

U.P. AREA AGENCY ON AGING

Multi-Year Plan for Services to the Elderly

Fiscal Years 2010-2012

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INTRODUCTION

According to the requirements of the Older Americans Act (OAA) of 1965, as amended, Section 306. (a) states, "Each area agency on aging designated...shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area." Each of Michigan's 16 area agencies on aging (AAA) shall submit their plan to the Michigan Office of Services to the Aging (OSA) for review and approval by the Michigan Commission on Services to the Aging. AAAs will utilize their plan to guide their work over the coming years, in order to lay the groundwork for new initiatives and expansion of current ones.

This Multi-Year Plan (MYP) will cover the period of October 1, 2009 through September 30, 2012, which are fiscal years (FY) 2010 ('10), 2011, and 2012. This MYP will also include the FY '10 Annual Implementation Plan (AIP), covering October 1, 2009 through September 30, 2010. Annual updates will be required, as necessary.

TIMETABLE

Final Instructions to AAA's for 2010-2012 MYP: JANUARY 12, 2009

First draft of MYP: MAY 15, 2009

Final MYP due: JULY 10, 2009

MYP Explanation to Commission: (tentative) JULY 17, 2009

County sign off/passive approval due: JULY 31, 2009

Presentation to Commission: AUGUST 21, 2009

Presentation to Commission: SEPTEMBER 18, 2009

Presentation of MYP final instructions to Commission: TBA

Presentation of MYP Approval Criteria to Commission: TBA

COUNTY/LOCAL UNIT OF GOVERNMENT REVIEW

All AAAs must seek approval of the Draft MYP as submitted to OSA from each County Board of Commissioners within their respective planning and service area (PSA). The AAA must deliver a letter and a copy of the complete Final MYP *with delivery and signature confirmation* to the Chairperson of each County Board of Commissioners within the PSA requesting adoption by July 31, 2009. For a PSA comprised of a single county or portion of the county, approval of the MYP is required from each local unit of government within the PSA.

If the AAA does not receive a response from the county or local unit of government by July 31, 2009, the MYP is deemed passively approved. The AAA must notify their OSA field representative by August 3, 2009 whether their counties or local units of government formally approved, passively approved, or disapproved the MYP.

Please enter your plan to distribute the MYP to, and gain support from, the appropriate county or local units of government.

UPCAP's role as the ex officio secretary for the Upper Peninsula Association of County Commissioners plays a very important role in the agency's overall ability to address the needs of seniors, particularly as these needs impact County government activities. This has particularly been advantageous in terms of influencing decisions related to local funding for senior programs and/or decisions to pursue local senior millage elections. A copy of the proposed 2010-2012 MYP will be presented to UPCAP's Board of Directors at their meeting on June 26, 2009, requesting a formal resolution of approval. The plan will then be sent via certified mail to the chairperson of each of the 15 County Board of Commissioners within the region by July 1, 2009, requesting approval of the plan as written by July 31, 2009.

EXECUTIVE SUMMARY

In response to the growing needs of the senior population, Congress enacted the Older Americans Act (OAA) in 1965. The Act created structures at the federal, state and local level to administer programs designed to help keep seniors healthy and independent. The Administration on Aging (AoA) oversees the programs and directives established by the OAA of 1965, as amended. The national network of aging includes the Administration on Aging, 57 State Agencies on Aging at the state and territorial level, 655 Area Agencies on Aging, and approximately 27,000 local service provider organizations under contract to area agencies. In addition, more than 230 Native American Tribal organizations have been funded under the OAA through Title VI.

In 1981, the Older Michiganians Act (OMA) was enacted to create a Commission on Services to the Aging and an Office of Services to the Aging (OSA). The fifteen member State Commission is appointed by the Governor to serve as an advocate for aging and older persons, advise the Governor, Legislature, and OSA concerning the coordination and administration of state programs serving older adults; and approve funds for services administered under the OAA and OMA.

The OAA requires states to be divided into planning and service areas (PSAs) and that area agencies on aging be designated within each PSA. In Michigan, there are 16 Area Agencies on Aging (AAAs) that receive grants from the state and federal government through the Michigan Office of Services to the Aging to develop, coordinate, plan and administer a comprehensive network of services and programs for older adults. In 1974, UPCAP Services, Inc. was designated as the Upper Peninsula Area Agency on Aging (UPAAA).

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. The AAA 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 in the PSA. 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.

The UPAAA studies needs among the elderly and those with disabilities within the region, and prioritizes services to meet those needs. Based upon the results of non-scientific surveys, client needs assessments and care plans, other data, and most importantly, current service utilization trends, a three-year Area Plan of Services to the Elderly is developed. The purpose of the Area Plan is to ensure the proper implementation of the mandates of the Older Americans Act. The Area Plan provides for development of a comprehensive, coordinated service delivery system, outlines fundable services for the elderly, and summarizes activities of the AAA.

With a few exceptions, funds are awarded on a county-by-county basis through a funding allocation method, as outlined in the Area Plan. Funds for services included in the Area Plan are then designated for use by local agencies to provide services at the local level, through an open and competitive Request for Proposal (RFP) process and/or through purchase of service agreements. The Area Agency monitors its contracts with providers to ensure that services are rendered in an efficient and effective manner and that they comply with State minimum standards as outlined in the State Office of Services to the Aging Operating Standards of Service Programs. Each year, thousands of older persons and those with disabilities are served in the 15-county area, through nearly 20 different service categories.

Services funded through the UPAAA are available to all senior citizens age 60 and older within the Region unless otherwise allowed under eligibility criteria for a specific program. Substantial emphasis is given to serving eligible persons with greatest social and/or economic need, with particular attention to low-income and minority individuals. "Substantial emphasis" is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. Priority is also given to serving elderly individuals who are frail, isolated, homebound, and 75 years of age or older, who are at greatest risk of losing their independence.

The AAA's service providers form a vital link in the Region's extensive aging network. Many of the services funded by the UPAAA are offered at one of the 72 meal sites/senior centers in the U.P. Services provided include home delivered meals, congregate meals, homemaker aide, home care assistance, in-home respite care, chore services, health screening, health counseling, elder abuse education, transportation, outreach, service coordination, case coordination and support, legal assistance, long-term care ombudsman services, and caregiver training. Additionally, hundreds of seniors are assisted each year by the Michigan Medicare/Medicaid Assistance Program (MMAP). This vast network of aging services is maintained by the UPAAA staff. All staff members are knowledgeable in the administration and development of aging programs.

A 23-member Board of Directors and a 14-member Advisory Council assist the UPAAA in accomplishing its mission of serving the U.P. elderly. The UPAAA's Board of Directors is composed of senior citizens, elected officials, leading local citizens representing U.P. counties, and other members of the private sector. In addition, the Board appoints an Advisory Council, composed primarily of senior citizens age 60 and older, who are eligible participants in programs under the Area Agency's Area Plan. Advisory Council members also include individuals representing the low-income elderly, those with disabilities, minority groups, health care and advocacy organizations, and the general public. These individuals meet at least six times a year to advocate for senior programs and needs, conduct public hearings, aid in the development of the Area Plan, and review and comment on policies, programs, and legislation affecting the elderly.

As the senior population of the Upper Peninsula continues to grow older, new challenges need to be addressed to assure that limited resources are assigned to those services most needed by U.P. seniors, so they can continue to grow old with dignity and in the setting of choice. The UPAAA's 2010-2012 Area Plan sets forth five Program Development Objectives for which significant efforts will continue to be applied to meet the growing and emerging needs of the region's older adults. Following the vision of Project 2020, the UPAAA's program objectives will give older adults and individuals with disabilities the ability to make their own health care decisions, take steps to manage their own health risks, and to receive the care they choose in order to remain in their own homes and communities for as long as possible; thus avoiding unnecessary, unwanted, and costly institutionalization. The Plan also addresses the need to enhance information and support for seniors and their caregivers, and to improve and increase affordable and accessible housing options for older adults in the region.

The first objective is designed to ensure that older adults get the information they need to make healthy life choices, thus improving their quality of life. Since 2007, the UPAAA has been instrumental in training nine lay leaders and assisted hundreds of individuals in managing their health. The UPAAA has formed coalitions with other agencies such as the UP Diabetes Outreach Network, MSU Extension, and the Alzheimer's Association to conduct evidence-based disease prevention programs such as PATH (personal Action Towards Health), Maintaining

Your Brain, Healthy Eating, and the Savvy Caregiver program. Similar programs also be researched and implemented where feasible, to increase and expand the options available in educational programming. It is the goal of the UPAAA to work with new and existing partner agencies and train additional local lay leaders to promote and support these and other programs in most communities within the region, so that all older adults have the opportunity to receive the education and support they need to make healthy lifestyle choices.

Secondly, based upon information obtained through recent regional surveys, consumers state that one of their greatest needs is the ability to get information, support, and access to services that empowers them to make self-directed decisions concerning where they live until the end of life. The UPAAA's next objective expands upon its current programs to ensure that all people within the region have the information and tools they need to direct their own care and choose their place of residence through their lifespan. The UPAAA administers a Care Management program for seniors age 60 and older in all 15 counties of the Upper Peninsula. Care Management is the tool designed to provide community-based long-term care in lieu of institutional nursing home care, and is a mechanism to manage the cost of long-term care. Care Management is targeted towards those who meet the level of care requirements for nursing home placement and who, without care management intervention, would likely enter institutional settings in order to secure needed long-term care services. Such individuals are deemed to be the frailest of our senior population. Beginning in 1996, the UPAAA initiated a "purchase of services pool" for care management clients using Medicaid and OAA and OMA resources. The purchase of service system serves as a safety net to assure that the needs of the frailest seniors are met when normal service delivery systems and programs are insufficient to meet those needs.

As an extension of Care Management, UPCAP administers the MI Choice Medicaid Home and Community-Based Waiver Program for elderly and disabled individuals in all 15 counties of the Upper Peninsula. The MI Choice Waiver Program targets the elderly and disabled who meet the level of care criteria for nursing home placement and who meet financial eligibility guidelines for Medicaid. Using the primary components of Care Management (assessment, care planning, service arranging & purchasing, monitoring, reassessment, etc), the MI Choice Waiver Program determines whether an institutional setting or a less costly community-based setting is most appropriate to meet an individual's needs. If the community-based option is selected, UPCAP Supports Coordinators arrange for and manage the services selected by the participant which are provided in the home or at a community setting. This will be further expanded to consumers in assisted living facilities via the "residential services" option which will soon be made available to waiver-eligible consumers. This will allow the elderly and disabled the choice of aging in place when their care needs become complex, thus eliminating the need for institutionalization.

This goal is also being met via the MI Choice Waiver program component called Self Determination. The Self Determination program allows participants more flexibility in who is hired to work for them, what a person can do for them, and when they will receive these services. Plans of care are written for the participant using the principles and practices of Person-Centered Planning, which builds on the person's capacity to engage in activities that honors an individual's preferences, choices, and abilities. Currently, 85 individuals within the waiver program have chosen to direct their own care.

