



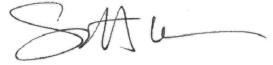
GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

## MEMORANDUM

**DATE:** September 1, 2023

**TO:** Michigan Commission on Services to the Aging (CSA) 

**FROM:** Scott Wamsley, Director, Bureau of Aging, Community Living, and Supports

**SUBJECT:** Request for Approval of the Fiscal Year (FY) 2024 Annual Implementation Plan (AIP) for U.P. Area Agency on Aging (AAA), Region 11

The Michigan Department of Health and Human Services, Bureau of Aging, Community Living, and Supports (ACLS Bureau), requests CSA approval of the FY 2024 AIP for U.P. AAA. This plan has been reviewed against the approval criteria as adopted by the Commission on January 13, 2023, as well as the FY 2024 Estimated Cost Allocation Worksheet established by the ACLS Bureau. There are no outstanding issues from the most recent assessment of the U.P. AAA conducted on June 5, 2023.

A public hearing on the AIP was held in the region on April 17, 2023. Additionally, the AIP was submitted to county units of government within the planning and service area for their review.

There are no special conditions requiring approval. A supplemental document requiring approval is a Request to Transfer and is included with the AIP.

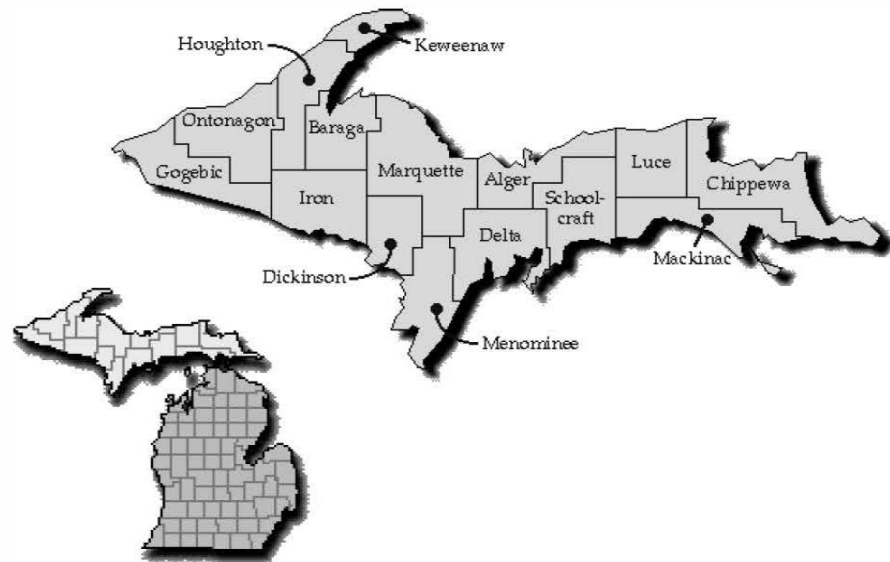
Cindy Albrecht, Technical Assistance & Quality Improvement (TAQI) Section Field Representative, will be present at the meeting to answer questions.

SW:ca

### Attachment

c: Jon Mead, President and CEO, U.P. AAA  
Jerry Doucette, Policy Board Chair, U.P. AAA  
Becky McIntyre, MMAP Regional Coordinator/UPCAP AQ Supervisor, U.P. AAA  
Meghan Groen, Senior Deputy Director, Behavioral and Physical Health and Aging Services  
Cindy Masterson, Director, Operations & Aging Network Support Division  
Financial Quality & Grant Support Section  
Jen Hunt, Manager, TAQI Section  
Cindy Albrecht, Field Representative, TAQI Section

2023—2025 Multi Year Plan  
**FY 2024 ANNUAL IMPLEMENTATION PLAN**  
U.P. AREA AGENCY ON AGING UPCAP SERVICES, INC. 11



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**Planning and Service Area**

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

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

2501 14<sup>th</sup> 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](http://www.upcap.org)

**Field Representative Cindy Albrecht**

[albrechtc@michigan.gov](mailto:albrechtc@michigan.gov)

517-230-8615

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**Executive Summary**

**Include a summary that describes the AAA and the implementation plan including a brief description of the PSA (to include older adults in greatest economic need, minority, and/or non-English speaking), the AAA's mission, and primary focus for FY 2024.**

**Instructions**

**Please include in the Executive Summary a brief description of the following: The PSA and any significant changes to the current area plan.**

**A.) Any significant new priorities, plans or objectives set by the AAA for the use of (OAA) and state funding during FY 2024. If there are no new activities or changes, note that in your response.**

**B.) Any permanent changes to the AAA's operations based on the COVID-19 pandemic. In addition, please describe how the AAA is utilizing its American Rescue Plan Act (ARPA) funding.**

