite Care * Friendly Reassurance * 	<ul style="list-style-type: none"> Adult Day Services * Disease Prevention/Health Promotion * Home Repair * Senior Center Operations * Senior Center Staffing *
Participant Private Pay	<ul style="list-style-type: none"> Transportation * 	<ul style="list-style-type: none"> Chore * Home Care Assistance * Homemaking * Respite Care * 	<ul style="list-style-type: none"> Adult Day Services * Congregate Meals * Disease Prevention/Health Promotion * Home Repair * Legal Assistance

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Funded by Other Sources	<ul style="list-style-type: none">• Case Coordination and Support *• Outreach *• Transportation *	<ul style="list-style-type: none">• Chore *• Home Care Assistance *• Assistive Devices & Technologies *• Respite Care *• Friendly Reassurance *	<ul style="list-style-type: none">• Adult Day Services *• Disease Prevention/Health Promotion *• Home Repair *• Senior Center Operations *• Senior Center Staffing *
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* 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.

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 (MMAP). Through MMAP, trained volunteers provide information and counseling to Medicare beneficiaries concerning Medicare and Medicaid eligibility, enrollment and coverage, medical bills, prescription drug coverage, and supplemental and long term care insurance at no charge. The AAA will continue to play an active role and advocate for increased affordable housing options including the development of senior housing projects in rural areas and for the increased provision of supportive services in housing facilities. 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. 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 using existing funds such as millage or OAA funds. Additionally, request contributions from participants has worked successfully in the past and may be implemented again in order to sustain programs. Some of the

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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.

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

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Services Provided:	Information, outreach, homemaker, personal care, respite, adult day services, health & wellness programs, MMAP
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Name:	Amasa Senior Citizen Center
Address:	601 Marquette Ave., Amasa, MI 49903
Website:	www.dicsami.org/senior_centers
Telephone Number:	(906) 822-7284
Contact Person:	Judy Cornelia
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'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
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:	Brazil 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

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

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

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

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

Name: Dickinson County Senior Citizen Center
Address: 700 Crystal Lake Blvd., Iron Mountain, MI 49801

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Website: www.dicsami.org/senior_centers
Telephone Number: (906) 774-5888
Contact Person: Gary Carlson
Service Boundaries: Dickinson County
No. of persons within boundary: 7463
Services Provided: Senior meals, information and assistance, social activities

Name: Escanaba Senior Citizen Center
Address: 225 North 21st St., Escanaba, MI 49829
Website: www.mdscaa.org
Telephone Number: (906) 786-8850
Contact Person: 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

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

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

Name: Gladstone Senior Citizen Center
Address: 303 North 8th St, Gladstone, MI 49837
Website: www.mdscaa.org

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Telephone Number: (906) 428-2201
Contact Person: Lisa Trotter
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

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

Name: Hermansville Senior Citizen Center
Address: Box 236, Hermansville, MI 49847
Website: www.mdscaa.org
Telephone Number: (906) 498-7735
Contact Person: Pam Haluska
Service Boundaries: Menominee County
No. of persons within boundary: 7186
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

Name: Iron County Senior Citizen Center
Address: 800 4th Avenue, Iron River, MI 49935
Website: www.dicsami.org/senior_centers
Telephone Number: (906) 265-6134
Contact Person: Jan Gibson
Service Boundaries: Iron County
No. of persons within boundary: 4274
Services Provided: Information and assistance, outreach, social activities, senior meals

Name: Ishpeming Senior Center
Address: 320 S. Pine St., Ishpeming, MI 49849
Website:
Telephone Number: (906) 485-5527

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Contact Person:	Elyse Bertucci
Service Boundaries:	Marquette County
No. of persons within boundary:	16,470
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:	www.mqtcty.org/senior

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:	www.mdscaa.org
Telephone Number:	(906) 863-2158
Contact Person:	Renelle Betters

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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

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

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

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

Name: Newberry Community Action Agency
Address: 405 Newberry Ave., Newberry, MI 49868
Website: www.clmcaa.com
Telephone Number: (906) 293-5621
Contact Person: Catarina Edison
Service Boundaries: Luce County

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No. of persons within boundary: 1804
Services Provided: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services

Name: Newberry Senior Citizen Center
Address: 405 Newberry Ave., Newberry, MI 49868
Website: www.clmcaa.com
Telephone Number: (906) 293-5621
Contact Person: Donn Riley
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

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

Name: Rapid River Twp. Senior Citizen Center Omni Center

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

Website: www.mdscaa.org

Telephone Number: (906) 474-9039

Contact Person: 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

Name: Rock Senior Citizen Center

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

Website: www.mdscaa.org

Telephone Number: (906) 356-6420

Contact Person: Becky Carey

Service Boundaries: Delta County

No. of persons within boundary: 10,991

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

Name: Sagola Twp. Senior Citizen Center

Address: 205 Sagola Ave., Sagola, MI 49881

Website: www.dicsami.org/senior_centers

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

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

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

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

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

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

Name: UPCAP Care Management-MQT
Address: 1025 Commerce Drive, Suite B, Marquette, MI 49855

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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. S Outh, 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,

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Other Grants and Initiatives

Use this section to identify other grants and/or initiatives that your area agency is participating in with the ACLS Bureau and/or other partners. Grants and/or initiatives to be included in this section may include, but are not limited to:

- Tailored Caregiver and Referral® (TCARE)
- Creating Confident Caregivers® (CCC)
- Evidence Based Disease Prevention (EBDP) Programs (see Doc Library for listing)
- Building Training...Building Quality (BTBQ)
- Powerful Tools for Caregivers®
- PREVNT Grant and other programs for prevention of elder abuse
- Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)
- Respite Education & Support Tools (REST)
- Care Transitions Project

1. Briefly describe other grants and/or initiatives the area agency is participating in with ACLS Bureau or other partners.

- Creating Confident Caregivers® (CCC)
- Evidence Based Disease Prevention (EBDP) Programs (see Doc Library for listing)
- Powerful Tools for Caregivers®
- PREVNT Grant and other programs for prevention of elder abuse
- Programs supporting persons with dementia (such as Developing Dementia Dexterity and Dementia Friends)
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)
- Respite Education & Support Tools (REST)
- Food As Medicine

The AAA is involved in numerous health & wellness initiatives, such as PATH (Personal Action Towards Health), Diabetes-PATH, Chronic Pain Management, PATH Chronic Disease Management, and Matter of Balance. Other initiatives the UPAAA administers and is committed to are PREVNT, MMAP, and MI Health Link Outreach & Education. The UPAAA is also committed to bringing programs to the region that will assist family caregivers, especially those caring for loved ones with Alzheimer's Disease or other related dementia. We currently participate in the evidence-based Alzheimer's Disease Initiative-Specialized Supportive Services project to bring dementia education to all; the Respite Education and Support Tools (REST) program to train staff and volunteer respite workers; and Powerful Tools for Caregivers and Creating Confident Caregivers to support, train, and educate family and informal caregivers. The MI Health Endowment Fund has been critical in allowing the UPAAA to expand existing programs and bring in new initiatives to the region, such as providing funding to expand fall prevention and chronic health maintenance programs. We are currently working with the MHEF to bring the BRI Care Consultation program to the region to provide web-based and telephone assistance and support to individuals with chronic conditions and their caregivers.