In order to expand services to all consumers regardless of resources available to them, the UPAAA is participating in the Nursing Home Diversion project funded by the Administration on Aging. The focus of the project is to provide information and assistance as well as long-term

care options and benefits counseling to individuals who have resources, for the purpose of diverting those individuals from costly institutionalized care and to avoid the need to depend on Medicaid as a payer of service for long term care. A second component of this project is the Veterans Administration Self Determination/Home & Community-Based Care project, which is already underway. The VA identifies veterans needing long-term care and then purchase a package of services from the UPAAA which includes case management and a combination of services from both the traditional waiver and the waiver self-determination programs. Both of these projects are also founded in the principles of Person-Centered Planning.

Following the philosophy of Project 2020, the UPAAA launched its successful Single Point of Entry program in October 2006. The program was known as the "U.P. Long-Term Care Connection." Consumer service began in January 2007, using the UPAAA's 2-1-1 Call Center as the primary portal for accessing both long term care information, assistance and community-based long term care options, and benefits counseling. Since its inception, over 5800 consumers were assisted through the U.P. Long Term Care Connection with understanding and accessing long term care services that would meet their individual needs. While the U.P. Long Term Care Connection is no longer funded, the UPAAA has every intention of remaining the focal point for long-term care services to all consumers in the region asking for assistance. Working in partnership with SAIL (the Superior Alliance for Independent Living) the UPAAA will work toward further development and establishment of a regional Aging & Disability Resource Collaborative (ADRC) to fill the gaps in service left by the elimination of the Single Point of Entry system. The UPAAA intends to expand the role of the supports coordinators to fulfill the role of ADRC counselors through the provision of comprehensive training in advanced options counseling procedures and philosophies. The UPAAA has also included within its boards and quality collaborative representatives from the disability network to ensure input and recommendations are received from all people requesting services from the UPAAA.

The UPAAA publicizes and continually encourages utilization of its region-wide 2-1-1 Information and Referral System, which became AIRS accredited in 2008. This database has extensive information regarding services available to seniors and their caregivers in the region, including housing options. Residents have access to professionals who can provide them with objective and extensive information and referrals to programs in their area that may offer the services they need. The 2-1-1 Call Center also serves as the entry point for accessing long-term care options and benefits counseling. Forty-seven per cent of the calls handled by the 2-1-1 Call Center in the past year were to assist callers in obtaining information or services related to long-term care, care giving, and housing issues. It is planned that the 2-1-1 Call Center will serve as the portal to the Aging & Disability Resource Collaborative.

The Area Plan also includes supporting increased knowledge and awareness of elder abuse, neglect, and exploitation within the region. In the past year, the UPAAA has provided 25 presentations to 408 providers and staff working with the elderly and disabled within the region. The AAA continues to offer elder abuse education to any organization or entity interested and is currently working to update and improve its training and education programs to meet the changing trends of local seniors. The AAA will also work with the region's MMAP (Medicare/Medicaid Assistance Program) to help bring awareness of Medicare fraud and abuse issues to beneficiaries, and to advocate on their behalf as the need arises. This is especially important with the introduction of the new Medicare Prescription Drug and Medicare Advantage programs where the potential for fraudulent practices has continued to escalate.

The fourth objective will be to improve the effectiveness and quality of services provided to older adults and their families through the UPAAA and its partners. This will be accomplished

by continuing to promote open communication and dialogue among the UPAAA and its partners through the quality assurance process, meetings, collaboratives, and advisory groups. Additionally, the AAA will continue to improve the survey process for all clients open to the care management and waiver programs, and will conduct a comprehensive survey of consumers throughout the region to determine current and future needs. Based on the information obtained, the AAA will then be able to prepare future goals with the assistance of its partners, specific to the needs of each county in the region.

The fifth program objective is to improve the assessment and services referral process for caregivers. Through its Care Management program and the U.P. Long-Term Care Connection, the UPAAA and several of its partners have committed to participating in a caregiver assessment project (known as T-Care) through a partnership with the Michigan Department of Community Health and the University of Wisconsin – Milwaukee, designed to provide greater attention to the needs of caregivers. The project is currently in the enrollment phase, with 5 supports coordinators currently trained to assess and assist a minimum of 3-5 caregivers for a period of no less than one year. It is anticipated that this venture will provide a more appropriate utilization of resources designed to support caregivers, and will ultimately increase the level of satisfaction for both the caregiver and the care receiver.

Other initiatives have taken place to provide information, support and services to caregivers in the region. The Kinship Care program has been expanded to assist relatives who are caring for other relative's children. A U.P. Kinship Care Task Force is being implemented to help identify and address the unique needs that kinship families have. The UPAAA is in the process of developing a region-wide Kinship Care Resource Center, and is working with interested partners to coordinate and conduct informational, recreational, and support-group type activities for these families in the central section of the U.P. It is hoped that increased funding opportunities will be found to help expand these resources and activities to reach all kinship families in need throughout the region.

Additionally, the UPAAA intends to expand the availability of the SAVVY Caregiver Training Program so that all caregivers within the region will have the opportunity to participate. This educational program is designed to teach caregivers how to successfully cope with and sustain their caregiver role in a healthy and productive way.

UPCAP, a multi-purpose non-profit organization, administers a variety of other programs which although funded outside the aging network, positively impact on the UPAAA's purpose and mission. These programs include congregate housing development and management; the Community Corrections Program, which annually provides over 60,000 hours of community services at senior centers and residences; and the Professional Mediation Program, which resolves disputes and disagreements between parties (i.e. landlord-tenant, medical billing, caregiver issues, etc).

All UPCAP Services, Inc. programs are audited each year by an audit firm of certified public accountants selected by the Board of Directors through a contract for the agency-wide audit in compliance with the Single Audit Act of 1984, P.L. 98-502.

B. FY '10 Planned Services Summary –REPLACE WITH SUMMARY PAGE (CHART)

The plan must describe in detail any significant changes in the type or amount of services described in the FY '10 Planned Services Summary section as compared to the planned services identified in the FY '09 AIPs Services Summary Page.

Significant changes include, but are not limited to, any anticipated deviation of 10% or more (increase or decrease) of a service category's clients, units of service or funding.

Please type your narrative here. If you are not including a narrative, please type "NA" in the space provided.

N/A

A. Request to Transfer Funds

Please indicate the amount of FY 2010 funds that you would like to have preauthorization for to transfer from Title III-B Supportive Services to Title III-C Nutrition Services, Title III-C Congregate Nutrition Services to Title III-B Supportive Services for in-home services, and/or from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the congregate nutrition program. Provide a narrative rationale for each transfer request.

N/A

Organizational Chart

An AAA organizational chart must be included. All positions listed in the AAA Wages & Salaries budget must be reflected on the organizational chart.

Please see attached chart.

STATEMENT OF NEED

Demographics

Total Population in PSA for All Ages	309,737
Total Population in PSA for Ages 60 and over	69,517
Total Population 65+ At or Below Poverty	4,706
Total Minority Population Age 60 and Over	2,091

Total Minority Population Age 60 and Over by Race/Ethnicity (in whole numbers)

African American (Black) 112	<input checked="" type="checkbox"/> Less than 1%
Asian 225	<input checked="" type="checkbox"/> Less than 1%
Am. Indian/Alaska Native 1,527	<input type="checkbox"/> Less than 1%
Native Hawaiian/other Pacific Islander 0	<input checked="" type="checkbox"/> Less than 1%
Arab/Chaldean 0	<input checked="" type="checkbox"/> Less than 1%
Hispanic/Latino 227	<input checked="" type="checkbox"/> Less than 1%

Total Low Income Minority Age 60 and Over by Race/Ethnicity (in whole numbers)

African American (Black)	<input checked="" type="checkbox"/> Less than 1%
Asian	<input checked="" type="checkbox"/> Less than 1%
Am. Indian/Alaska Native	<input type="checkbox"/> Less than 1%
Native Hawaiian/other Pacific Islander	<input checked="" type="checkbox"/> Less than 1%
Arab/Chaldean	<input checked="" type="checkbox"/> Less than 1%
Hispanic/Latino	<input checked="" type="checkbox"/> Less than 1%

Total Kinship Caregivers Age 60 and Over: **1039**

Summarize below the demographic changes within the older population in the PSA that have occurred since the 2000 U.S. Census.

While the overall population of the PSA was projected to decline by approximately 10% from the year 2000 through 2007, the population of those aged 60 and older actually increased overall by 11% (Source: National Center for Health Statistics). The greatest increases are seen in the 60-64 age groups (14%) and those aged 85 years or older (13%). This will pose significant challenges as we try to meet the needs of our increasingly frail seniors with a smaller, aging work force.

INPUT FORUMS and PUBLIC HEARINGS

Rationale: Older Americans Act, Section 306, (6) *“provide that the area agency on aging will—
(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;”*

In order to gather information regarding the needs of older persons in the PSA, public hearings on the MYP were held in two locations within the PSA, as described below. Notice of the public hearings were made via local newspapers, notices to senior centers and provider agencies, and at board and advisory meetings at least thirty (30) days in advance of the scheduled hearing. Persons were given the opportunity to request a Summary Draft of the 2010-2012 MYP, which was made available fifteen (15) days prior to the hearing, and to provide written testimony and comments if unable to attend the hearings in person. A summary of the views of those attending the input sessions and hearings is contained in the Evaluation of Unmet Needs section.

DATE	LOCATION	TIME	BARRIER FREE (Y or N)	NUMBER of ATTENDEES
2/18/2009 Public Input	Dickinson County Sr. Center Iron Mountain, MI	10:00 AM CST	Y	4
2/20/2009 Public Input	UPCAP Services Conference Room Escanaba, MI	11:00 AM EST	Y	7
5/27/2009 Public Hearing	Intertribal Council of MI Sault Ste. Marie, MI	1:00 PM EST	Y	0
6/05/2009 Public Hearing	UPCAP Services Conference Room Escanaba, MI	1:00 PM EST	Y	5

Evaluation of Unmet Needs

Methods Used to Identify The Needs of Older Persons in the PSA:

The primary methodology for determining the specific needs of older adults in the region is through the provision of assessments, care-planning, and previous client-specific data collected and maintained in one of the two databases used by the UPAAA. These two databases are 1) NAPIS (National Aging Program Information System) and, 2) MICIS (MI Choice information System). These databases provide specific information related to service demand and utilization patterns. It is these service and utilization patterns which serve as the primary method of the four used by the AAA in identifying needs of older persons in the region.

In addition to the information obtained from these two data systems, the UPAAA obtains feedback by conducting a comprehensive Needs Survey. In preparation of the development of the multi-year plan, over 1,100 surveys were distributed to older persons throughout the region. The surveys asked respondents to rank existing services in order of their top five priorities, and also to rank their top five perceived needs and concerns from a list of over 20 aging-related topics. The survey format also allowed respondents to add their own comments and concerns if those were not pre-listed on the form. Of the 1,100 surveys sent, 741 were returned for a success rate of 72%. Of the surveys received, 90% were from those aged 60 or older.