**C.) Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).**

**D.) A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2024.**

**E.) A brief description of AAA's successes over the past year and any anticipated challenges for FY 2024.**

***Executive Summary:***

In 1974, UPCAP Services, a non-profit multi-purpose human services organization, was designated as the Upper Peninsula Area Agency on Aging (UPAAA). A 7-member Board of Directors serves as the AAA Policy Board and a 17-member Advisory Council assists the UPAAA in accomplishing its mission of serving the U.P.'s 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 (U.P.) of Michigan. With the help of its partners, the UPAAA carries out a wide range of functions related to advocacy, planning, coordinating, inter-agency linkages, resource and program development, information sharing, brokering, monitoring and evaluation; and is designed to lead to the development of comprehensive and coordinated systems serving each community within the region. These systems are intended to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

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**A.) Any significant new priorities, plans or objectives set by the AAA for the use of (OAA) and state funding during FY 2024. If there are no new activities or changes, note that in your response**

The UPAAA has received additional funding from the Michigan Health Endowment Fund (MIHEF) to enhance our current Caregiver Resource Center (CRC). This funding will help increase awareness of 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. This is an expansion of a previous objective listed in the FY2023 Multi Year Plan (MYP).

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. This is a continuation of a previous objective listed in the FY2023 MYP.

The UPAAA has facilitated the use of drop ship (Mom's Meals/Homestyle Direct) in our Region to ensure those in rural areas without Home Delivered Meal (HDM) options can have access to nutritious and easily accessible meals. This is a continuation of a previous objective listed in the FY2023 MYP.

The UPAAA will continue to work with providers to provide under the newest nutrition standards, Carry Out Meals (COM) for the upcoming fiscal year for providers who wish to continue the service post pandemic.

The UPAAA will continue to partner with local Tribal entities for Aging services across our region and will actively pursue contracts, Memorandums of Understanding (MOU) and any unique opportunities to expand aging services to our U.P. Tribal members and their caregivers. Currently, the UPAAA has contracts for in-home services with three of the five recognized tribal governments in the Upper Peninsula, and we have active working partnerships with the remaining two tribal entities.

**B.) Any permanent changes to the AAA's operations based on the COVID-19 pandemic. In addition, please describe how the AAA is utilizing its American Rescue Plan Act (ARPA) funding.**

**Nutrition:**

\*Initiate a direct service purchase arrangement with American Rescue Plan Act (ARPA) funds to reach homebound individuals that are unable to be served by current providers and traditional methods.

\*Supporting and encouraging nutrition providers to provide curbside "carry out" service at congregate meal sites and additional hot, frozen and shelf-stable meals to anyone age 60 and over who needed them.

\*Worked with the ACLS on creating a service standard for "Carry Out Meals (COM)" across the state to continue after the end of the Public Health Emergency (PHE).

\*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.

\*Expanding the use of drop ship (Mom's Meals/Homestyle Direct) in our Region to ensure those in rural areas, without HDM options can have access to nutritious and easily accessible meals.

**Health and Wellness Programs**

\*Continue to provide programs to promote health and wellness via social media, webcasts, and interactive internet meetings.

\*Virtual health & wellness classes such as Walk with Ease, and partnered with other regions to offer virtual Personal Action Towards Health classes; caregiver support services continue to be offered virtually as well, in addition to in person.

\*Partnered with the MIHEF to continue to provide outreach, education and resources for vaccination efforts that will continue past the end of the PHE.

**Caregiver Resources**

\*UPCAP maintains a separate webpage with updated resources, a caregiver blog and an on-line support

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group in order to provide more information and support to caregivers throughout the region.

\*We will continue to provide the Dementia Caregiving Series in an on-line classes format 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 along with our partner agencies and local law enforcement agencies is researching and reaching out to expand/begin wander assist programs in the Upper Peninsula. As we serve a population that is remote and experiences extreme weather conditions regularly, this service would provide an additional level of safety and security for caregivers across the Upper Peninsula. We are looking at using ARPA funds to provide/expand this service across the U.P.

\*Michigan Medicare/Medicaid Assistance Program (MMAP) services continue to be provided via telephone and virtual meetings for both counselor and beneficiary information;

***C.) Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).***

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.

***D.) A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2024***

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 (UPACC). 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 Michiganian Act 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: U.P. Diabetes Outreach Network (UPDON), Michigan Arthritis Foundation, Alzheimer's Association, Michigan State University Extension, local health plans, Superior Alliance for Independent Living (SAIL), and others to develop and conduct evidenced-based disease prevention (EBDP) programs throughout the region.

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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. 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 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, Aging and Disability Resource Collaborative (ADRC), and the UPCAP Board of Directors. Members of these groups will continue their advocacy efforts as in the past, taking positions on various topics and issues of concern to older adults in the region.

The UPAAA has also begun diversity, equity and inclusion (DEI) training with our partner network to increase awareness, advocacy and education amongst Black, Indigenous and People of Color (BIPOC) and Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) populations. Currently, the UPAAA and our provider network partners serves a large Native American and Indigenous population. Additionally, the UPAAA has contracts for Aging Services with three of the five recognized tribes in the Upper Peninsula.