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The UPAAA is also seeking a grant from the MHEF to conduct a regional assessment to determine gaps in non-emergency medical and non-medical transportation needs and to develop an action plan and strategy to address those gaps and needs. The UPAAA has recently entered into a partnership with MUVE-P3 and others to support and participate in a pilot program to expand the availability of non-medical transportation in the rural areas of the central counties of the region where little or insufficient transportation services currently exist. If successful, it will be a model that could help meet the transportation needs of other rural communities in the region. The AAA continues to rely heavily on partnerships to promote and support all these initiatives and ultimately to reach the greatest number of participants that can benefit from these important programs

2. Briefly describe how these grants and other initiatives will improve the quality of life of older adults within the PSA.

All of these initiatives are designed to enhance the health and wellness of older adults in a variety of ways, thus improving the quality of life of older adults who participate. PATH and Matter of Balance, and Walk with Ease are all evidenced-based prevention programs that are proven to work to help older adults manage and improve their health, adding confidence and fulfillment throughout their lifespan. This is done by promoting wellness activities such as exercise, good nutrition, taking medications as prescribed, and encouraging open dialogues with medical professionals. Powerful Tools for Caregivers, Creating Confident Caregivers, REST, the Alzheimer's Disease Initiative-Specialized Supportive Services project and BRI Care Consultation provide education, support, and respite for caregivers and promote caregiver self-care which ultimately leads to healthier and more productive lives for all involved. These programs also help caregivers become more confident and savvy in their caregiving skills, and ultimately extends the length of time that the care receiver is able to live in the community, avoiding costly nursing home placement. PREVNT projects will be working with the UP's Mediation Program to provide Eldercare Mediation and Education across the Upper Peninsula. MMAP counselors help beneficiaries understand and utilize their health care benefits in the best way possible to ensure they get the health care they need, for the lowest cost. MMAP counselors promote Medicare's extensive preventive and drug benefits, and routinely screen people for extra help programs they may be entitled to so that fixed incomes are better managed, thus promoting a better quality of life. MMAP counselors are also helping dually-eligible Medicare & Medicaid beneficiaries understand their options regarding the new MI Health Link demonstration project. This new project offers a coordination of care delivery system so that people won't have to navigate these complicated programs by themselves, which may help to ensure the maximization of benefits and better quality of care. Working on the NEMT Community Transportation pilot program will help many older adults who have very limited or nonexistent access to senior centers, congregate meal programs, health and wellness programs, and even to shops and stores critical to meeting their basic needs. Providing adequate transportation will help older adults and those with disabilities become more independent, fulfilled and able to remain in their own homes for longer periods of time.

3. Briefly describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2023-2025.

The UPAAA's mission and planned program development objectives are designed to ensure that older adults get the information, support and resources they need to make self-directed and healthy lifestyle choices throughout their lifespan so that they can stay in their own homes and communities for as long as they choose. Utilization of the region's 2-1-1 Call Center as the entry point for accessing objective information and referrals to all of these initiatives and other programs is the first step in maintaining, and even improving, an older adult's quality of life. Learning to cope with and care for chronic diseases; obtaining knowledge about the importance of exercise and healthy lifestyle choices; learning to become an effective and productive caregiver

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in a healthy way; being allowed to remain within the community and receive quality, person-centered care and services all helps to ensure that older adults and those with disabilities can age in place with dignity and respect, in a manner of their choosing, in the most cost-effective and productive way possible.

FY 2023 AREA PLAN GRANT BUDGET

Rev. 10/8/21

Agency: UPCAP Services, Inc. UPAAA

Budget Period: 10/01/22 to 09/30/23

PSA: XI

Date: 06/01/22

Rev. No.: 0 Page 1 of 3

SERVICES SUMMARY

FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	592,646		592,646
2. Fed. Title III-C1 (Congregate)		782,640	782,640
3. State Congregate Nutrition		13,533	13,533
4. Federal Title III-C2 (HDM)		418,662	418,662
5. State Home Delivered Meals		674,878	674,878
8. Fed. Title III-D (Prev. Health)	44,605		44,605
9. Federal Title III-E (NFCSP)	281,852		281,852
10. Federal Title VII-A	12,576		12,576
10. Federal Title VII-EAP	9,212		9,212
11. State Access	40,395		40,395
12. State In-Home	720,193		720,193
13. State Alternative Care	158,743		158,743
14. State Care Management	431,825		431,825
15. St. ANS	62,992		62,992
16. St. Nursing Home Ombs (NHO)	42,546		42,546
17. Local Match			
a. Cash	28,300	42,000	70,300
b. In-Kind	261,900	170,000	431,900
18. State Respite Care (Escheat)	97,214		97,214
19. MATF	168,952		168,952
19. St. CG Support	20,846		20,846
20. TCM/Medicaid & MSO	17,311		17,311
21. NSIP		484,834	484,834
22. Program Income	48,000	1,295,000	1,343,000
TOTAL:	3,040,108	3,881,547	6,921,655

BGP Allocation Amount 5,371,538

ADMINISTRATION

Revenues	Local Cash	Local In-Kind	Total
Federal Administration	235,601	40,000	275,601
State Administration	40,722		40,722
MATF Administration	16,700		16,700
St. CG Support Administration	2,060	250	2,310
Other Admin			-
Total AIP Admin:	295,083	40,250	335,333

Expenditures

	FTEs	
1. Salaries/Wages	2.41	145,138
2. Fringe Benefits		41,345
3. Office Operations		148,850
Total:		335,333

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
1. Federal Admin	-	1. Federal Admin	40,000
2. Federal Admin	-	2. Federal Admin	-
3. Federal Admin	-	3. Federal Admin	-
MATFF Administration Match	-	MATF Administration Match	-
St CG Support Match	-	St CG Support Match	250
	-		-
	-		-
Total:	-	Total:	40,250