Additional sources utilized for identifying needs within the service area included two public input sessions and two public hearings, 2000 actual census data and 2007 estimated census data, formal and informal input from area service providers, input from the AAA Advisory Council and the UPCAP Board of Directors, and from UPAAA staff. Quarterly program status reports submitted by the UPAAA subcontractors were also utilized in determining service need, gaps in existing service capacity, and service availability.

Prioritization of the Identified Needs, Including Demographic Information:

The Results of the Needs Survey utilized in developing this multi-year plan indicates that consumers continue to see a need for in-home services such as home-delivered meals (60%), housekeeping assistance (41%), and chore services (39%) as well as for information & outreach (35%), congregate meals (37%), transportation for shopping/errands (53%) and medical transportation (35%) – all currently included in the AAA's service plan.

Most participants of the survey also indicated that they are struggling with the high cost of energy (67%) and health care (52%), and feel that nursing home reform (53%) and the shortage of options in more affordable housing (31%) and community-based care (28%) must be addressed.

These issues are also reflected in the information received from NAPIS and MICIS. There are waiting lists for in-home services such as respite, home-delivered meals, and housekeeping assistance. The MI Choice Waiver program currently includes 34 people on its waiting list for in-home and community-based services that could help keep them from costly and premature nursing home placement.

Currently, 66% of seniors in this region are aged 75 or older. According to demographic reports and census predictions, by 2010 the population of those aged 60 or older in the region is expected to grow by 11%. Within that subgroup, those aged 85 or more are expected to increase by over 13%. Yet the overall population of the region is expected to fall by 10%. This means that there will be fewer people to help care for the frail older adults who will need in-home services and community-based options to allow them to remain in their own homes for as long as possible.

Barriers That Exist to Service Delivery within the PSA:

Michigan's Upper Peninsula (UP) is comprised of 16,452 square miles, about one-third of the State's land area. Yet the UP's population comprises only about 3% of the State's total population. The UP is sparsely populated 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 the 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 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 recent budget cuts, increased fuel costs, the mandatory increase in the minimum wage, and they are frustrated by the inability to maintain a consistent and experienced workforce at a price they can afford. As the economy continues to weaken and people leave the area to find sustainable employment, there will be fewer people available to help care for the frail older adults who will need in-home and community services within the region.

Review of Information Received at the Input Forums and Public Hearings:

The results of the two public input forums were mixed. The first session in Iron Mountain included several folks representing their rural senior center and the congregate meal site. They recommended that congregate meals be available 4 days per week instead of three, as their site is well-attended and the only social activity in the area. They also were concerned that everyone who wanted housekeeping assistance was not able to receive it. Another comment concerned the importance of health screening, especially for folks aged 60-64 that may not have any other health insurance.

The second session held in Escanaba in conjunction with the joint AAA Advisory Council and UPCAP Board meeting provided discussions on the inadequacy of resources to meet the demand for in-home services, including home delivered meals. Several meal providers are offering several frozen meals once per week rather than one hot meal per day in order to cut costs. There was also a discussion about how rehabilitative care was reimbursed in a skilled nursing facility by Medicare and Medicaid. It was felt that gaps in coverage or the inability to pay for upkeep of their home while in the facility forced people out of rehabilitative care too soon. This causes many to re-injure themselves and return to acute care.

Unfortunately, only one of the public hearings garnered any participation. At this public hearing, which was held in Escanaba, the Summary Draft Plan was presented by an AAA staff member, highlighting the process for development of the plan, service priorities, program development and advocacy objectives, and the requested waivers to directly provide certain services. The on-going review process and timetables were also discussed. Given the number of individuals present, comments, concerns, and the exchange of ideas was conducted in an informal fashion providing the opportunity for a free-flowing discourse.

The primary focus of the discussion at the public hearing centered on the recent state budget cuts and the effect it is having on the provision of services to the elderly. Specifically, cuts to mental health programs are severely impacting adult day care centers and several in the region are now facing closure. Potential cuts in all in-home services are a concern, as this will make it very difficult for folks to “age in place.” Discussion also centered on the importance of rural congregate meal sites, as in many communities this is the only available social outlet, in addition to being a source of balanced nutrition for both home-delivered and congregate meal participants.

A written comment was also received by a caregiver who appreciated the in-home services received, such as home-delivered meals, housekeeping services, and respite. The writer felt one crucial service lacking in her area was non-emergency transportation for residents utilizing wheelchairs and other assistive devices.

The impact of the public input sessions and public hearings is reflected in the services this plan recommends making available, and in the advocacy and program development initiatives that will be carried out over the course of the next three years.

Available Resources and Partnerships

The effectiveness of current resources available in the Upper Peninsula to meet the needs of older persons has been, and continues to be, limited. Funding through the Older Americans Act and Older Michigianians Act have been inadequate to meet all the needs of seniors 60 and older in the region and the growing needs of their caregivers. The UPAAA will continue to prioritize utilization of state and federal funds for the provision of in-home services, particularly high demand/utilization services such as home delivered meals, home care assistance/personal care, in-home respite and homemaker aide services. This will be accomplished through the use of a standardized telephone screening and in-person assessment tool designed to identify needs and to target and prioritize services to older adults in greatest social and economic need as stipulated by the Older Americans Act.

The UPAAA will also continue to encourage and advocate for counties to pass local millages to support and expand locally prioritized services. As of the beginning of FY 2009, 10 of 15 U.P. counties have senior millages. Two additional counties are currently investigating the potential for senior millage referendums within the next year. Local millages currently provide in excess of \$1.8 million to supplement Older American and Older Michigianians Act resources. Millage resources support or supplement personal care, chore, and homemaker services, home delivered meals, transportation, and case coordination.

The UPAAA will advocate in partnership with local non-profit groups and local, governments, for development of senior housing projects and assisted living options across the peninsula. The UPAAA has been working with Rural Development in a new program which allows non-profits like the AAAs to seek funding to preserve existing low-income housing properties that may otherwise have been demolished or sold for other purposes. The AAA will continue to provide assistance to other non-profit groups and organizations in their efforts to develop and expand senior housing projects such as this throughout the region.

The UPAAA has and will continue to be involved in a variety of collaborative efforts. The UPAAA maintains membership in ten multi-purpose collaborative bodies across the U.P. The AAA has worked with physician groups, hospitals, medical care facilities, local providers and county commissioners to expand long term care options and to secure programs such as the U.P. Long Term Care Connection (Single Point of Entry Project), Nursing Home Diversion, Savvy Caregiver, and the UWM Tailored Caregiver Assessment, Consultation and Referral Initiative (T-Care). The UPAAA also recently sponsored a region-wide informational meeting to help provider agencies and other interested parties understand how programs available through the Corporation for National & Community Service Volunteer Programs (VISTA) can help them expand or sustain programs that serve the community.

SERVICE DELIVERY PLAN

A. Targeting

Fiscal Years: 2010-2012

Baseline Data <i>Source: Year-end report for FY '08 Indicate the number served by group and the percentage of that group's 60+ population that the number represents.</i>		African American	Native American/ Native Alaskan	Asian/ Pacific Islander	Hispanic	Low-income Minority	Low-income
Supportive Services	Number Served	3	118	5	8	52	1,268
	Percentage	2.7%	8%	2%	3.6%		
Congregate Nutrition	Number Served	6	88	9	3	47	1,291
	Percentage	5%	6%	4%	1.4%		
Home Delivered Meals	Number Served	2	68	4	8	45	1,285
	Percentage	1.8%	4.5%	2%	3.6%		

Desired Outcome(s): (outline by year, for each year of the MYP)

FY 2010: 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.

FY 2011: AAA will continue working with providers to increase the numbers of clients served in all target areas with particular attention paid to low-income minority groups.

FY 2012: AAA will continue working with providers to increase the numbers of consumers served in all target groups with emphasis specifically on low income minority groups.

Action: (outline by year, for each year of the MYP)

Each year of the multi-year plan the AAA will enter into contracts or purchase of service agreements in order to meet the desired outcomes. Outcomes 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 & R system, including promotion of 2-1-1 usage; 4) standardized prescreening and assessment of potential program participants coupled with service coordination at the local level.

SERVICES

Access Services

Access Services may be provided by the area agency without a direct service waiver.

Care Management

Starting date: **10/1/2009** Ending date: **9/30/2012**

Total of federal dollars: **\$10,000** Total of state dollars: **\$578,058**

Geographic area to be served: **All 15 counties of the Upper Peninsula**

GOAL: Over the course of the multi-year planning period, the AAA 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 process.

Number of client pre-screenings	2009: 404	Planned 2010: 475
Number of initial client assessments	2009: 299	Planned 2010: 350
Number of initial client care plans	2009: 258	Planned 2010: 300
Total number of clients (carry over plus new)	2009: 430	Planned 2010: 475
Staff to client ratio (Active and maintenance per Full time care manager)	2009: 1:25	Planned 2010: 1:28

Match and Other Resources

<u>MATCH:</u>	Volunteer Time	Cash Value: \$ 0	In-kind: \$52,200
	Donations of items/goods	Cash Value: \$ 0	In-kind: \$10,000

OTHER RESOURCES:

None

Case Coordination and Support

Starting date Ending date Total of federal dollars Total of state dollars

Geographic area to be served

Work plan including activities and expected outcomes

List each goal for the Case Coordination and Support program, including time line and expected outcome.

Disaster Advocacy & Outreach Program

Starting date Ending date Total of federal dollars Total of state dollars

Geographic area to be served

Work plan including activities and expected outcomes

List each goal for the Disaster Advocacy & Outreach Program, including time line and expected outcome.

Information and Assistance

Starting date: **10/01/2009** Ending date: **9/30/2012**

Total of federal dollars: **\$73,000** Total of state dollars: **\$0**

Geographic area to be served: **All 15 counties of the Upper Peninsula**

GOAL: Over the course of the multi-year planning period, the AAA will increase awareness and improve access to available services for caregivers, families, and older adults including individuals living in rural and isolated areas.

Work plan including activities and expected outcomes

- 1. Continue to update the region's comprehensive aging service data base using AIRS Taxonomy and the "Refer" software systems used for 2-1-1. *Anticipated Outcome:* Updates, changes and additions will be made as appropriate to ensure the system is accurate and current.**
- 2. 2-1-1 staff will meet with Emergency Management Coordinators via the U.P. 911 Authority to discuss the role 2-1-1 will have in the event of a national or regional disaster. Memorandums of Understanding will be developed between the 2-1-1 program and the**

region's emergency management systems which will detail the AAA's regional role in the coordination of necessary services in the event of a national or regional disaster. *Anticipated Outcome:* The region-wide emergency management system will be in place by January 2010, and will include the utilization of the AAA's 2-1-1 program.