We have and will continue to partner with all our Tribal entities in whatever aspects we can be of assistance. Two of our five tribal partners have MMAP in-kind counselors, to assist tribal members who are Medicare beneficiaries; we have partnered with all five tribes to promote and encourage participation in the Food as Medicine Program and will continue to be vocal supporters of Tribal governments.

As a part of data collection on our aging services recipients, we collect and track non-English speaking individuals across the region. Currently, we have no individuals who do not speak English fluently, but we will continue to track and educate our partners on translation and other options should the need arise.

**E.) A brief description of AAA's successes over the past year and any anticipated challenges for FY 2024 Food as Medicine** – This large collaborative effort consists of 25 partner organizations and agencies throughout the region committed to the on-going coordination and support of this initiative. The program, generously funded by the Superior Health Foundation of Marquette County, is based on a prescription for health model designed to address and improve food security of individuals that are at risk for or diagnosed with a chronic health condition, face economic barriers to food access and are 18 years of age or older.

**Caregiver Resource Center (CRC)** - The mission of the CRC is to help maintain and improve quality of life for family caregivers and those they care for by providing information, education, support and resources.

**Vaccine Expansion Grant Opportunity** – UPCAP/UPAAA has secured an additional grant to help improve vaccination rates across the U.P. for COVID, flu and other diseases. This grant will focus on reaching rural and homebound seniors across the region and works in conjunction with our health departments and physician's offices.

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**Direct Care Worker (DCW) Train the Trainer (T3)**- As part of our ongoing efforts to increase DCWs across the region, UPCAP/UPAAA is partnering with the IMPART Alliance to get a T3 program for providers and DCW, to educate and empower workers across the U.P. We know that confident and well trained DCWs will remain longer in their roles and have more job satisfaction when they are given adequate and consistent training opportunities.

**Food Bank Council of Michigan** - UPCAP has participated in meetings with the Food Bank Council of Michigan to determine the feasibility of partnering with the council to increase food access throughout the UP. The program would serve food insecure residents throughout the region, with a focus on providing locally sourced produce and dairy products for residents with economic challenges.



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**County/Local Unit of Government Review**

**COUNTY/LOCAL UNIT OF GOVERNMENT REVIEW**

The Area Agency on Aging (AAA) must send a request to the chairperson of each County Board of Commissioners. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 30, 2023. For a Planning and Service Area (PSA) comprised of a single county or portion of the county, approval of the AIP is to be requested from each local unit of government. If the AAA does not receive a response from the county and/or local unit of government by July 20, 2023, the AIP is deemed passively approved. The AAA must notify their Bureau of Aging, Community Living, and Supports (ACLS Bureau) Field Representative by July 21, 2023, whether their counties and/or local units of government formally approved, passively approved, or disapproved the AIP.

The AAA may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the AIP. To employ this option, the AAA must do the following:

- A.) Send a letter through the U.S. 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 AIP on the AAA's website. Instructions for how to view and print the document must be included.
- B.) Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.
- C.) Be available to discuss the AIP with local government officials, if requested.
- D.) Request email notification from the local unit of government of their approval of the AIP or their related concerns.

**Instructions**

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate county and/or local units of government to gain support.

**TRIBAL NOTIFICATION**

The Michigan Department of Health and Human Services (MDHHS) has an established relationship of working directly with the Federally Recognized Sovereign Indian Tribes of Michigan (Tribes). As part of this work, MDHHS recognizes the importance of Tribal notification including consultation of the complete AIP for each AAA within their PSA to encourage and foster collaboration between Title III and Title VI programming as outlined in the Older Americans Act (OAA).

AAAs, please send an official notification of your complete AIP for any Tribe(s) within your PSA for their review and consultation. If there are no Tribes within the PSA, please indicate that in your response and if a Tribe crosses more than one PSA, each AAA is still expected to send their AIP. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation,

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no later than June 30, 2023. The AAA will notify their ACLS Field Representative by July 21, 2023, of any comments or feedback received from their Tribe(s). If no comments or feedback received, please indicate that in your response.

The AAA may use electronic communication, including email and website-based documents, as an option for Tribe notification and consultation of the AIP. To employ this option, the AAA must do the following:

A.) Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the Chairperson of the Tribal Council advising them of the availability of the final draft AIP on the AAA's website. Instructions for how to view and print the document must be included.

B.) Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.

C.) Be available to discuss the AIP with Tribal elders and/or Tribal officials, if requested.

D.) Request email notification from the Tribe of their comments and feedback of the AIP or their related concerns.

**Instructions**

Describe the AAA's efforts, including use of electronic communication, to distribute the AIP to the appropriate Tribe(s) within your PSA for notification and consultation. Describe any current and future collaborative efforts with Tribe(s) within your PSA. If no collaborative efforts planned, note that in your response.

For CITY/LOCAL UNIT OF GOVERNMENT REVIEW:

The UPAAA will use notification. A.) Send a letter through the U.S. Mail, with delivery and signature confirmation, or an Emails are prepared and ready for distribution which contains a formal letter requesting approval (in .pdf form for ease of printing), a copy of a sample resolution (.pdf) and a full copy of the AIP (.pdf). Information is also listed in the letter advising of availability to download document from the UPAAA's website.