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

Melosi A. Gade

Signature

CFO
Title

06/06/22

Date

FY 2023 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL																			
Agency: <div>UPCAP Services, Inc. UPAAA</div>						Budget Period: <div>10/01/22</div> to <div>09/30/23</div>		Rev. 10/8/21											
PSA: <div>XI</div>						Date: <div>06/01/22</div>		Rev. No.: <div></div> page 2 of 3											
*Operating Standards For AAA's																			
Op		Title III-B	Title III-D	Title III - E	Title VII A	State	State	St. Alt.	State Care	State	St. ANS	St. Respite	MATF	St. CG Suppl	TCM-Medicaid	Program	Cash	In-Kind	
Std	SERVICE CATEGORY				Title VII/EAP	Access	In-Home	Care	Mgmt	NHO		(Escheat)			MSO Fund	Income	Match	Match	TOTAL
A	Access Services																		
A-1	Care Management	35,000		35,000		40,395			431,825		62,992					2,300	2,500	65,000	675,012
A-2	Case Coord/supp																		-
A-3	Disaster Advocacy & Outreach Program																		-
A-4	Information & Assis	35,000		35,000														8,000	78,000
A-5	Outreach																		-
A-6	Transportation	11,000														1,500		1,500	14,000
A-7	Options Counseling																		-
B	In-Home																		
B-1	Chore	3,612														200		500	4,312
B-2	Home Care Assis																		-
B-3	Home Injury Cntrl	18,000																2,000	20,000
B-4	Homemaking	125,000					470,193	68,743								20,000	14,000	60,000	757,936
B-6	Home Health Aide																		-
B-7	Medication Mgt	2,000																300	2,300
B-8	Personal Care	115,000					200,000	70,000								10,000	3,000	40,000	438,000
B-9	Assistive Device&Tech	5,000																600	5,600
B-10	Respite Care	46,000		110,000			50,000	20,000				97,214	76,102	9,391		12,000	8,000	38,000	466,707
B-11	Friendly Reassure	10,000																1,200	11,200
C-10	Legal Assistance	38,525																4,500	43,025
C	Community Services																		
C-1	Adult Day Services	20,000		59,752									92,850	11,455		2,000	200	10,000	196,257
C-2	Dementia ADC																		-
C-6	Disease Prevent/Health Promtion		44,605															5,000	49,605
C-7	Health Screening																		-
C-8	Assist to Hearing Impaired & Deaf Cmty																		-
C-9	Home Repair																		-
C-11	LTC Ombudsman	7,009								42,546					17,311			7,500	86,942
C-12	Sr Ctr Operations																		-
C-13	Sr Ctr Staffing																		-
C-14	Vision Services																		-
C-15	Prevnt of Elder Abuse,Neglect,Exploitation				9,212														9,212
C-16	Counseling Services																		-
C-17	Creat.Conf.CG@ CCC			5,000														600	5,600
C-18	Caregiver Supplmt Services																		-
C-19	Kinship Support Services			14,100														1,600	15,700
C-20	Caregiver E,S,T			23,000													600	2,000	25,600
*C-8	Program Develop	118,500																13,200	131,700
Sp Co	Region Specific																		
	Critical Urgent Unmet Needs	1,500																200	1,700
	Nursing Services	1,500																200	1,700
	c.																		-
	d.																		-
	7. CLP/ADRC Services	-		-															-
	8. MATF Adm												16,700						16,700
Sp Co	9. St CG Sup Adm													2,060				250	2,310
SUPPRT SERV TOTAL		592,646	44,605	281,852	9,212	12,576	40,395	720,193	158,743	431,825	42,546	62,992	97,214	185,652	22,906	17,311	48,000	28,300	3,059,118

FY 2023 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL										
<div> <div>Agency: <u>UPCAP Services, Inc. UPAAA</u> Budget Period: <u>10/01/22</u> to <u>9/30/23</u></div> <div>PSA: <u>XI</u> Date: <u>06/01/22</u> Rev. Number <u>0</u></div> </div> <div>Rev. 10/8/21</div> <div>page 3 of 3</div>										
FY 2023 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL										
Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	742,640		13,533		162,000	605,000	12,000	80,000	1,615,173
B-5	Home Delivered Meals		398,662		674,878	322,834	690,000	30,000	90,000	2,206,374
C-4	Nutrition Counseling									-
C-5	Nutrition Education									-
	AAA RD/Nutritionist*	40,000	20,000							60,000
	Nutrition Services Total	782,640	418,662	13,533	674,878	484,834	1,295,000	42,000	170,000	3,881,547

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

FY 2023 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL										
Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	7,009	12,576	-	42,546	17,311	-	-	7,500	86,942
C-15	Elder Abuse Prevention	-		9,212			-	-	-	9,212
	Region Specific	-	-		-		-	-	-	-
	LTC Ombudsman Ser Total	7,009	12,576	9,212	42,546	17,311	-	-	7,500	96,154

FY 2023 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL										
Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore									-
B-4	Homemaking									-
B-2	Home Care Assistance									-
B-6	Home Health Aide									-
B-10	Meal Preparation/HDM									-
B-8	Personal Care									-
	Respite Service Total	-	-	-	-	-	-	-	-	-

FY 2023 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL										
Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	-	14,100				-	-	1,600	15,700
C-20	Caregiver E,S,T	-	-				-	-	-	-
		-	-				-	-	-	-
	Kinship Services Total	-	14,100				-	-	1,600	15,700

Planned Services Summary Page for FY 2023			PSA:		XI
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 675,012	9.73%			x
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 78,000	1.12%			x
Outreach	\$ -	0.00%			
Transportation	\$ 14,000	0.20%	x	x	
Option Counseling	\$ -	0.00%			
IN-HOME SERVICES					
Chore	\$ 4,312	0.06%	x	x	
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ 20,000	0.29%	x	x	
Homemaking	\$ 757,936	10.92%	x	x	
Home Delivered Meals	\$ 2,206,374	31.79%	x	x	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 2,300	0.03%	x	x	
Personal Care	\$ 438,000	6.31%	x	x	
Personal Emergency Response System	\$ 5,600	0.08%	x	x	
Respite Care	\$ 466,707	6.72%	x	x	
Friendly Reassurance	\$ 11,200	0.16%		x	
COMMUNITY SERVICES					
Adult Day Services	\$ 196,257	2.83%	x	x	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 1,615,173	23.27%		x	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 49,605	0.71%			x
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 43,025	0.62%		x	
Long Term Care Ombudsman/Advocacy	\$ 86,942	1.25%			x
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 9,212	0.13%			x
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ 5,600	0.08%			x
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 15,700	0.23%			x
Caregiver Education, Support, & Training	\$ 25,600	0.37%		x	
AAA RD/Nutritionist	\$ 60,000	0.86%			x
PROGRAM DEVELOPMENT	\$ 131,700	1.90%			x
REGION-SPECIFIC					
Critical Urgent Unmet Needs	\$ 1,700	0.02%	x		
Nursing Services	\$ 1,700	0.02%	x		
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES	\$ 6,921,655				
MATF & ST CG ADMINISTRATION	\$ 19,010	0.27%			x
TOTAL PERCENT		100.00%	1.81%	81.90%	16.29%
TOTAL FUNDING	\$ 6,940,665		\$125,000	\$5,684,884	\$1,130,781