3. Work with the U.P. Volunteer Network and participate in quarterly conference calls to incorporate an information database through the 2-1-1 program to identify volunteer opportunities throughout the region. *Anticipated Outcome:* Will assist to expand the amount of older adults volunteering in the region by at least 10%.
4. Continue to conduct a public relations campaign across the region to inform the public of the 2-1-1 Information & Assistance program, which serves as a comprehensive database of services to all older adults in the U.P. *Anticipated Outcome:* The 2-1-1 program will increase its call volume by 25% over the course of the multi-year planning period as a result of additional television and radio advertising, and other public relations events.
5. Continue to conduct an annual region-wide Senior Citizen's Convention in the fall of each year. *Anticipated Outcome:* Develop and promote an event that will encourage at least 750 older adults to attend to learn about services, resources, and issues important to them.

Outreach

Starting date Ending date Total of federal dollars Total of state dollars

Geographic area to be served

Work plan including activities and expected outcomes

List each goal for the Outreach, including time line and expected outcome.

Transportation (For MATF only)

Starting date Ending date Total of federal dollars Total of state dollars

Geographic area to be served

Work plan including activities and expected outcomes

List each goal for the Transportation, including time line and expected outcome.

Direct Service Waiver Request

In-home services, community services and nutrition services should be contracted out to community based service providers when at all possible. A "direct service" 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. Other services, such as data collection, administration, etc. ARE NOT direct services, and DO NOT require a direct service waiver. If you are going to be doing an in-home service, community service, and/or a nutrition service, please place a mark in the box next to the service you will be doing, and add the requested data.

1. Mark the boxes that you are requesting Direct Service Waivers for.

In-Home Services:

- Chore
- Home Care Assistance
- Home Injury Control
- Homemaking
- Home Health Aide
- Medication Management
- Personal Care
- Personal Emergency Response System (PERS)
- Respite Care
- Friendly reassurance

Community Services:

- Adult Day Service
- Dementia Adult Day Care
- Disease Prevention/Health Promotion
- Health Screening
- Assistance to Hearing Impaired and Deaf
- Home Repair
- Legal Assistance
- Long Term Care Ombudsman
- Senior Center Operations
- Senior Center Staffing
- Vision Services

- Prevention of Elder Abuse, Neglect, and Exploitation
- Counseling Services
- Specialized Respite Care
- Caregiver Supplemental Services
- Kinship Support Services
- Caregiver Education, Support and Training

Nutrition Services:

- Congregate Meals
- Home Delivered Meals
- Nutrition Counseling
- Nutrition Education

Long Term Care Ombudsman

Starting date: **10/1/2009** Ending date: **9/30/2012** Total of federal dollars: **\$19,629** Total of state dollars: **\$59,857**

Geographic area to be served: **All 15 counties of the Upper Peninsula**

Rationale for Direct Service Waiver: **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 completed in May 2009. No agency applied to be considered as a provider for this service. Historically, there have been no provider agencies willing or able to offer LTC Ombudsman services throughout this vast region for the amount of funds received to administer the program. As part of a multi-purpose agency, the UPAAA has established its capability to successfully provide Ombudsman services to all 15 counties within the region by utilizing all the resources at its disposal. The UPAAA has demonstrated its competence in advocating on behalf of nursing facility residents, to mediate disputes, and through its "Best Practices" Conference, assist the nursing home industry in improving the quality of care provided to facility residents.**

GOAL: To provide assistance and advocacy to residents of licensed long-term care facilities; to resolve complaints through problems identification and definition, education, and information on appropriate rules and resident rights, and making referrals to appropriate community resources.

Work plan including activities and expected outcomes:

- 1. Increase awareness of the Ombudsman program through presentations at resident and family council meetings and distribution of program materials to residents, family members, and other interested parties. The ombudsman will provide information to the public through print and local media, participation at the annual U.P. Senior Convention, and consultation with local agencies. *Anticipated Outcome:* Ombudsman will visit each LTC facility at least quarterly to distribute Ombudsman information and attend planning meetings as requested. The public and residents will be more aware of residents' rights issues and where to go for assistance.**
- 2. Ombudsman will complete requirements for obtaining ombudsman Certification. *Anticipated Outcome:* Ombudsman will become certified by 2010. Certification will be maintained through attendance at regional conferences, quarterly trainings, and conference calls. This will ensure that the Ombudsman is an effective advocate for long term care residents.**
- 3. Ombudsman will promote the use of "Culture change" concepts and ideas in U.P. facilities and will incorporate into the annual Best Practices Conference held in the fall of 2010. *Anticipated Outcome:* Within the first year of the multi-year plan, the ombudsman will discuss Culture Change with all LTC facilities and promote facility involvement in the Advancing Excellence Campaign.**
- 4. Continue the development of the region's volunteer ombudsman program to enhance the visibility and availability of local services. *Anticipated Outcome:* Will recruit two additional volunteers to service facilities in Gogebic and Chippewa Counties by 2011.**
- 5. Provide ongoing technical assistance and training for existing Ombudsman volunteers. *Anticipated Outcome:* Three trainings will be offered per year and quarterly newsletters containing program updates will be provided to ensure volunteers are well trained and updated on LTC issues.**
- 6. Promote and provide LTC facility staff with training on the ombudsman program, residents' rights, and elder abuse throughout the multi-year grant period. *Anticipated Outcome:* LTC staff will be more aware of residents' rights and elder abuse issues and the incidents of abuse to LTC residents in the region will decrease.**

7. **Promote principles of best practice by planning and coordinating the annual U.P. LTC Facilities Best Practices Conference in conjunction with LTC providers, the Bureau of Health Services, and the State Ombudsman program. *Anticipated Outcome:* The region's LTC facilities will learn best practices from each other and state agencies to improve long term care to residents within their facilities.**

Elder Abuse Education

Starting date: **10/1/2009** Ending date: **9/30/2012** Total of federal dollars: **\$9,787** Total of state dollars: **\$0**

Geographic area to be served: **All 15 counties of the Upper Peninsula**

Rationale for Direct Service Waiver: **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 completed in May 2009. 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. AAA staff are experienced in providing this type of training to the target audiences, and have successfully provided trainings in nursing facilities, senior centers, homes for the aged, Adult Foster Care facilities, and to others engaged in the provision of in-home services.**

GOAL: To increase community awareness and understanding of elder abuse, neglect, and exploitation.

Work plan including activities and expected outcomes:

1. **Provide elder abuse prevention training and education programs to senior centers, nursing homes, Adult Foster Care and Homes for the Aged, and with other home care agencies (for-profit & non-profit) providing services to older adults. *Anticipated Outcome:* Will provide at least one to three presentations totaling at least 43 units of elder abuse education to these entities each month within the multi-year planning period.**
2. **Work in collaboration with local TRIADS, where they exist, in educating communities on elder abuse prevention, reporting requirements, and how to report suspected situations of abuse, neglect and/or exploitation. *Anticipated Outcome:* Expand partnerships and collaborations with the help of local TRIADs, and increase Elder Abuse Awareness activities by 2-4 activities per year.**
3. **Identify new target populations interested in receiving Elder Abuse & Awareness education. *Anticipated Outcome:* Contacts will be made with area churches, service organizations and community centers throughout the region to promote Elder Abuse Awareness and Education. This will assist in increasing Elder Abuse Education Activities by 25%.**
4. **Develop informational material and brochures that can be disseminated at local health & wellness fairs and other community events. *Anticipated Outcome:* Have brochures and related materials on Elder Abuse available to agencies and the general public which will encourage contact with UPCAP and increase requests for training and public awareness events.**

Medication Management

Starting date: **10/1/2009** Ending date: **9/30/2012** Total of federal dollars: **\$14,297** Total of state dollars: **\$0**

Geographic area to be served: **All 15 counties of the Upper Peninsula**

Rationale for Direct Service Waiver: **Because there is no funding available to provide required evidenced-based disease prevention plans to older adults in the region, the opportunity to utilize a portion of medication management dollars to help fund such programs as PATH (Personal Action towards Health) allows the perpetuation of these programs within the region. Because AAA staff (specifically the registered dietician) was already trained to be a PATH leader at the expense of the AAA, it makes sense to request a waiver to provide this service from within the AAA. The registered dietician has in-turn trained other AAA staff and lay leaders within the region, and continues to coordinate PATH classes and oversee the program. Given the limited resources available, a region-wide organization such as the AAA provides the best opportunity to serve the greatest number of individuals.**

GOAL: The availability of PATH, an internationally-recognized evidenced-based disease prevention program that helps people manage their chronic health conditions, will continue to be readily available to older and disabled adults throughout the region.

Work plan including activities and expected outcomes:

- 1. Continue to provide PATH training and education programming to older and disabled adults throughout the region. *Anticipated Outcome: Will provide at least ten PATH workshops per year which will help at least 150 people living with chronic conditions manage their health.***
- 2. Continue to work in collaboration with the U.P. Diabetes Outreach Network to educate new PATH lay leaders. *Anticipated Outcome: Anticipate training at least 10 new lay leaders in both the far eastern and western parts of the region during the next two years to allow for more opportunities to conduct PATH education in those areas.***
- 3. Identify senior and disabled housing complexes that may be interested in sponsoring PATH education classes during the winter months when transportation and program accessibility poses a problem. *Anticipated Outcome: At least 2 PATH workshops will be offered in senior/disabled housing complexes during the winter months.***

PROGRAM DEVELOPMENT

GOAL #1: Work to improve the health and nutrition of older adults.

Objective 1: The availability of educational programs such as PATH & Healthy Eating that are designed to promote healthy and active lifestyles will be increased and become more readily available to seniors throughout the region.

Time Line: 10/1/2009-9/30/2010

Activities:

- Publish promotional materials on PATH & Healthy Eating, utilizing local media and other available venues
- Target outreach efforts to church groups, senior housing residents, and health professionals who work with older and/or disabled adults.
- With the help of local lay leaders, arrange to provide PATH & Healthy Eating classes in those areas where there is a need or interest in the program.

Expected Outcome: At least 50 people will successfully complete PATH and/or Healthy Eating in two different areas of the region each year within the multi-year grant period. Folks who complete the programs will be better able to manage their own health and thus have a better quality of life.

Objective 2: Increase the number and variety of Evidenced-Based Disease Prevention (EBDP) programs available within the region.

Time Line: 10/1/2009-9/30/2012

Activities:

- Research new and innovative EBDP programs to determine which can be feasibly provided within the region
- Determine costs and funding opportunities, potential lay leaders and partner agencies such as SAIL (Superior Alliance for Independent Living), local county health departments, and medical clinics
- Sponsor training of leaders, and develop/disseminate promotional materials to recruit participants
- Plan and conduct new EBDP programs where interest is greatest

Expected Outcome: At least two new programs will be offered in the region by 2011; classes will be conducted in at least 4 different areas of the region by 2012, potentially reaching 80-120 older adults.

Objective 3: Expand the availability of the SAVVY Caregiver Training Program so that all caregivers within the region will have the opportunity to participate.