For TRIBAL NOTIFICATION:

All five tribal governments in our region will receive a letter asking for review and approval of the plan (and instructions on how to download additional copies), a sample resolution to review/use, and a full copy of the Annual AIP. Delivery and signature confirmation will be attached as well.

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**Public Hearings**

At least one public hearing on the FY 2024 AIP must be held in the PSA. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.

The AAA 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, tribal, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the AAA's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. See *Operating Standards for AAAs, Section B-2 #3*. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 14 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).

**Instructions**

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.

In addition, the AAA should also upload into AMPS a copy of your official notice and/or press release(s) for a public hearing. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and any impacts on the AIP. Describe how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

Date	Location	Time	Barrier Free?	No. of Attendees
04/17/2023	Escanaba/Virtual	01:30 PM	Yes	13

Notices were published in local newspapers around the region, notice of hearing was also posted on the AAA/UPCAP's website and Facebook page. AIP was reviewed with attendees, along with a summary that was handed and emailed to all participants who registered early for virtual attendance. Conversations were had on continuing issues with DCW shortage and the need for more workers across the region. Other discussions centered on new initiatives and interest in those program (angel/life tracker Programs).

**Access Services**

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Transition Coordination & Support; Care Management; Case Coordination and Support; Options Counseling; Disaster Advocacy and Outreach Programs; Information and Assistance; Outreach, with specific attention to outreach with underserved populations, and Merit Award Trust Fund/State Caregiver Support-funded transportation. If the AAA is planning to provide any of the above noted access services directly during FY 2024, complete this section.

**Instructions**

Select from the list of access services those services the AAA plans to provide directly during FY 2024, 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.

The Area Plan Grant Budget that is uploaded and saved in AMPS must include each access service to be provided directly in the Direct Service Budget details tab. 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's Support Services Detail tab. The method of provision must be specified in the Service Summary tab.

**Care Management**

<u>Starting Date</u>	10/01/2023	<u>Ending Date</u>	09/30/2024
Total of Federal Dollars	\$70,000.00	Total of State Dollars	\$535,212.00

Geographic area to be served

All 15 counties in 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 2024, the UPAAA will conduct approximately 850 screenings of individuals requesting Long-Term Care Supports & Services (LTSS), and conduct initial assessments for an estimated 80 individuals screening eligible for LTSS. The UPAAA will initiate an additional 35 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 170 persons with LTSS in FY 2024.

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2. The UPAAA will continue to work with the local Veterans' Affairs Medical Center (VAMC) to provide person-centered, self-directed long-term supports and services to eligible Veterans throughout the U.P. 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 wanting to leave nursing facility placement in favor of community-based options through the MI Choice Program or other community-based systems for individuals who may be ineligible for or do not want MI Choice services.

Number of client pre-screenings:	Current Year:	800	Planned Next Year:	850
Number of initial client assessments:	Current Year:	75	Planned Next Year:	80
Number of initial client care plans:	Current Year:	30	Planned Next Year:	35
Total number of clients (carry over plus new):	Current Year:	165	Planned Next Year:	170
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:26	Planned Next Year:	1:27

**Information and Assistance**

<u>Starting Date</u>	10/01/2023	<u>Ending Date</u>	09/30/2024
Total of Federal Dollars	\$70,000.00	Total of State Dollars	

Geographic area to be served

All 15 counties in 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.
2. Information & Assistance (I & A) staff will continue to coordinate with Emergency Management Coordinators for all 15 counties.
3. I & A staff will continue to utilize screening tools to identify specific target populations such as family caregivers, those who identify as LGBTQ+, tribal elders, etc. so that they can better understand their potentially unique needs and make appropriate referrals.
4. Continue conducting a public relations campaign across the region to inform the public of the 2-1-1 Information and Assistance Call Center, increasing its call volume by 10% over the next fiscal year as a result of additional television and radio advertising, and other public relation events. The Call Center will also increase access to information and assistance through a partnership with the Michigan Department of Health & Human Services (MDHHS) 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**

This section applies only if the AAA is submitting a new request to provide an in-home, community, or nutrition service directly that was not previously approved in this multi-year planning cycle.

It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers, but when appropriate, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (CSA). Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting.” Remember direct service provision by the AAA 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 AAA’s administrative functions.
- C.) A service can be provided by the AAA more economically than any available contractor, and with comparable quality.

**Instructions**

Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any new Direct Service Request for FY 2024. 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 2024 are to be included under the Direct Service Budget 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 on the Support Services Detail page.

Please skip this section if the AAA is not submitting a new request to provide an in-home, community, or nutrition service directly during FY 2024.