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

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #1**

AAA: UPCAP Services, Inc. UPAAA

FISCAL YEAR: FY 2023

SERVICE: Care Management

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	43,936		336,963	2,300	2,500	65,000		450,699
Fringe Benefits	16,467		125,197					141,664
Travel	1,703		12,857					14,560
Training	120		880					1,000
Supplies	840		6,660					7,500
Occupancy	2,675		20,925					23,600
Communications	923		7,031					7,954
Equipment	312		2,388					2,700
Other:	3,024		22,311					25,335
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	70,000	0	535,212	2,300	2,500	65,000	0	675,012

SERVICE AREA: UPAAA

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

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

Yes X No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #1

FY 2023

		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
SOURCE OF FUNDS		VALUE		VALUE		Audit Fees Contracted Services (CIM) Insurance Advertising
		Cash	In-Kind	Cash	In-Kind	
Volunteer Time			65,000			
Local Resources		2,500				
Totals		2,500	65,000	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #2**

AAA: UPCAP Services, Inc. UPAAA

FISCAL YEAR: FY 2023

SERVICE: Information & Assistance

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs	70,000					8,000		78,000
Purchased Services (CM only)								0
								0
Totals	70,000	0	0	0	0	8,000	0	78,000

SERVICE AREA: UPAAA

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

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

Yes X No

If yes, please describe:

Explanation for Other Expenses:

SCHEDULE OF MATCH & OTHER RESOURCES #2

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Donated Services - Call Center			8,000			
Totals		0	8,000	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #3**

AAA: UPCAP Services, Inc. UPAAA

FISCAL YEAR: FY 2023

SERVICE: Disease Prevention & Health Promotion

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	21,683					5,000		26,683
Fringe Benefits	10,102							10,102
Travel	2,200							2,200
Training	2,080							2,080
Supplies	1,500							1,500
Occupancy	2,900							2,900
Communications	3,840							3,840
Equipment	300							300
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	44,605	0	0	0	0	5,000	0	49,605

SERVICE AREA: UPAAA

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

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

Yes X No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #3

FY 2023

		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
SOURCE OF FUNDS		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Volunteer Time			5,000			
Totals		0	5,000	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #4**

AAA: UPCAP Services, Inc. UPAAA

FISCAL YEAR: FY 2023

SERVICE: Long Term Care Ombudsman

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	5,383	9,659	45,972			7,500		68,514
Fringe Benefits	573	1,029	4,897					6,499
Travel	265	475	2,263					3,003
Training	108	194	923					1,225
Supplies	44	79	377					500
Occupancy	530	950	4,521					6,001
Communications	71	127	603					801
Equipment								0
Other:	35	63	301					399
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	7,009	12,576	59,857	0	0	7,500	0	86,942

SERVICE AREA: UPAAA

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

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

Yes X No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #4

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		Insurance
		Cash	In-Kind	Cash	In-Kind	
Volunteer Time		7,500				
	Totals	0	7,500	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #5**

AAA: UPCAP Services, Inc. UPAAA

FISCAL YEAR: FY 2023

SERVICE: Prevention of Elder Abuse

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries		6,037						6,037
Fringe Benefits		615						615
Travel		800						800
Training		200						200
Supplies		600						600
Occupancy		750						750
Communications		210						210
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	0	9,212	0	0	0	0	0	9,212

SERVICE AREA: UPAAA

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

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

Yes X No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #5

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Totals		0	0	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #6**

AAA: UPCAP Services, Inc. UPAAA

FISCAL YEAR: FY 2023

SERVICE: Creating Confident Caregivers

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	2,966					600		3,566
Fringe Benefits	1,039							1,039
Travel								0
Training	200							200
Supplies	70							70
Occupancy	625							625
Communications	100							100
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	5,000	0	0	0	0	600	0	5,600

SERVICE AREA: UPAAA

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

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

Yes X No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES #6

FY 2023

		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
SOURCE OF FUNDS		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Volunteer Time			600			
Totals		0	600	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #7**

AAA: UPCAP Services, Inc. UPAAA

FISCAL YEAR: FY 2023

SERVICE: Kinship Support Services

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries								0
Fringe Benefits								0
Travel								0
Training								0
Supplies								0
Occupancy								0
Communications								0
Equipment								0
Other:								0
Service Costs	14,100					1,600		15,700
Purchased Services (CM only)								0
								0
Totals	14,100	0	0	0	0	1,600	0	15,700

SERVICE AREA: UPAAA

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

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

Yes X No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Donated Supplies			1,600			
Totals		0	1,600	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #8**

AAA: UPCAP Services, Inc. UPAAA

FISCAL YEAR: FY 2023

SERVICE: Nutritionist

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	40,855							40,855
Fringe Benefits	10,280							10,280
Travel	640							640
Training	300							300
Supplies	500							500
Occupancy	6,800							6,800
Communications	625							625
Equipment								0
Other:								0
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	60,000	0	0	0	0	0	0	60,000

SERVICE AREA: UPAAA

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

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

Yes X No

If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		
		Cash	In-Kind	Cash	In-Kind	
Totals		0	0	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

**FY 2023 Annual Implementation Plan
Direct Service Budget Detail #9**

AAA: UPCAP Services, Inc. UPAAA

FISCAL YEAR: FY 2023

SERVICE: Program Development

LINE ITEM	Federal OAA Title III Funds	Other Fed Funds (non-Title III)	State Funds	Program Income	Match		Other Resources	Total Budgeted
					Cash	In-Kind		
Wages/Salaries	74,546					13,200		87,746
Fringe Benefits	25,804							25,804
Travel	1,500							1,500
Training	300							300
Supplies	1,000							1,000
Occupancy	9,000							9,000
Communications	2,500							2,500
Equipment	350							350
Other:	3,500							3,500
Service Costs								0
Purchased Services (CM only)								0
								0
Totals	118,500	0	0	0	0	13,200	0	131,700