Time Line: 10/1/2009-9/30/2012

Activities:

- Working with partner agencies such as the Alzheimer's Association, Community Mental Health agencies, and the Veteran's Administration to secure and train at least two candidates as master trainers

- At least four additional leaders will be trained by master trainers in new areas of the region not previously served by the SAVVY Caregiver training program
- SAVVY Caregiver sessions will be promoted and conducted in areas where the new leaders are located

Expected Outcome: Utilizing these new trainers, an additional 100 caregivers will be trained in 10 different sessions held in areas of the region not previously serve, thus increasing the caregiver's ability to cope with and sustain their caregiver role in a healthy and productive way.

Objective 4: AAA Staff, care managers, and other interested service professionals working with older adults will be trained in CPR and identifying a medical emergency so that they can respond timely and appropriately when faced with one while interacting with older adults.

Time Line: 10/1/2009-9/30/2012

Activities:

- The AAA will ensure that at least one agency registered nurse completes certification as a CPR trainer by 2010.
- AAA staff and care managers will be trained in CPR and identifying medical emergencies by the end of 2010
- Service providers and other partner agencies will be offered CPR training through the AAA certified trainer(s) as time and funding permits. Senior Center staff and EBDP leaders/trainers will be given priority in the training schedule

Expected Outcome: Staff working with older adults will be able to identify medical emergencies, and will respond appropriately so that the chances for a successful recovery are greatly improved.

Objective 5: Develop collaboration between the U.P. Diabetes Outreach Network (UPDON) and the U.P. Medicare/Medicaid Assistance Program (MMAP) to promote Medicare preventive benefits and healthy lifestyles for people on Medicare with diabetes, or who are predisposed to diabetes.

Time Line: 10/1/2009-9/30/2012

Activities:

- MMAP Coordinators will meet with UPDON to plan outreach strategies and develop resource packets for distribution in 2010.
- Select MMAP counselors to provide targeted outreach in their local communities, utilizing the resources developed by the UPDON/MMAP outreach committee.
- Plan and conduct a media campaign utilizing local news media and agency websites to promote the use of Medicare-covered preventive benefits and healthy/active lifestyles for older adults with diabetes.

Expected Outcome: At least two outreach events will be held each year of the multi-year plan in different areas of the region to promote the utilization of Medicare preventive benefits and making healthy lifestyle choices to Medicare beneficiaries who have, or are predisposed to have, diabetes.

GOAL #2: Ensure that older adults have a choice in where they live through increased access to information and services

Objective 1: Enhance and improve information & assistance programs to support consumer-directed long term care and residential options

Time Line: 10/1/2009-9/30/2012

Activities:

- The AAA will work with SAIL (Senior Alliance for Independent Living) and OSA to develop a Aging & Disability Resource Collaborative within the region, to ensure access to unbiased and complete information concerning long term care and residential options.
- Care managers/Supports Coordinators will be extensively trained in advanced options counseling procedures and philosophies so that the agency can remain the long-term connection for all consumers within the region.
- The agency's 2-1-1 database will be maintained and updated to reflect all in-home or community services and residential options. Call specialists will conduct intake on all requests for information on long term care, with referrals made to Supports Coordinators for unbiased, one-on-one assistance with long term care planning.

Expected Outcome: All consumers in the region will be provided complete and unbiased information on long term care and residential options and services so they can make informed, self-directed decisions concerning their individual needs.

Objective 2: Identify housing needs on a county by county basis and where applicable, provide assistance in addressing those identified needs.

Time Line: 10/1/2009-9/30/2012

Activities:

- Work with county commissioners to identify local housing needs and issues through monthly UPCAP board meetings
- Conduct a survey of housing facilities for older adults in the U.P. to assess the level of supportive services available by local providers to these facilities
- Allocate funding through the National Family Caregiver Support program for home modification and home injury control to assure a safe home environment and accommodate disabilities
- Continue to offer and provide at least two trainings per year to senior housing managers on addressing the needs of frail and disabled older residents, and those with chronic conditions.
- Continue to work with local housing authorities, Rural Development, MSHDA, and HUD to seek new and innovative ways to ensure that safe and affordable housing is available where needed.

Expected Outcome: Sufficient affordable and safe housing options will be available to older adults to allow them to continue to live independently and assure they have a choice in where they live across the region

Objective 3: Provide consumers with options and assistance in obtaining self-directed, community-based care when they are facing nursing facility placement.

Time Line: 10/1/2009-9/30/2012

Activities:

- The agency will participate in the AoA's Nursing Home Diversion project targeted towards individuals who have resources, to help divert those individuals from nursing facility placement when they would prefer a less-costly community-based alternative.
- The agency will continue to work under contract with the Veteran's Administration to provide nursing home diversion services to veteran's facing long term care. With an emphasis on self-determination and person-centered planning, Supports Coordinators will provide assistance to veterans to help them direct their own care.
- Supports Coordinators will provide information and assistance to all waiver clients on person-centered planning and self-directed care. Those who choose to direct their own care will be provided assistance in doing so.
- Continue the AAA's contractual relationship with SAIL (Superior Alliance for Independent Living) to purchase transition services for individuals wanting to leave nursing facility placement in favor of community-based options through the waiver program.
- The AAA will enter into a formal agreement with SAIL to further provide transitional services to consumers who may be ineligible for, or do not want, waiver services.

Expected Outcome: Veterans and consumers both eligible and non-financially eligible for traditional waiver services will be assisted in accessing services that will allow them the ability to self-direct their own care in a more cost-effective and agreeable manner.

Objective 4: Provide consumers in community-based residential facilities the option to age in place.

Time Line: 10/1/2009-9/30/2012

Activities:

- The agency's Supports Coordinators will be trained in and promote the "Residential Services" option for waiver-eligible consumers residing in assisted living facilities so that they can remain in their residence of choice.
- AAA staff will research and seek out community and assisted living providers, building positive relationships with those that promote and deliver excellence in care for the purpose of contracting for direct services through the "Residential Services" option of the waiver program.
- The agency will partner with developers who are participating in the Affordable Assisted Living Project, a joint project between the Dept. of Community Health and MSHDA, to provide waiver services to people facing skilled care needs in certain assisted living facilities built for this purpose, rather than moving them to a skilled nursing facility.
- The AAA will continue to pursue other opportunities and projects that will allow any consumer in the region who desires to remain in a community setting to do so, even when facing complex care needs

Expected Outcome: More consumers in the region will be given the opportunity to "age in place" within community-based residential facilities of their choosing, rather than being forced to enter more expensive nursing home placement.

GOAL #3: Protect older adults from abuse and exploitation

Objective 1: Increase community awareness and understanding of elder abuse, neglect, and exploitation across the region

Time Line: 10/1/2009-9/30/2012

Activities:

- Promote and provide updated training and education programs to senior centers, nursing homes, and all other agencies providing services to older adults
- Work in collaboration with local TRIADS in educating communities on elder abuse prevention and how to report suspected situations of abuse, neglect, and/or exploitation.
- Create a liaison with non-traditional entities such as local schools, churches, service organizations, and community colleges to provide information on elder abuse prevention and how to report suspected cases

Expected Outcome: Service providers and the general public will be more aware of residents' rights and elder abuse issues and the incidents of abuse towards older adults in the region will decrease.

Objective 2: Increase community awareness and understanding of Medicare Fraud & Abuse across the region

Time Line: 10/1/2009-9/30/2012

Activities:

- Work with the Region's Medicare/Medicaid Assistance Program (MMAAP) to further train MMAAP counselors so that they are better able to identify cases of Medicare Fraud & Abuse and know how to report them
- Recruit at least 4 counselors throughout the region to provide outreach and education on Medicare Fraud & Abuse to the general public
- Conduct at least 6 outreach/training events in 6 different areas within the region to the general public on Medicare Fraud & Abuse

Expected Outcome: Medicare beneficiaries in the region will become more aware of marketing and billing abuses associated with the Medicare program, and will know where to report these abuses, thus saving money for both the beneficiary and Medicare.

GOAL #4: Improve the effectiveness, efficiency and quality of services provided through the Michigan Aging Network and its partners

Objective 1: Improve the delivery of services to older adults and their families

Time Line: 10/1/2009-9/30/2012

Activities:

- Continue to foster open communication with providers via quarterly partner meetings, advisory, and quality collaborative meetings.
- Continue to internally monitor each department within the AAA to ensure that clear goals and objectives that enhance service delivery are developed and completed in a timely manner

- The agency's quality assurance (QA) division will continue to conduct annual monitoring visits of its contracted providers and offer technical assistance, in-services, and training opportunities to ensure that quality services continue to be provided to those in need.
- The QA division will continue to conduct customer satisfaction surveys and in-home interviews to identify areas of concern so that changes can be made to improve service delivery
- The AAA will assist partners in researching and obtaining other funding opportunities and venues when the demand for a service in areas of the region is greater than the capacity to provide that service.

Expected Outcome: The majority of older adults within the region will be satisfied with services offered and/or provided to them.

GOAL #5: Improve the Assessment and Services Referral Process for Caregivers with High Stress Levels

Objective 1: Expand the capacity for the Tailored Caregiver Assessment and Referral (TCARE) model

Time Line: 10/1/2009-9/30/2012

Activities:

- Continue to train additional supports coordinators and others in the TCare process, to replace those lost through the elimination of the Single Point of Entry Project
- Complete the enrollment phase of the project so that each of the current trained supports coordinators will be assessing and assisting 3-5 caregivers for a period of at least one year
- Select a control group that will receive services through traditional practices
- After one year, evaluate both groups (traditional and TCare participants) and compare results to understand both the positive and negative effects of the TCare model
- Plan future caregiver services based on the success of the TCare project.

Expected Outcome: Caregivers in the region will receive the appropriate resources and support they need to increase their satisfaction in being a caregiver, which should also increase the satisfaction of the care receiver.

Objective 2: Expand the availability of the SAVVY Caregiver Training Program so that all caregivers within the region will have the opportunity to participate.

Time Line: 10/1/2009-9/30/2012

Activities:

- Working with partner agencies such as the Alzheimer's Association, Community Mental Health agencies, and the Veteran's Administration to secure and train at least two candidates as master trainers
- At least four additional leaders will be trained by master trainers in new areas of the region not previously served by the SAVVY Caregiver training program
- SAVVY Caregiver sessions will be promoted and conducted in areas where the new leaders are located

Expected Outcome: More caregivers throughout the region will learn how to cope and manage their stress, which in turn will help them successfully sustain their caregiver role in a healthy and productive way.

Program Objectives, Part II

Please include a summary of the direction that your area agency is taking to address the following:

1. Grants that you are participating in.

Evidence-Based Disease Prevention programs: The AAA is currently promoting and conducting PATH and Healthy Eating classes in Delta, Menominee, Marquette, and Schoolcraft Counties. Additionally, nine new PATH leaders were trained in September 2008 so that more classes could be made available in those areas. These Evidence-Based Disease Prevention (EBDP) programs have assisted almost 60 older and disabled adults learn to manage their health conditions and/ or delay the progression of the disease process in a healthy and productive way. It is the goal of the UPAAA to work with new and existing partner agencies and train an additional 6-10 local lay leaders in the coming year to promote and support these and other programs in most communities within the region, so that all older adults have the opportunity to receive the education and support they need to make healthy lifestyle choices.