**Disease Prevention/Health Promotion**

Total of Federal Dollars      \$46,937.00

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:** Increase the availability of evidence-based educational programs such as A Matter of Balance and Walk with Ease. UPCAP has also partnered with the National Kidney Foundation of Michigan for their Falls Prevention Workgroups and outreach and has provided a Letter of Collaboration for an upcoming CDC 23-30 grant entitled “A Strategic Approach for Advancing Health Equity for Priority Populations with or at Risk for Diabetes”, again with the National Kidney Foundation of Michigan.

**Activities:**

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

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1. Seek out and work with new vital partners such as Michigan State University Extension offices, local YMCAs, and Health Care Providers along with Tribal Health clinics and the National Kidney Foundation of Michigan and others to promote and increase the availability of falls prevention programs such as A Matter of Balance and Walk with Ease throughout the region.
2. Continue to Partner with the National Kidney Foundation in their quest to develop and promote a falls prevention resource center and virtual educational modules to allow people to access classes via the internet in their own homes.
3. 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.

**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.**

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

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

**Provide a detailed justification for the 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 its 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. The UP's Area Agency on Aging will continue to partner with our local stakeholders to increase outreach and services as a part of our ongoing commitment to these programs.

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

This topic was reviewed with attendees at the public hearing, no feedback was given on this particular topic.





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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.

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

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

**Provide a detailed justification for the 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.**

Due to the large and very rural geographic area of the Upper Peninsula, having a centralized program to assist all 15 counties would be most cost effective method for distribution. It also ensures consistency across the region for programs like the wander management programs in all 15 counties of the Upper Peninsula. Additionally, having one agency provide marketing, enrollment and access to educational programs allows for consistency and ease of access to all caregivers across the Upper Peninsula.

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

At the Public Hearing hosted on April 17, 2023, much discussion was had on this program. Feedback was all positive and attendees encouraged the AAA to move forward with this program and continue to begin where needed and enhance where possible the continuation of these very important programs for caregivers.

**Approved MYP Program Development Objectives**

Program development goals and objectives previously set by the AAA and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established program development objectives, a text box is included for the AAA to provide information on progress toward the objectives to date. This text box is editable.

**Instructions**

Please provide information on progress to date for each established objective under the section tab entitled "Progress."

For the Diversity, Equity, and Inclusion (DEI), the ACLS Bureau Operating Standards for AAAs 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 AAAs sections C-2 and C-4 along with the Document Library for the ACLS Bureau training completed on Embedding Diversity, Equity & Inclusion (DEI) within Aging Services across Michigan for the MYP 2023-2025 Cycle.

Within the progress tab, ensure to address, at a minimum, the below DEI Program Development Objectives that correlate to the MYP DEI Goal:

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

**Objective 1- Increase services provided to Black, Indigenous (tribal) and People of Color (BIPOC) and LGBTQ+ seniors served in your region. *Please include how the AAA is measuring this progress including how you will ensure that programming and outreach is culturally sensitive and welcoming to all.***

**Objective 2- Increase the number of AAA staff, providers, caregivers, and volunteers trained in implicit bias, cultural competencies, and root causes of racism. *Please include a brief description of how the AAA tracks to ensure the number of individuals trained has increased.***

**Objective 3- Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. *Please include the top 3 requested linguistic translation services for your PSA. How does the AAA ensure that linguistic translation services are meeting the needs of the older adults within their PSA?***

See Document Library for training PPT and recording of ACLS DEI training completed for the 2023-2025 MYP Cycle.

**Area Agency on Aging Goal**

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

### Objectives

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

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

### Progress

Initial training was provided to all providers at meeting on general DEI topics and resources. Over the next 12 months, education and outreach on DEI topics focusing on BIPOC/LGBTQ+ populations will be continued to be shared and provided. During the assessment process for our local provider network, staff will review DEI trainings and provide feedback where necessary to increase opportunities.

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 where appropriate. Outreach and education events were held in conjunction with our local Tribal partners as well, focusing on the MMAP and our food security programs. Currently, we have over 140 tribal members receiving direct service across the region. That is roughly 2% of the clients we currently serve. According to the most recent census data, Michigan's American Indian/Indigenous population is right around 2% of the statewide population. Overall, our minority clients are at approximately 3% of our current client enrollments. We will continue education on DEI topics to increase our partner's ability to provide inclusive and culturally diverse services across the Region.

Provider educational sessions are recorded, and sign in sheets are kept to document training and education. Additionally, as part of the Quality Assurance Process, all providers will be encouraged to provide yearly DEI training for all staff. The UPAAA will continue to offer yearly trainings for our partners and our staff.

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

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

### Progress

All call specialists and care managers have completed LGBTQ+ Cultural Competency training. AAA staff received Introductory DEI training, and before the end of the fiscal year, all Board Members will receive training as well. 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 reached out to state LGBTQ+ advocacy agencies as well to inquire and schedule upcoming trainings, to build on our initial presentation and educational materials.

Objective 1- Increase services provided to Black, Indigenous (tribal) and People of Color (BIPOC) and LGBTQ+ seniors served in your region. The UPAAA/UPCAP currently has in home service contracts with three of the five tribal entities in our region and has memorandums of understanding and various partnerships to support and provide services to elder tribal members across the Upper Peninsula.