SERVICE AREA: UPAAA

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

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

Yes X No

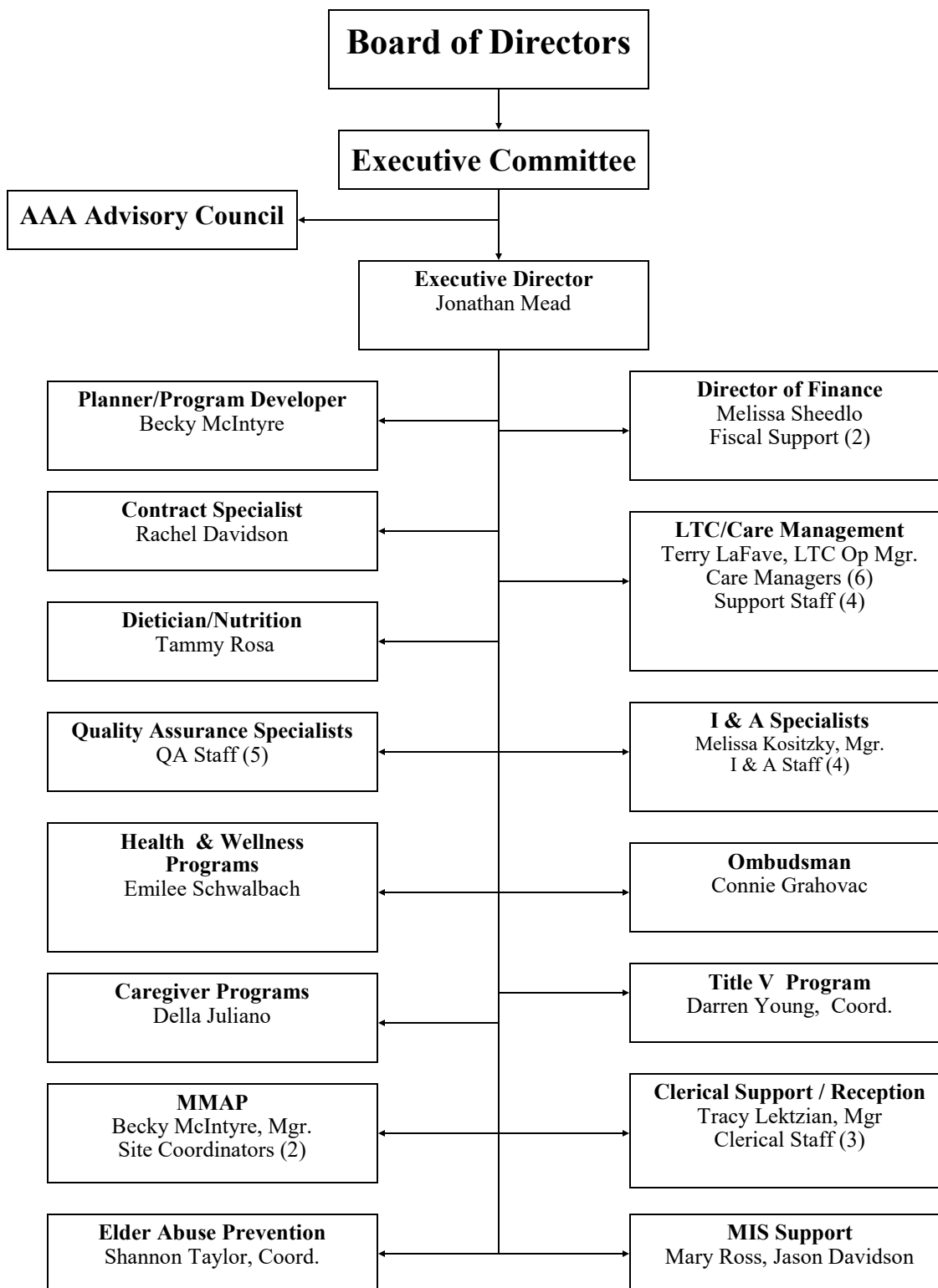
If yes, please describe:

SCHEDULE OF MATCH & OTHER RESOURCES

FY 2023

SOURCE OF FUNDS		MATCH		OTHER RESOURCES		Explanation for Other Expenses:
		VALUE		VALUE		Dues & Subscriptions
		Cash	In-Kind	Cash	In-Kind	
Volunteer Time		13,200				
	Totals	0	13,200	0	0	
Difference		0	0	0	0	
		OK	OK	OK		

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



STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

FY2023-2025 Multi Year Plan

FY 2023 Annual Implementation Plan

U.P. Area Agency on Aging

FY 2023

Supplemental Documents

The Supplemental Documents listed below must be included if marked "Required" or if they are applicable to your area agency. Fillable copies of documents A through F can be found in the list on the left below. Select the applicable document(s) from the list and provide all requested information for each. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

Membership Documents

- A. Policy Board Membership - *Required***
- B. Advisory Council Membership - *Required***

Documents Requiring Special Approval by the CSA

- C. Proposal Selection Criteria - *only include if there are new or changed criteria for selecting providers.***
- D. Cash-In-Lieu-Of-Commodity Agreement - *only include if applicable***
- E. Waiver of Minimum Percentage of a Priority Service Category - *only include if the area agency is requesting to use local resources to meet part of the minimum required expenditure for a priority service category***
- F. Request to Transfer Funds - *only include if applicable***

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

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FY 2023

SUPPLEMENTAL DOCUMENT A
Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	2	0	0	0	7
Aged 60 and Over	0	0	2	0	0	0	7

Board Member Name	Geographic Area	Affiliation	Membership Status
Jerry Doucette	Alger County	Alger County Board of Commissioners	Elected Official
William Menge	Region-wide	Member-at-large	Appointed
Carl Nykanen	Ontonagon County	Ontonagon County Board of Commissioners	Elected Official
Craig Reiter	Schoolcraft County	Schoolcraft County Board of Commissioners	Elected Official
Richard Timmer	Chippewa County	Chippewa County Board of Commissioners	Elected Official
James Hill	Mackinac County	Mackinac County Board of Commissioners	Elected Official
Gerald Corkin	Marquette County	Marquette County Board of Commissioners	Elected Official
Jonathan Mead	Region-wide	UPCAP/UPAAA	Appointed

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

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U.P. Area Agency on Aging

FY 2023

SUPPLEMENTAL DOCUMENT B

Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/A laskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	2	11	17
Aged 60 and Over	0	0	0	0	1	2	0

Board Member Name	Geographic Area	Affiliation
Jim Bruce	Region-wide	AARP
Connie Fuller	Delta County	Consumer
Lesley Hoffmeyer	Delta County	Hospital
Jack VanTassell	Luce County	Consumer
Kristie Stenlund	Menominee-Delta-Schoolcra	Community Action Agency
Pamela McKenna	Alger County	Skilled Nursing Facility
Julie Shaw	Region-wide	Superior Alliance for Independent Living-SAIL
Jonathan Mead	Region-wide	Area Agency on Aging
Jamie LaFave	Delta County	Skilled Nursing Facility
JaclynTammelin	Region-wide	Upper Peninsula Health Plan - UPHP
Dr. Tim Kangas	Region-wide	NorthCare Network
Patricia Duyck	Region-wide	Dept. of Licensing & Regulatory Affairs
Sarah Buckley	Region-wide	Veterans' Administration
Kris Lindquist	Alger County	Commission on Aging
Aaron Andres	Marquette County	Consumer
Terry LaFave	Region-wide	UPCAP Director of Long-Term Care Programs
Vacant		