Nursing Home Diversion: There are two components to the NHD project in the U.P. The first, which targets veterans needing long term care, is called the Veteran's Administration Self-Determination/Home & Community-Based Waiver Service. The VA identifies veterans facing nursing home placement and then purchases a package of services from the AAA which includes case management and a combination of traditional and self-determination waiver services. The second portion of the NHD project focuses on providing information, assistance, and long term care options and benefits counseling to individuals who have the resources to pay for services but need direction and assistance on how to access those that will help them to remain in their own homes and communities for as long as possible, thus diverting them from costly institutionalized care. Our project will focus on the central U.P. and will involve two highly trained supports coordinators that will help consumers use their own resources to purchase needed services to meet their care needs, and keep them out of costly institutions. The project will also set aside Older Americans Act funds that will be made available to eligible consumers to use through a self-determination process, utilizing a fiscal intermediary similar to the current process within the waiver program. This eighteen month project will target between 6 and 8 consumers in the counties of Delta, Menominee, Dickinson, and Iron Counties. It is anticipated that the value of the program will become evident and additional funding will be forthcoming to expand the concept throughout the region in future years.

Tailored Caregiver Assessment and Referral (TCare): Through its Care Management program and the U.P. Long-Term Care Connection, the UPAAA and several of its partners have committed to participating in this caregiver assessment project through a partnership with the Michigan Department of Community Health and the University of Wisconsin – Milwaukee, to provide greater attention to the needs of caregivers. The project is currently in the enrollment phase, with 8 supports coordinators currently trained to assess and assist a minimum of 3-5 caregivers for a period of no less than one year. A total of 63 caregiver screens have already been completed, and currently there are 12 caregivers enrolled in the program. It is anticipated that this venture will provide a more appropriate utilization of resources designed to support caregivers, and will ultimately increase the level of

satisfaction for both the caregiver and the care receiver. It is also anticipated that the value of the program will become evident and additional funding will be forthcoming to expand the concept throughout the region in future years.

Savvy Caregiver: Since the program began in the region in November 2008, the UPAAA has successfully trained four trainers and provided classes to 20 caregivers in Delta, Marquette and Dickinson Counties. The UPAAA intends to expand the availability of the SAVVY Caregiver Program so that all caregivers within the region will have the opportunity to participate and learn how to successfully cope with and sustain their caregiver role in a healthy and productive way. At the end of the three year grant period, it is anticipated that at least 6 of the existing leaders will become certified as master trainers, and then an additional eight leaders will be trained by these master trainers in new areas of the region not previously served by the program. It is also planned that at least 22-30 SAVVY Caregiver sessions will be promoted and conducted in areas where the new leaders are located.

2. Person Centered Thinking/Self Determination.

The AAA facilitates and uses the Person-Centered Thinking/Self Determination concept in all aspects of its work with older adults. The UPAAA, through its MI Choice Waiver Program, serves as one of four pioneer sites for self-determination. The agency's Care Management/Waiver Director is one of four individuals recognized as a trainer for other waiver programs throughout the state. The AAA has also introduced the principles of person-centered thinking to its provider network and requires all contracted providers and staff to undergo training in this concept. The AAA will continue to work with providers to adopt these principles into their service delivery methodology.

The agency's care management staff has assisted consumers in transitioning from nursing facilities since the implementation of the Care Management program in 1985. Formal Nursing Facility Transition activities through the MI Choice Waiver program have been a principle part of the agency's CM/Waiver program for many years. AAA staff has participated in formal training activities related to nursing facility transition activities and person-centered planning provided by the Department of Community Health and by representatives of the MI Disability Rights Coalition.

The agency has been proactive in seeking to participate in new and innovative program opportunities that embrace the person-centered thinking philosophy, and will continue to do so. This is evidenced by the AAA's involvement in the Nursing Home Diversion project described above, and in the Single Point of Entry project. The AAA believes that empowering individuals to make informed decisions based on all available options in the region will help to better conserve and extend their own resources by using lower-cost self-directed options for care in the community.

ADVOCACY STRATEGY

The following advocacy strategies were formulated from a variety of sources. Input was solicited through surveys and discussions at public input sessions, public hearings, and at the annual U.P. Senior Citizens Convention. 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 the required collaboration meetings and advisory boards.

- The AAA will promote, support, and advocate for Project 2020 and the concepts and philosophies contained therein so that older adults will have access to person-centered information, evidence-based disease prevention and health promotion, and more affordable options for long term and community-based care.
- 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 continue to advocate for the development and funding of an Aging & Disability Resource Collaborative for the region to meet the needs of all consumers requiring information and assistance to understand and access options and services available to them.
- The AAA will advocate to increase the daily per diem under the MI Choice Program to allow for provider agencies to be reimbursed at higher rates in order to attract and maintain a quality, stable work force.
- The AAA will advocate for increased funding from the Older Americans and Older Michigianians Acts in line with the increased cost of providing services and meeting the needs of older adults utilizing these funds.
- The AAA will continue to advocate for the provision of adequate funding for non-emergency 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, Superior Alliance for Independent Living (SAIL), and others to develop and conduct evidence-based disease prevention programs throughout the region.
- The AAA will advocate for the provision of additional funding and support for preventative services, including health screening, home injury control, elder abuse prevention, and nutrition and wellness (EBDP) programs.
- The AAA will advocate for continuation and expansion of the 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.**
- **The AAA will continue to encourage counties to pass millages in new counties and to support renewal efforts and additional millages in existing counties, to sustain and expand priority and preventive services for older persons.**

Additional advocacy issues will be selected throughout the multi-year planning period based on input received from seniors, service providers, county commissioners, area agency staff, and through input provided by the Advisory council, Quality Collaborative, and the UPCAP Board of Directors. Members of both 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.

VII.COMMUNITY FOCAL POINTS

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 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 must meet the following requirement:

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 (pages 96 & 97), and all local and state fire, safety, and health requirements.
2. Each designated focal point must be open for services at least 2 days or 16 hours per week, and provide at least 3 services.

3. Each designated focal point shall provide Title III-C (Older Americans Act) Congregate Meals Services.
4. Each designated focal point shall have a telephone and a trained person to provide information and referral services.
5. Each designated focal point must work with other community agencies and institutions to maximize coordination for access to other services and opportunities, including the promotion of 2-1-1.
6. Each designated focal point may not be located within one mile of another designated focal point.
7. Each designated focal point must have adequate insurance.
8. Each designated focal point must enforce 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 U.P. AAA 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. The AAA will also investigate the possibility of sponsoring a conference designed to increase the effectiveness and responsiveness of local centers to the needs of local seniors.

The second level is that of the eight 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.

LOCAL LEVEL: SENIOR CENTERS/ NUTRITION SITES

Alger County

Chatham Senior Nutrition Site

Rock River Township Hall
E3667 State Road 94
Chatham, MI 49816

www.amcab.org

Phone: (906) 439-5360

Contact Person: Nutrition Site Manager

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Alger County

Approximate Population Age 60+ within Boundaries: 2,226

Burt Township Community Center

E21738 Brazel Street, P.O. Box 430
Grand Marais, MI 49839

www.amcab.org

Phone: (906) 494-2721

Contact Person: Gustav Petruske, Nutrition Site Manager

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Alger County

Approximate Population Age 60+ within Boundaries: 2,226

Munising Lakeshore Manor

200 West City Park Drive
Munising, MI 49862

www.amcab.org

Phone: (906) 387-4084

Contact Person: Terry Wymer, Nutrition Site Manager

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Alger County

Approximate Population Age 60+ within Boundaries: 2,226

Baraga County

Baragaland Senior Citizen Center

6 North Main Street

L'Anse, MI 49946

Phone: (906) 524-6711

Contact Person: Pamela Anderson, Project Director

Services Available: Information and referral, transportation, and supportive services

Boundaries: Baraga County

Approximate Population Age 60+ within Boundaries: 1,883

Chippewa County

Pickford Senior Citizen Center

Pickford Township Hall

Pickford, MI 49774

Phone: (906) 647-2204

Phone: (800) 562-4963 Outreach Worker

Contact Person: Donn Riley, Senior Services Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Chippewa and Mackinac Counties

Approximate Population Age 60+ within Boundaries: 10,268

Sewell Avery Senior Citizen Center

524 Ashmun Street

P.O. Box 70

Sault Ste. Marie, MI 49783

Phone: (906) 632-3363

Contact Person: Donn Riley, Senior Services Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Chippewa County

Approximate Population Age 60+ within Boundaries: 7,163

Delta County

Escanaba Senior Citizen Center

225 North 21st Street

Escanaba, MI 49829

Phone: (906) 786-8850

Contact Person: Stuart Monson, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Delta County

Approximate Population Age 60+ within Boundaries: 8,942

Gladstone Senior Citizen Center

303 North 8th Street

Gladstone, MI 49837

Phone: (906) 428-2201

Contact Person: Terry Bovin, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Delta County

Approximate Population Age 60+ within Boundaries: 8,942

Rapid River Township Senior Citizen Center

Omni Center

10574 N. Main Street

P.O. Box 6

Rapid River, MI 49878

www.rapiddriverseniors@yahoo.com

Phone: (906) 474-9039

Contact Person: Judy Lauria, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Delta County

Approximate Population Age 60+ within Boundaries: 8,942

Rock Senior Citizen Center

3892 W. Maple Ridge

Rock, MI 49880

Phone: (906) 356-6420

Contact Person: Jeanne Brunette, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Delta and southern Marquette Counties

Approximate Population Age 60+ within Boundaries: 10,942

Dickinson County

Breen Senior Citizen Center

244 Parkway Street

Kingsford, MI 49802

Phone: (906) 774-5110

Contact Person: Joyce Posey, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Dickinson and Iron Counties

Approximate Population Age 60+ within Boundaries: 10,109

Dickinson County Senior Citizen Center

700 Crystal Lake Blvd.

Iron Mountain, MI 49801

Phone: (906) 774-5888

Contact Person: Christine Tramontin, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Dickinson County

Approximate Population Age 60+ within Boundaries: 6,516

Felch Senior Citizen Center

Felch Township Community Center

P.O. Box 34

Felch, MI 49831

Phone: (906) 246-3559

Phone: (906) 542-3273 Center Director

Contact Person: Norma Dixon, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Dickinson County

Approximate Population Age 60+ within Boundaries: 6,516

Norway-Vulcan Senior Citizen Center

608 Main Street

Norway, MI 49870

Phone: (906) 563-8716

Contact Person: Susan Slining, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Dickinson County

Approximate Population Age 60+ within Boundaries: 6,516

Sagola Township Senior Citizen Center

208 Sagola Avenue

Sagola, MI 49881

Phone: (906) 542-3273

Contact Person: Bette Christian, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Dickinson County