Objective 2- Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. Currently there are no listed translation languages in our area, although translation services are available for anyone who contacts 211 to request assistance. A report from our NAPIS database of collected answers on language shows no other languages are needed. Training will continue with our providers to ensure accurate collection of data and the correct way to ask the question so

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

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we get a clear and concise answer.

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

Objectives

1. Provide consumers with options and assistance in obtaining self-directed community-based care when facing the need for long term supports and services.  
Timeline: 10/01/2022 to 09/30/2023

Progress

1. The UPAAA's 2-1-1 database reflects all in-home/community services and residential options, including LGBTQ+ resources and demographics, including those agencies and businesses determined to be LGBTQ+ 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 have provided 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 aided and supported 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 continue to participate in comprehensive training in advanced options, person centeredness, LGBTQ+ 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. Regional Service Definition for Nursing Services is available to provide 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.
5. The UPAAA works 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.
6. The UPAAA continues 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.

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**Supplemental Documents**

**Document A: Policy Board Membership (Required).**

**Document B: Advisory Council Membership (Required).**

**SUPPLEMENTAL DOCUMENTS FOR SPECIAL APPROVAL**

Select the supplemental document(s) from the list below only if applicable to the AAA's FY 2024 AIP.

Provide all requested information for each selected document. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.

**Document C: Proposal Selection Criteria - should only be completed if there are new or changed criteria for selecting providers (only if applicable).**

**Document D: Cash-In-Lieu-Of-Commodity Agreement (only if applicable).**

**Document E: Waiver of Minimum Percentage of a Priority Service Category (only if applicable).**

**Document F: Request to Transfer Funds (only if applicable).**

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**SUPPLEMENTAL DOCUMENT F**  
**Request to Transfer Funds**

<b>1</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-B Supportive Services</b> to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer  185,000
This is a preemptive request to move funds from IIIB to IIIC in order to assist nutrition providers with the exorbitant rising food costs effecting a finite amount of nutrition dollars. Additionally, as our in-home providers struggle to utilize all IIIB allocations due to the direct care worker shortage, this transfer offers an opportunity to continue to serve those most vulnerable across our region. This transfer is not guaranteed, but the UP AAA would like it as an option.		
<b>2</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition Services</b> to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below.	Amount of Transfer  0
<b>3</b>	The Area Agency on Aging requests approval to transfer funds <b>from Title III-C1 Congregate Nutrition</b> to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below.	Amount of Transfer  0

**FY 2024 AREA PLAN GRANT BUDGET**

Rev. 5/23/23

Agency: UPCAP Services Inc. UPAAA

Budget Period: 10/01/23 to 09/29/24

PSA: XI

Date: 06/14/23

Rev. No.: 1 Page 1of 3

SERVICES SUMMARY			
FUND SOURCE	SUPPORTIVE SERVICES	NUTRITION SERVICES	TOTAL
1. Federal Title III-B Services	616,742		616,742
2. Fed. Title III-C1 (Congregate)		815,524	815,524
3. State Congregate Nutrition		13,533	13,533
4. Federal Title III-C2 (HDM)		550,938	550,938
5. State Home Delivered Meals		671,431	671,431
8. Fed. Title III-D (Prev. Health)	46,937		46,937
9. Federal Title III-E (NFCSP)	291,524		291,524
10. Federal Title VII-A	12,576		12,576
10. Federal Title VII-EAP	9,180		9,180
11. State Access	40,395		40,395
12. State In-Home	987,615		987,615
13. State Alternative Care	157,932		157,932
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	69,100	50,000	119,100
b. In-Kind	250,560	195,000	445,560
18. State Respite Care (Escheat)	97,481		97,481
19. MATF	168,952		168,952
19. St. CG Support	20,846		20,846
20. TCM/Medicaid & MSO	17,311		17,311
21. NSIP		480,371	480,371
22. Program Income	49,900	1,040,000	1,089,900
<b>TOTAL:</b>	<b>3,374,414</b>	<b>3,816,797</b>	<b>7,191,211</b>


ADMINISTRATION				
Revenues		Local Cash	Local In-Kind	Total
Federal Administration	257,963	-	41,000	298,963
State Administration	44,981			44,981
MATF Administration	16,700	-	-	16,700
St. CG Support Administration	2,060	-	250	2,310
Other Admin				-
<b>Total AIP Admin:</b>	<b>321,704</b>	<b>-</b>	<b>41,250</b>	<b>362,954</b>

Expenditures		
	FTEs	
1. Salaries/Wages	2.63	162,473
2. Fringe Benefits		50,081
3. Office Operations		150,400
<b>Total:</b>		<b>362,954</b>

Cash Match Detail		In-Kind Match Detail	
Source	Amount	Source	Amount
1. Federal Admin	-	1. Federal Admin	41,000
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
	-		-
	-		-
<b>Total:</b>	<b>-</b>	<b>Total:</b>	<b>41,250</b>