STATE OF MICHIGAN
Michigan Department of Health & Human Services
BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS

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U.P. Area Agency on Aging

FY 2023

SUPPLEMENTAL DOCUMENT C

Proposal Selection Criteria

Date criteria approved by Area Agency on Aging Board:	07/01/1997
Outline new or changed criteria that will be used to select providers: No changes have been made to the proposal selection criteria used by the UPAAA	

STATE OF MICHIGAN
Michigan Department of Health & Human Services
AGING & ADULT SERVICES AGENCY

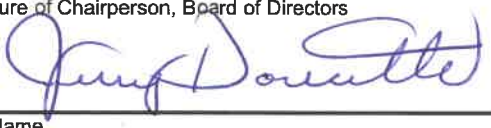
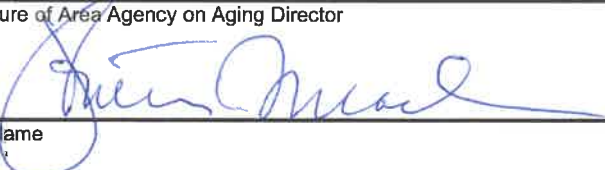
FY 2023-2023 Multi Year Plan

FY 2023 Annual Implementation Plan

SIGNATURES

This document covers Fiscal Year 2023. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

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

Signature of Chairperson, Board of Directors 	Date 06/24/2022
Print Name Jerry Doucette	
Signature of Area Agency on Aging Director 	Date 06/24/2022
Print Name Jonathan Mead	
Area Agency on Aging UP Area Agency on Aging/UPCAP	
<p>Documents referenced by the signature page:</p> <ul style="list-style-type: none">▪ FY 2023 Area Plan Grant Budget▪ FY 2023 Direct Service Budgets▪ Request to Transfer Funds▪ Waiver for Direct Service Provision▪ Assurances and Certifications▪ Assurance of Compliance with Title VI of Civil Rights Act of 1964▪ Regional Service Definitions▪ Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly▪ Waiver of Minimum Percentage for a Priority Service Category	

AIP/MYP Approval Criteria

AAA: U.P. Area Agency on Aging

FY: 2023

Approved By : Albrecht Cindy

Approved On : 08/11/2022

Approval Item	Status
County/Local Unit of Government Review	
Did the area agency deliver a copy (either paper or electronic) of the complete MYP/AIP to each county board of commissioners, or local unit of government as appropriate, within the Planning and Service Area (PSA) by June 24, 2022? A request for approval of the MYP/AIP from each local unit of government must be included. If the area agency does not receive a response from the county or local unit of government by July 14, 2022, the MYP/ AIP is deemed passively approved.	Yes
Does the MYP/AIP include a description of the area agency's efforts, including use of electronic communication, to distribute the MYP/AIP to, and gain support from, the appropriate county and/or local units of government?	Yes
Did the area agency notify their Michigan Department of Health and Human Services, Bureau of Aging, Community Living, and Supports (ACLS Bureau) Field Representative by July 18, 2022, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP/AIP?	Yes
Is a completed Access and Service Coordination Continuum uploaded into the Budget section?	Yes
Executive Summary	
Does the summary include a brief history of the area agency and respective PSA such as the area agency's vision and/or mission statements, a brief description of the planning and service area that provides a context and primary focus for the MYP/AIP?	Yes
Does the summary describe the area agency's service population?	Yes
Does the summary include agency strengths, challenges, opportunities, and primary focus?	Yes
Does the summary include a description of planned special projects and partnerships?	Yes
Does the summary include a description of specific management initiatives the area agency plans to undertake, such as relevant certifications or accreditations, to achieve increased efficiency in service delivery?	Yes
Does the summary address the agency's response to COVID-19, including ongoing challenges and needs?	Yes
Does the summary address any significant new priorities, plans or objectives set by the area agency for the use of Older Americans Act and state funding during the MYP? If there are no new activities or changes, note that in your response.	Yes
Does the summary include a description of the area agency's assessment of the needs of their service population ? (See Operating Standard for AAAs C-2 #4.)	Yes
Public Hearings	
Were at least two public hearings on the MYP/AIP held in the PSA in an accessible facility or virtually following Michigan's Open Meetings Act and the area agency's requirements ?	Yes
Did the area agency consider the accessibility issues of the service population and others in choosing a format for the meeting?	Yes
Was the public hearings' notice available at least thirty days in advance of the scheduled hearings?	Yes
Was e-mail and written testimony on the MYP/AIP accepted for at least thirty days from the date when the summary of the MYP/AIP was made available?	Yes
Did the hearing notice indicate the availability of a MYP/AIP summary at least fourteen days prior to the hearing, and include information on how it could be obtained?	Yes
Does the MYP/AIP present information regarding the public hearings including the date, time, location, accessibility, and the number of attendees?	Yes

Does the MYP/AIP include a narrative describing the hearings?

Does the narrative include a description of the strategy/approach employed to encourage public attendance and testimony on the MYP/AIP?	Yes
Does the narrative include a description of all methods used to gain public input on the plan and the resultant impact of that input on the plan?	Yes
Does the narrative include a description of the strategy used specifically to inform communities of color, immigrant communities and/or other underrepresented groups?	Yes
Does the narrative include a description of all methods used to gain public input on the plan and the resultant impact of that input on the plan?	Yes
Does the narrative include a description of the strategy used specifically to inform communities of color, immigrant communities and/or other underrepresented groups?	Yes
Was all written testimony received on the MYP/AIP (if any) scanned and uploaded into the Annual and Multi-Year Planning System (AMPS)?	N.A.
Scope of Services	
Does the MYP/AIP describe key changes and current demographic trends since the last MYP providing a picture of the potentially eligible service population using census, elder-economic indexes, or other relevant sources of information?	Yes
Is a summary of services included which identifies the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants?	Yes
Does the MYP/AIP describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc.?	Yes
Does the MYP/AIP describe the area agency's targeting strategy (eligible persons with greatest social and/or economic need, with particular attention to low-income minority individuals)?	Yes
Does the targeting strategy describe planned outreach efforts with underserved populations?	Yes
Does it explain how the specific targeting expectations are developed for service contracts?	Yes
Does the MYP/AIP describe the area agency's diversity, equity, and inclusion efforts, including how staff at their agency and subcontracting agencies is supported in being diverse, equitable, inclusive, and aware of the harms of implicit bias?	Yes
Does the MYP/AIP describe the agency's past practices, current activities and plans for addressing the needs of people living with dementia and their caregivers?	Yes
Does the area agency describe how it responds when a participant desires services not funded under the MYP or available where they live, and the options offered?	Yes
Does the area agency describe its priorities for addressing identified unmet needs within the PSA for FY 2023-2025?	Yes
Where program resources are insufficient to meet the demand for services, does the area agency describe how its service system plans to prioritize participants waiting to receive services, based on social, functional, and economic needs?	Yes
Does the area agency summarize its Advisory Council input or recommendations, if any, on service population and unmet needs priorities and strategies to address the needs?	Yes
Does the area agency summarize how it uses information, education, or prevention programs to delay the need for additional services by the eligible target populations?	Yes
Does the area agency summarize how it uses information, education, or prevention programs to delay the need for additional services by the eligible target populations?	Yes
Planned Service Array	
Is the Planned Service Array accurately completed for all service categories, including proposed regional service definitions?	Yes