Approximate Population Age 60+ within Boundaries: 6,516

Gogebic County

Gogebic County Senior Citizen Center

100 Mill Street

Bessemer, MI 49911

Phone: (906) 667-0283

Contact Person: Irene Sorelle, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Gogebic County

Approximate Population Age 60+ within Boundaries: 4,358

Houghton County

UPCAP Care Management

1100 Century Way, Suite D

Houghton, MI 49931

www.upcap.org

Phone: (906) 482-0982

Contact Person: Becky Malette, RN, Regional Supervisor

Services Available: Care Management, information and referral

Boundaries: Baraga, Houghton, and Keweenaw counties

Approximate Population Age 60+ within Boundaries: 6,789

Iron County

Alpha Senior Citizen Center

402 Main

Alpha, MI 49902

Phone: (906) 875-3315

Contact Person: Patricia MacDonald, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Iron County

Approximate Population Age 60+ within Boundaries: 3,593

Amasa Senior Citizen Center

112 West Pine

Amasa, MI 49903

Phone: (906) 822-7284

Contact Person: Judi Cornelia, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Iron County

Approximate Population Age 60+ within Boundaries: 3,593

Crystal Falls Senior Citizen Center

601 Marquette Avenue

Crystal Falls, MI 49920

Phone: (906) 875-6709

Contact Person: Lisa Hunter, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Iron County

Approximate Population Age 60+ within Boundaries: 3,593

Iron County Senior Citizen Center

800 4th Avenue

Iron River, MI 49935

Phone: (906) 265-6134

Contact Person: Catherine Bortolameolli or Eugene Callovi, Center Directors

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Iron County

Approximate Population Age 60+ within Boundaries: 3,593

Keweenaw County

UPCAP Care Management

1100 Century Way

Suite D

Houghton, MI 49931

Phone: (906) 482-0982

Contact Person: Becky Malette, RN, Regional Supervisor

Services Available: Care Management

Boundaries: Baraga, Houghton, and Keweenaw counties

Approximate Population Age 60+ within Boundaries: 639

Luce County

Chippewa-Luce-Mackinac Community Action Agency - Newberry Center

405 Newberry Avenue

Newberry, MI 49868

Phone: (906) 293-5621

Contact Person: Marie Nicholson, Coordinator

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Luce County

Approximate Population Age 60+ within Boundaries: 1,419

Mackinac County

St. Ignace Senior Citizen Center

368 Reagon Street

St. Ignace, MI 49781

Phone: (906) 643-8595

Contact Person: Don Wright, Coordinator

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Mackinac County

Approximate Population Age 60+ within Boundaries: 3,105

Marquette County

Forsyth Senior Center

Forsyth Community Building

165 N. Maple Street

Gwinn, MI 49841

Phone: (906) 346-9862 or (906) 346-4818

Contact Person: Julie Shaw, Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Marquette County

Approximate Population Age 60+ within Boundaries: 12,722

Ishpeming Senior Center

320 S. Pine Street

Ishpeming, MI 49849

Phone: (906) 485-5527

Contact Person: Elyse Bertucci, Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Marquette County

Approximate Population Age 60+ within Boundaries: 12,722

Marquette Senior Services Center

300 W. Spring Street

Marquette, MI 49855

Phone: (906) 228-0456

Contact Person: Carl Zueger, Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Marquette County

Approximate Population Age 60+ within Boundaries: 12,722

Negaunee Senior Center

410 Jackson Street

Negaunee, MI 49866

Phone: (906) 475-6266 or (906) 475-6291

Contact Person: Kristy Basolo, Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Marquette County

Approximate Population Age 60+ within Boundaries: 12,722

Menominee County

Hermansville Senior Citizen Center

W5480 First Street, P.O. Box 236

Hermansville, MI 49847

Phone: (906) 498-7735

Contact Person: Marlene Arduin, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Menominee County

Approximate Population Age 60+ within Boundaries: 5,653

Menominee Senior Citizen Center

P.O. Box 811

905 10th Street

Menominee, MI 49858

Phone: (906) 863-2158

Contact Person: Renelle Betters, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Menominee County

Approximate Population Age 60+ within Boundaries: 5,653

Mid-County Senior Citizen Center

P.O. Box 102

292 U.S. 41

Daggett, MI 49821

Phone: (906) 753-6986

Contact Person: Becky Thoune, Center Director

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Menominee County

Approximate Population Age 60+ within Boundaries: 5,653

Ontonagon County

Cloverland Senior Citizen Center

Box 298

Ewen, MI 49925

Phone: (906) 988-2463

Phone: (906) 827-3302 Meal Information

Contact Person: Mary Abrams, Senior Center Aide or Florence Eldredge, Senior Center Club President

Services Available: Title III-C (OAA) congregate meals, information and referral, and supportive services

Boundaries: Ontonagon County

Approximate Population Age 60+ within Boundaries: 2,312

Lake Gogebic Senior Citizen Center

109 Pine Street, P.O. Box 361

Bergland, MI 49910

Phone: (906) 575-3461

Contact Person: Joan Harris, Center Director

Services Available: Information and referral, supportive services

Boundaries: Ontonagon County

Approximate Population Age 60+ within Boundaries: 2,312

Schoolcraft County

Manistique Senior Citizen Center

101 Main Street

Manistique, MI 49854

Phone: (906) 341-5923

Phone: (906) 341-5085 Kitchen

Contact Person: Connie Frenette, Project Director

Services Available: Title III-C (OAA) congregate meals, information and referral, transportation, and supportive services

Boundaries: Schoolcraft County

Approximate Population Age 60+ within Boundaries: 2,194

REGIONAL LEVEL: AREA AGENCY ON AGING

U.P. Area Agency on Aging/UPCAP

P.O. Box 606

2501 14th Avenue South

Escanaba, MI 49829

www.upcap.org

Phone: (906) 786-4701 or 1-800-338-7227

Contact Person: Jonathan Mead, Executive Director

Services Available: Information and assistance. The U.P. Helpline and 2-1-1 Call Center are toll free phone numbers to access information and assistance on available services and resources, and responding to inquiries about Medicare, Medicaid, Medigap and Long-Term Care Insurance.

Boundaries: All 15 counties of the Upper Peninsula

Approximate Population Age 60+ within Boundaries: 69,514

MULTI-COUNTY LEVEL: CARE MANAGEMENT ACCESS SITES

UPCAP Care Management

P.O. Box 606
2501 14th Avenue South
Escanaba, MI 49829

www.upcap.org

Phone: (906) 786-4701

Contact Person: Sharlene Noel, RN; Tanya Reynolds, SW

Services Available: Care Management

Boundaries: Delta, Menominee, and southern Schoolcraft Counties

Approximate Population Age 60+ within Boundaries: 16,595

UPCAP Care Management

800 Crystal Lake Blvd., Suite 111
Iron Mountain, MI 49801

www.upcap.org

Phone: (906) 774-9918

Contact Person: Tammy Spigarelli, Supervisor

Services Available: Care Management

Boundaries: Dickinson and Iron Counties

Approximate Population Age 60+ within Boundaries: 10,109

UPCAP Care Management

1100 Century Way, Suite D
Houghton, MI 49931

www.upcap.org

Phone: (906) 482-0982

Contact Person: Becky Malette, Regional Supervisor

Services Available: Care Management

Boundaries: Baraga, Houghton, and Keweenaw Counties

Approximate Population Age 60+ within Boundaries: 9,311

UPCAP Care Management

234 E. Aurora, Suite 2

Ironwood, MI 49938

www.upcap.org

Phone: (906) 932-2545

Contact Person: Kathy Peterson, RN; Terri Carlson, SW

Services Available: Care Management

Boundaries: Gogebic and Ontonagon Counties

Approximate Population Age 60+ within Boundaries: 6,670

UPCAP Care Management

2803 US41 West, Suite 120

Marquette, MI 49855

www.upcap.org

Phone: (906) 228-6169

Contact Persons: Kathy Bahra, Administrative Assistant

Services Available: Care Management

Boundaries: Marquette County

Approximate Population Age 60+ within Boundaries: 12,722

UPCAP Care Management

2956 Ashmun Street

Sault Ste. Marie, MI 49783

www.upcap.org

Phone: (906) 632-9835

Contact Persons: Aleta Ennis, Regional Supervisor

Services Available: Care Management

Boundaries: Chippewa, Luce and Mackinac Counties

Approximate Population Age 60+ within Boundaries: 11,687

UPCAP Care Management

601 East Lake Shore Drive, Suite 101

Manistique, MI 49854

www.upcap.org

Phone: (906) 341-1130

Contact Persons: Deb Maynard, RN, or Karen Fett, SW

Services Available: Care Management

Boundaries: Schoolcraft and northern Delta Counties

Approximate Population Age 60+ within Boundaries: 6,194

VIII. APPENDICES

- A. Membership of the Board of Directors
- B. Membership of the Advisory Council
- C. Current Provider Demographics
- D. Proposal Selection Criteria
- E. Planned Entrepreneurial Activities
- F. Regional Service Definitions
 - Service Coordination

APPENDIX A

BOARD OF DIRECTORS MEMBERSHIP

Fiscal Years: 2010 – 2012

	DEMOGRAPHICS						
	Asian/Pacific Island	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Total Membership	0	0	1	0	1	8	23
Age 60 or Over	0	0	0	0	0	3	14

NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Edward Lindstrom	Alger County	Alger County Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gale Eilola	Baraga County	Baraga County Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Richard Timmer	Chippewa County	Chippewa County Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
David Rivard	Delta County	Delta County Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joseph Stevens	Dickinson County	Dickinson County Board	<input checked="" type="checkbox"/>		
Thomas Gerovac	Gogebic County	Gogebic County Board	<input checked="" type="checkbox"/>		
Edward Jenich	Houghton County	Houghton County Board	<input checked="" type="checkbox"/>		

Rosalie King	Iron County	Iron County Board	<input checked="" type="checkbox"/>		
Frank Stubenrauch	Keweenaw County	Keweenaw County Board	<input checked="" type="checkbox"/>		
Jill Maki	Luce County	Luce County Board	<input checked="" type="checkbox"/>		
Dawn Nelson	Mackinac County	Mackinac County Board	<input checked="" type="checkbox"/>		
Gerald Corkin	Marquette County	Marquette County Board	<input checked="" type="checkbox"/>		
Bernard Lang	Menominee County	Menominee County Board	<input checked="" type="checkbox"/>		
Carl Nykanen	Ontonagon County	Ontonagon County Board	<input checked="" type="checkbox"/>		
Gerald Zellar	Schoolcraft County	Schoolcraft County Board	<input checked="" type="checkbox"/>		
Connie Fuller	Delta County	Member At-Large		<input checked="" type="checkbox"/>	
Edwin Dwyer	Delta County	Member At-Large		<input checked="" type="checkbox"/>	
Amy Maes	Marquette County	Member At-Large (SAIL)		<input checked="" type="checkbox"/>	
Frank Mead	Alger County	Member At-Large		<input checked="" type="checkbox"/>	
Paul Tesanovich	Baraga County	Member At-Large (38 th District Director)		<input checked="" type="checkbox"/>	
Sharon Teeple	Chippewa County	Member At-Large (Inter-Tribal Council of MI)		<input checked="" type="checkbox"/>	
Gladys Elegeert	Delta County	Member At-Large		<input checked="" type="checkbox"/>	
Lynn Chylek	Delta County	Member At-Large		<input checked="" type="checkbox"/>	

No vacancies currently exist.