BGP Allocation Amount	5,858,355
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I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

  
Signature

Director of Finance  
Title

06/14/23  
Date



FY 2024 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: UPCAP Services Inc. UPAAA  
 PSA: XI

Budget Period: 10/01/23 to 09/29/24  
 Date: 06/14/23 Rev. No.: 1

Rev. 5/23/23  
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\*Operating Standards For AAA's

Op	Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A OMB	Title VII EAP	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Suppl	TCW Medicaid MSO Fund	Program Income	Cash Match	In-Kind 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	12,000															1,500		1,500	15,000
A-7		Options Counseling																			-
A-8		Care Transition Coordination and Support																			-
	B	In-Home																			
B-1		Chore	3,000															100		350	3,450
B-2		Home Care Assis																			-
B-3		Home Injury Cntrl	18,000																	2,000	20,000
B-4		Homemaking	125,000						597,615	83,000								20,000	40,000	50,000	915,615
B-6		Home Health Aide																			-
B-7		Medication Mgt	4,000																	450	4,450
B-8		Personal Care	120,000						250,000	56,000								12,000	15,000	33,000	486,000
B-9		Assistive Device&Tech	5,000																	600	5,600
B-10		Respite Care	35,333		110,000				140,000	18,932				97,481	76,052	9,391		12,000	10,000	40,000	549,189
B-11		Friendly Reassurance	10,000																	1,200	11,200
C-10		Legal Assistance	40,100																	4,500	44,600
	C	Community Services																			
C-1		Adult Day Services	40,000		46,524										92,900	11,455		2,000	1,000	10,000	203,879
C-6		Disease Prevent/Health Promtion		46,937																5,300	52,237
C-7		Health Screening																			-
C-8		Assist to Hearing Impaired & Deaf Cmty																			-
C-9		Home Repair																			-
C-11		LTC Ombudsman	7,009			12,576						42,546					17,311			7,500	86,942
C-12		Sr Ctr Operations																			-
C-13		Sr Ctr Staffing																			-
C-14		Vision Services																			-
C-15		Prevent of Elder Abuse,Neglect,Exploitation				9,180															9,180
C-16		Counseling Services																			-
C-18		Caregiver Supplmt Services			10,000															1,200	11,200
C-19		Kinship Support Services			15,000															1,800	16,800
C-20		Caregiver E,S,T			40,000														600	3,900	44,500
*C-8		Program Develop	123,300																	13,800	137,100
		Region Specific																			
		Critical Urgent Unmet Needs	2,000																		230
		Nursing Services	2,000																		230
		c.																			-
		d.																			-
		7. CLP/ADRC Services																			-
Sp Co		8. MATF Adm													16,700						16,700
Sp Co		9. St CG Sup Adm														2,060					250
SUPPRT SERV TOTAL			616,742	46,937	291,524	9,180	12,576	40,395	987,615	157,932	431,825	42,546	62,992	97,481	185,652	22,906	17,311	49,900	69,100	250,810	3,393,424

**FY 2024 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL**

Rev. 5/23/23

Agency: UPCAP Services Inc. UPAAA Budget Period: 10/01/23 to 9/29/24  
 PSA: XI Date: 06/14/23 Rev. Number 1

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**FY 2024 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
	<b>Nutrition Services</b>										
C-3	Congregate Meals	775,524		13,533		162,000		350,000	15,000	90,000	1,406,057
B-5	Home Delivered Meals		451,338		570,731	271,371		587,000	30,000	91,000	2,001,440
C-4	Nutrition Counseling										-
C-5	Nutrition Education										-
B-12	Carry-out Meal (COM)		79,600		100,700	47,000		103,000	5,000	14,000	349,300
	AAA RD/Nutritionist*	40,000	20,000								60,000
	<b>Nutrition Services Total</b>	<b>815,524</b>	<b>550,938</b>	<b>13,533</b>	<b>671,431</b>	<b>480,371</b>	<b>-</b>	<b>1,040,000</b>	<b>50,000</b>	<b>195,000</b>	<b>3,816,797</b>

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

**FY 2024 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
	<b>LTC Ombudsman Ser</b>									
C-11	LTC Ombudsman	7,009	12,576	-	42,546	17,311	-	-	7,500	86,942
C-15	Elder Abuse Prevention	-		9,180			-	-	-	9,180
	Region Specific	-	-	-			-	-	-	-
	<b>LTC Ombudsman Ser Total</b>	<b>7,009</b>	<b>12,576</b>	<b>9,180</b>	<b>42,546</b>	<b>17,311</b>	<b>-</b>	<b>-</b>	<b>7,500</b>	<b>96,122</b>

**FY 2024 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									-
	<b>Respite Service Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

**FY 2024 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
	<b>Kinship Ser. Amounts Only</b>									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	-	15,000				-	-	1,800	16,800
C-20	Caregiver E,S,T	-	-				-	-	-	-
	<b>Kinship Services Total</b>	<b>-</b>	<b>15,000</b>				<b>-</b>	<b>-</b>	<b>1,800</b>	<b>16,800</b>