Planned Service Array Narrative	
Does the required Planned Service Array narrative describe the area agency's rationale /strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA ?	Yes
Does the required Planned Service Array narrative describe the area agency's rationale /strategy for addressing services not available PSA-wide?	Yes
Strategic Planning	
Does the area agency describe their process to analyze their strengths, weaknesses, opportunities, and threats?	Yes
Does the area agency describe how a potentially greater or lesser role with the Home and Community-Based Waiver and/or managed health care could impact the organization?	Yes
Does the area agency describe what it would do if there was a 10% funding cut from the ACLS Bureau, including specific details about the area agency's planned process for establishing service priorities, modifying service delivery and any other contingency planning methods?	Yes
Does the area agency describe future plans with respect to achieving, maintaining, or pursuing additional accreditation(s) and why?	Yes
Does the area agency describe what ways it plans to use technology to support efficient operations , effective service delivery and performance, and quality improvement?	Yes
Does the area agency describe its emergency planning system, how planning is updated and whether back-up systems are adequate to maintain services during potential disruptions?	Yes
Access Services	
Does the MYP/AIP identify and provide the requested information for each access service the area agency intends to provide directly during the MYP cycle?	Yes
Has the area agency completed the Direct Service Budget Detail tab for FY 2023 within the Area Plan Grant Budget for each service category? The funding identified in this tab should correspond to the funding (Federal Older Americans Act Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details.	Yes
Direct Service Request	
Is the area agency proposing to provide any in-home, community or nutrition services directly during the MYP cycle?	Yes
For each service to be provided directly, does the MYP/AIP include planned goals and activities and a completed Direct Service Budget Detail tab within the Area Plan Grant Budget?	Yes
Does the MYP/AIP identify the basis for each direct service provision request?	Yes
Does the MYP/AIP provide adequate justification for each direct service provision request?	Yes
Does the MYP/AIP describe the discussion, if any, at the public hearings related to each direct service provision request?	Yes
Regional Service Definitions	
Is the area agency proposing to fund a service category that is not included in the Operating Standards for Service Programs?	Yes
Is each proposed service category identified as access, in-home or community?	Yes
Are acceptable fund sources identified for each proposed service category?	Yes
Is a service definition, unit of service and minimum standards identified for each proposed service category?	Yes
Is an acceptable rationale provided explaining why the proposed activities cannot be funded under an existing service definition?	Yes
Regional Direct Service Request	

Is the area agency proposing to provide any regionally defined service(s) directly during the MYP/AIP cycle?	N.A.
Does the MYP/AIP include planned goals and activities for each regional direct service request?	N.A.
Does the MYP/AIP include a completed Direct Service Budget Detail tab within the Area Plan Grant Budget for each regional direct service request?	N.A.
Does the MYP/AIP identify the basis for each regional direct service request?	N.A.
Does the MYP/AIP provide adequate justification for each regional direct service request?	N.A.
Does the MYP/AIP describe the discussion, if any, at the public hearing related to each regional direct service request?	N.A.
Program Development Objectives	
Does the MYP/AIP include information for all program development goals that will be actively addressed during the MYP/AIP cycle?	Yes
Does the MYP/AIP include information specifically regarding the ACLS Bureau's Diversity, Equity, and Inclusion (DEI) goal?	Yes
Does the MYP/AIP include information on ways the area agency is working to increase services provided to black, indigenous and people of color and the (LGBTQ+) communities.	Yes
Does the MYP/AIP include information on ways the area agency is working to increase the number of area agency staff, providers and caregivers trained in implicit bias, cultural competencies, and root causes of racism.	Yes
Does the MYP/AIP include information on ways the area agency is working to increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve.	Yes
Does the MYP/AIP identify the state plan goal(s), if appropriate, that program development goals relate to?	Yes
Does the MYP/AIP provide a narrative for each program development goal?	Yes
Does the MYP/AIP include program development objectives for each goal which identify the timeline, planned activities, and expected outcomes?	Yes
Advocacy Strategy	
Does the MYP/AIP describe the area agency's comprehensive advocacy strategy for the MYP cycle?	Yes
Does the MYP/AIP describe how the area agency's advocacy efforts will improve the quality of life of older adults within the PSA?	Yes
Does the MYP/AIP describe the area agency's advocacy efforts, if any, relating to the priority advocacy focus of the State Commission on Services to the Aging, which is the direct care workforce shortage, including the issues of recruitment, training, wages, diversity and inclusion, credentialing or other issues.	Yes
Does the area agency identify best or promising practices, if any that could possibly be used in other areas of the state?	Yes
Leveraged Partnerships	
Does the MYP/AIP include a description of the area agency's strategy to partner with providers of services funded by other resources as indicated in the Planned Service Array?	Yes
Does the description include the area agency's strategy for developing, sustaining, and building capacity for Evidence-Based Disease Prevention Programs (EBDP) including the area agency's provider network EBDP capacity?	Yes
Does the description include, at a minimum, plans to leverage resources with organizations in the following categories: commissions and/or councils on aging, health care organizations/systems, public health, mental health, community action agencies and centers for independent living?	Yes
Does the area agency describe its strategy for developing non-formula resources and use of volunteers to support implementation of the MYP and increased service demand?	Yes
Community Focal Points	