Planned Services Summary Page for FY 2024			PSA: XI		
Service	Budgeted Funds	Percent of the Total	Method of Provision		
			Purchased	Contract	Direct
<b>ACCESS SERVICES</b>					
Care Management	\$ 675,012	9.36%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 78,000	1.08%			X
Outreach	\$ -	0.00%			
Transportation	\$ 15,000	0.21%	X	X	
Option Counseling	\$ -	0.00%			
Care Transition Coordination and Support	\$ -	0.00%			
<b>IN-HOME SERVICES</b>					
Chore	\$ 3,450	0.05%	X	X	
Home Care Assistance	\$ -	0.00%			
Home Injury Control	\$ 20,000	0.28%	X	X	
Homemaking	\$ 915,615	12.70%	X	X	
Home Delivered Meals	\$ 2,001,440	27.76%	X	X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ 4,450	0.06%	X	X	
Personal Care	\$ 486,000	6.74%	X	X	
Personal Emergency Response System	\$ 5,600	0.08%	X	X	
Respite Care	\$ 549,189	7.62%	X	X	
Friendly Reassurance	\$ 11,200	0.16%		X	
<b>COMMUNITY SERVICES</b>					
Adult Day Services	\$ 203,879	2.83%	X	X	
<b>CONGREGATE MEALS</b>					
Congregate Meals	\$ 1,406,057	19.50%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 52,237	0.72%			X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ -	0.00%			
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 44,600	0.62%		X	
Long Term Care Ombudsman/Advocacy	\$ 86,942	1.21%			X
Senior Center Operations	\$ -	0.00%			
Senior Center Staffing	\$ -	0.00%			
Vision Services	\$ -	0.00%			
Programs for Prevention of Elder Abuse,	\$ 9,180	0.13%			X
Counseling Services	\$ -	0.00%			
Carry-Out Meal (COM)	\$ 349,300	4.84%	X	X	
Caregiver Supplemental Services	\$ 11,200	0.16%			X
Kinship Support Services	\$ 16,800	0.23%			X
Caregiver Education, Support, & Training	\$ 44,500	0.62%		X	X
AAA RD/Nutritionist	\$ 60,000	0.83%			X
<b>PROGRAM DEVELOPMENT</b>	\$ 137,100	1.90%			X
<b>REGION-SPECIFIC</b>					
Critical Urgent Unmet Needs	\$ 2,230	0.03%	X	X	
Nursing Services	\$ 2,230	0.03%	X	X	
c.	\$ -	0.00%			
d.	\$ -	0.00%			
<b>CLP/ADRC SERVICES</b>					
<b>SUBTOTAL SERVICES</b>					
	\$ 7,191,211				
<b>MATF &amp; ST CG ADMINISTRATION</b>					
	\$ 19,010	0.26%			X
<b>TOTAL PERCENT</b>		100.00%	1.74%	82.11%	16.15%
<b>TOTAL FUNDING</b>		\$ 7,210,221	\$125,000	\$5,920,840	\$1,164,381

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.


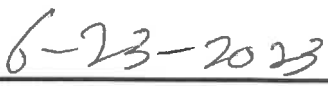


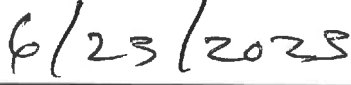
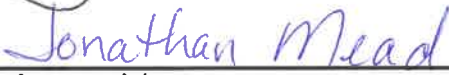
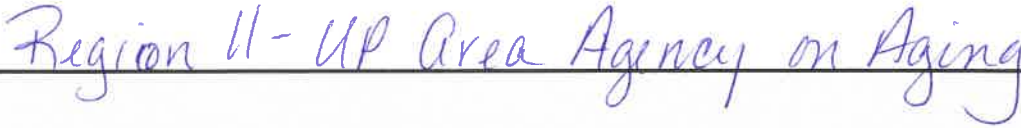
STATE OF MICHIGAN  
Michigan Department of Health & Human Services  
**AGING & ADULT SERVICES AGENCY**

FY 2024 Annual Implementation Plan

**SIGNATURES**

This document covers Fiscal Year 2024. 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 
Print Name 	
Signature of Area Agency on Aging Director 	Date 
Print Name 	
Area Agency on Aging 	
<p>Documents referenced by the signature page:</p> <ul style="list-style-type: none"> <li>▪ FY 2024 Area Plan Grant Budget</li> <li>▪ FY 2024 Direct Service Budgets</li> <li>▪ Request to Transfer Funds</li> <li>▪ Waiver for Direct Service Provision</li> <li>▪ Assurances and Certifications</li> <li>▪ Assurance of Compliance with Title VI of Civil Rights Act of 1964</li> <li>▪ Regional Service Definitions (If Applicable)</li> <li>▪ Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly (If Applicable)</li> <li>▪ Waiver of Minimum Percentage for a Priority Service Category (If Applicable)</li> </ul>	