Does the MYP/AIP note whether the Community Focal Point list is accurate and whether updates or changes were made?	Yes
Does the MYP/AIP describe the rationale and method used to assess the ability to be a community focal point , including the definition of community and the process by which community focal points are selected?	Yes
Other Grants and Initiatives	
Does the MYP/AIP describe other grants and/or initiatives the area agency is participating in with the ACLS Bureau and/or other partners?	Yes
Does the description address how these other grants and initiatives will improve the quality of life of older adults within the PSA?	Yes
Does the description address how these grants and other initiatives reinforce the area agency's planned program development efforts?	Yes
Budget & Other Documents	
Is the Area Plan Grant Budget based on the FY 2023 allocation planning amounts established by the ACLS Bureau in the Estimated Cost Allocation worksheet?	Yes
Are any proposed transfers between Title III-B and III-C and between Title III-C, Parts C-1 and C-2 reflected in the Area Plan Grant Budget, and if so, is a completed Request to Transfer Funds form included in the MYP/AIP?	No
Are program development expenses budgeted at no more than 20% of the original Title III-B allotment?	Yes
Has the maintenance of effort amount for long-term care ombudsman funding from Title III-B been met in the budget?	Yes
Does the Area Plan Grant Budget reflect the minimum required expenditures from the original Title III -B allotment for priority service categories (Legal Assistance 6.5%, Access 10% and In-Home 10%)?	Yes
Does the Area Plan Grant Budget reflect the amount of nutrition service funds to be used by the area agency for a registered dietitian, nutritionist or individual with comparable certification as approved by the ACLS Bureau ?	Yes
In the Administration section, do total revenues equal total expenditures?	Yes
Is the federal area agency administration allotment matched with local resources by an amount that is at least 25% of the total program amount?	Yes
In the Administration section, are the match detail totals accurately carried over to the Revenues section?	Yes
Is the amount of Merit Award Trust Funds (MATF) and State Caregiver Support (SGS) funding budgeted for administration no more than 9% of the allotment?	Yes
Are service funds matched with local resources by an amount that is at least 10% of the total program amount?	Yes
Does the MYP/AIP contain a complete and accurate FY 2023 Area Plan Grant Budget?	Yes
Did the area agency provide their Operating Budget showing personnel and salaries from all fund sources	Yes
In the Operating Budget are key management positions (director, deputy director, financial manager, department/division managers, etc.) specifically identified?	Yes
Does the MYP/AIP contain an accurate and complete FY 2023 area agency Operating Budget?	Yes
Supplemental Documents	
OSD: Did the area agency submit an organizational chart with the MYP/AIP?	Yes
OSD: Does the organizational chart include all positions listed in the area agency's operating budget , wages, and salaries detail?	Yes
OSD: Does the organizational chart include the names and titles of those persons in management positions?	Yes
OSD: Did the area agency complete and include in the MYP/AIP a list of evidence-based programs to be funded in FY 2023 (Part D funds must be used for Evidence-Based Disease Prevention programs approved at highest level by Administration on Aging/Administration for Community Living)?	Yes

OSD: Did the area agency complete and include a completed Emergency Management and Preparedness document?	Yes
OSD: Did the area agency complete and include a listing of Policy Board members?	Yes
OSD: Did the area agency complete and include a listing of Advisory Council members?	Yes
DSA: Is a Request to Transfer Funds included? Only include if applicable.	N.A.
DSA: Is a Proposal Selection Criteria included? Only include if there are new or changed criteria for selecting providers.	N.A.
DSA: Is a completed Waiver of Minimum Expenditure form included? Only include If the area agency is requesting to use local resources to meet part of the minimum required expenditure for a priority service category.	N.A.
DSA: Is a Cash-in-Lieu-of-Commodity Agreement included? Only include if applicable.	N.A.
Sig Page: Is a FY 2023-2025 Signature Page, signed by the area agency director and the area agency board chairperson, included?	Yes

Comments



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

September 8, 2022

Jon Mead, President & Chief Executive Officer
U.P. Area Agency on Aging
UPCAP Services, Inc.
2501 14th Avenue South
Escanaba, MI 49829

Dear Mr. Mead:

On August 26, 2022, the Commission on Services to the Aging approved the Fiscal Year (FY) 2023-2025 Multi-Year Plan (MYP) and the FY 2023 Annual Implementation Plan (AIP) for U.P. Area Agency on Aging (AAA).

The following general conditions were placed on each FY 2023 AIP. They are not considered time-specific until further instructions are issued.

General Conditions

1. The FY 2023 budget and planned services summary form will be revised as necessary to reflect the final federal and state allotments, and to reflect carry-over amounts and transfers. Budget revisions will be accepted up to August 1, 2023.
2. The AAA grant budget must reflect amounts in the FY 2023 Estimated Cost Allocation Worksheet established by the Michigan Department of Health and Human Services, Bureau of Aging, Community Living, and Supports (ACLS Bureau).
3. The AAA will work with the ACLS Bureau to implement recommendations and resolve compliance issues identified through program and fiscal monitoring and assessment efforts and audit findings.
4. The AAA will maintain and update a plan that adequately addresses the needs of older adults in the event of disaster.
5. The AAA will provide accurate information and referrals from agency to agency to ensure information or assistance received is consistent with the mission of the AAA, and as specified by the ACLS Bureau's *Operating Standards for AAAs*.
6. The AAA will comply with all indicators of compliance as identified in the *Operating Standards for AAAs*.

7. The AAA will provide the ACLS Bureau, within specified time frames and format, all records, reports, documents, and other information as may be requested, pertinent to AAA operations and implementation of the AIP. Exceptions to specified time frames may be requested when circumstances warrant.

Special Conditions

- None

Supplemental Documents Approved for FY 2023

- None

New Regional Service Definitions Approved

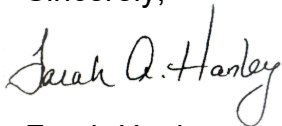
- Critical/Emergent Unmet Needs
- Nursing Services

New Direct Service Provision Approved

- Disease Prevention/Health Promotion
- Long Term Care Ombudsman
- Prevention of Elder Abuse, Neglect and Exploitation
- Creating Confident Caregivers

If you have questions regarding your FY 2023-2025 MYP and FY 2023 AIP, please contact Technical Assistance & Quality Improvement (TAQI) Section Field Representative, Cindy Albrecht, at albrechtc@michigan.gov or 517-230-8615.

Sincerely,



Farah Hanley
Chief Deputy for Health

FH/ca/cll

cc: Jerry Doucette, Board Chair, U.P. AAA
Becky McIntyre, Planner/Program Developer, U.P. AAA
Scott Wamsley, Director, Bureau of Aging, Community Living, and Supports
Cindy Masterson, Director, Operations & Aging Network Support Division
Jen Hunt, Manager, TAQI Section
Cindy Albrecht, Field Representative, TAQI Section
Financial Quality & Grant Support staff