APPENDIX B
 ADVISORY COUNCIL MEMBERSHIP
 Fiscal Years 2010 – 2012

	DEMOGRAPHICS						
	Asian/Pacific Island	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Total Membership	0	0	1	0	0	6	11
Age 60 or Over	0	0	0	0	0	2	5

NAME of ADVISORY COUNCIL MEMBER	GEOGRAPHIC AREA	AFFILIATION
Laurie Bal	Dickinson County	Mental Health Agency
Holly Kibble	Chippewa County	Tribal Agency
Marvin Saltz	Dickinson County	Consumer
Pish Cianciolo	Marquette County	University
Ann Contance	Marquette County	Diabetes Association
Daune Smith	Baraga County	Consumer
Pam Parkkila	Marquette County	Alzheimer's Association
Joseph Valandschoot	Alger County	Consumer
Ken Hermanson	Luce County	Consumer
Fay Groitzsch	Ontonagon County	Consumer
Ken Myllyla	Delta County	Consumer

Three vacancies currently exist.

APPENDIX C
CURRENT PROVIDERS DEMOGRAPHICS

Fiscal Year 2010

Cluster 1 providers	DEMOGRAPHICS							
	Asian/Pacific Island	African American	Arab/Chaldean	Native American/Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total
Number of contractors ¹	0	0	0	2	0	2	9	22
Number of employees of contractors	2	20	2	82	5	12	1031	1187

The above table reflects contractors/staff that are funded by the AAA only.

APPENDIX D
PROPOSAL SELECTION CRITERIA

Fiscal Years: 2010-2012

Date criteria approved by AAA Board: **June 26, 2009**

Outline new or changed criteria that will be used to select providers: **N/A**

**AAA PROPOSAL REVIEW CRITERIA AND REQUIREMENTS
IN-HOME AND/OR DISCRETIONARY SERVICE FUNDS**

	<u>EVALUATION CRITERIA</u>	<u>In-Home POINTS</u>	<u>Discretionary POINTS</u>
1.	Applicant clearly identifies the important issues regarding each of the individual services the applicant intends to provide, while addressing Area Plan priorities regarding these issues. (20)		
2.	Applicant proposes a plan of action that adequately address this concern(s) in designated target areas, with clearly specified and realistic objectives stated in measurable terms within specific time frames. Units of service are to be provided uniformly and consistently throughout the contract period. (20)		
3.	Cost per unit of each service is accurately computed and competitive with those proposed by other U.P. applicants. Applicant and application are in compliance with Office of Services to the Aging (OSA) <i>Minimum Standards and Service Definitions</i> and/or AAA <i>Minimum Standards and Service Definitions</i> . (20)		

4.	Applicant provides evidence of coordination with other human service providers in the referral and service delivery process. (10)		
5.	Individuals who are frail, handicapped, low income, and minority are specifically targeted to receive services. (10)		
6.	Staffing and levels of expertise are appropriate in terms of services to be provided, and services are client directed. (10)		
7.	Proposed services proportionally address AAA Area Plan priority needs relative to each funding source. (10)		
	Totals:		

NOTE: Applications receiving 65 points or less will be rejected.

AAA PROPOSAL REVIEW CRITERIA AND REQUIREMENTS

SENIOR NUTRITION PROGRAMS

	<u>EVALUATION CRITERIA</u>	<u>POINTS</u>
1.	Applicant clearly identifies the important local and regional issues and needs regarding Senior Nutrition Programs, while addressing Area Plan priorities regarding these needs. (20)	
2.	Applicant proposes a plan of action that adequately addresses these concerns in designated target areas, with clearly specified and realistic objectives stated in measurable terms within specific time frames. Units of service are to be provided uniformly and consistently throughout the designated target areas during the contract period. (20)	
3.	Applicant and application are in compliance with Office of Services to the Aging (OSA) <i>Minimum Standards and Service Definitions</i> and/or AAA <i>Minimum Standards and Service Definitions</i> . (20)	
4.	Adequate physical facilities are available for the services to be provided. (5)	
5.	Low income and minority individuals are specifically targeted to receive a disproportionate quantity of services. (10)	
6.	Staffing and level of expertise are appropriate in terms of services to be provided. (5)	
	Totals:	
NOTE: Applications receiving <u>65</u> points or less will be rejected.		
<u>BUDGET CRITERIA (40 points total - minimum of 30 points is required)</u>		
1.	Budget line items are reasonably based upon FY04 funding levels and FY03 budget and expenditure levels in the target area. (10)	
2.	Administrative costs as defined to not exceed 20% of the total nutrition program budget or \$75,000. (10)	

3.	Do expenses equal available grant award. (10)	
2.	Line item costs are properly itemized, justified, and directly related to planned services. (10)	
		Totals:

AAA PROPOSAL REVIEW CRITERIA AND REQUIREMENTS

HEALTH SCREENING SERVICES

	<u>EVALUATION CRITERIA</u>	<u>POINTS</u>
1.	Applicant clearly identifies the important local and regional issues and needs regarding Health Screening Services to the elderly, while addressing Area Plan priorities regarding these needs. (20)	
2.	Applicant proposes a plan of action that adequately addresses these concerns in designated target areas, with clearly specified and realistic objectives stated in measurable terms within specific time frames. Units of service are to be provided uniformly and consistently throughout the contract period. (20)	
3.	Cost per unit of each service is accurately computed and competitive with those proposed by other U.P. applicants. Applicant and application are in compliance with Office of Services to the Aging (OSA) <i>Minimum Standards and Service Definitions</i> and/or AAA <i>Minimum Standards and Service Definitions</i> . (20)	
4.	Applicant provides evidence of coordination with other human service providers in the referral and service delivery process. (10)	
5.	Individuals who are frail, handicapped, low income, and minority are specifically targeted to receive services. (10)	
6.	Staffing and level of expertise are appropriate in terms of services to be provided. (10)	
7.	Proposed services proportionally address AAA Area Plan priority needs relative to each funding source. (10)	
	Totals:	

NOTE: Applications receiving 65 points or less will be rejected.

AAA PROPOSAL REVIEW CRITERIA AND REQUIREMENTS

LEGAL SERVICES

	<u>EVALUATION CRITERIA</u>	<u>POINTS</u>
1.	Applicant has quality expertise in directly providing legal services. (15)	
2.	The applicant has demonstrated expertise in fiscal and programmatic management of public and/or private operations and, where applicable, has strictly adhered to Federal (AoA), State (OSA), and regional (AAA) standards and procedures. (10)	
3.	Local problems, as they related to the service applicant intends to provide, are identified and an adequate knowledge of them is exhibited. (10)	
4.	Individuals who are frail, low income, and minority are specifically targeted to receive services. (10)	
5.	Application provides evidence of coordination with other local human service providers in the referral and service-delivery process. (10)	
6.	Staffing and level of expertise is appropriate in terms of services to be provided and services are client directed. (10)	
7.	Timetable and method of service delivery is appropriate and responsive, and realistic objectives are stated in measurable terms within specific time frames. (10)	
8.	Cost per unit of each service is accurately computed and competitive with those proposed by other U.P. applicants. Applicant and application are in compliance with Office of Services to the Aging (OSA) <i>Minimum Standards and Service Definitions</i> and/or AAA <i>Minimum Standards and Service Definitions</i> . (20)	
9.	Proposed services proportionally address AAA Area Plan priority needs relative to each funding source.(10)	
	Totals:	
NOTE: Applications receiving <u>65</u> points or less will be rejected.		

AAA PROPOSAL REVIEW CRITERIA AND REQUIREMENTS

CAREGIVER RESPITE (CR) AND/OR NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

	<u>EVALUATION CRITERIA</u>	<u>CR POINTS</u>	<u>NFCSP POINTS</u>
1.	Applicant clearly identifies the important issues regarding each of the individual services the applicant intends to provide, while addressing Area Plan priorities regarding these issues. (20)		
2.	Applicant proposes a plan of action that adequately address this concern(s) in designated target areas, with clearly specified and realistic objectives stated in measurable terms within specific time frames. Units of service are to be provided uniformly and consistently throughout the contract period. (20)		
3.	Cost per unit of each service is accurately computed and competitive with those proposed by other U.P. applicants. Applicant and application are in compliance with Office of Services to the Aging (OSA) <i>Minimum Standards and Service Definitions</i> and/or AAA <i>Minimum Standards and Service Definitions</i> . (20)		
4.	Applicant provides evidence of coordination with other human service providers in the referral and service delivery process. (10)		
5.	Individuals who are frail, handicapped, low income, minority and meet the specific eligibility criteria for each program are specifically targeted to receive services. (10)		
6.	Staffing and levels of expertise are appropriate in terms of services to be provided, and services are client directed. (10)		
7.	Proposed services proportionally address AAA Area Plan priority needs relative to each funding source. (10)		
	Totals:		
NOTE: Applications receiving <u>65</u> points or less will be rejected.			

AAA PROPOSAL REVIEW CRITERIA AND REQUIREMENTS

APPLICATION REQUIREMENTS CHECKLIST FOR ALL SERVICES

	“NO” responses to any of the following statements/questions will result in the withholding of contracts.	<u>YES</u>	<u>NO</u>
1.	Outstanding compliance issues have been adequately addressed or are being addressed.		
2.	The budget provides for the required local match and the application includes verification of local match.		
3.	Was a copy of applicant’s insurance policy showing AAA as other insured submitted to AAA?		
4.	Was a copy of agency’s recent audit submitted to the AAA?		
5.	The agency is or will be utilizing the AAA Uniform In-Home Assessment process?		
6.	If applying for the same services within different funding categories, does the unit-rate match in all funding categories?		

Reviewer: _____ **Date:** _____

Reviewer: _____ **Date:** _____

Reviewer: _____ **Date:** _____

APPENDIX F

REGIONAL SERVICE DEFINITIONS

Fiscal Years: 2010 – 2012

Service Category: Service and Benefits Coordination

Service Definition: Service Coordination is the identification of, contact with, and the provision of, assistance to older persons aged 60 or older (and/or informal caregivers or persons 60 or older), with priority given to the isolated senior, in accessing needed community resources and services which may be available through existing entitlement programs, and/or the actual, hands-on assistance to the older person in terms of addressing a singular or short-term need.

Service Coordination is divided into two elements; 1) the linking of individuals with other providers; and 2), the actual 1:1, hands-on service provision. The first element includes client outreach activities, a determination of client social needs, and the linking of individual with the appropriate service or service provider, including one-time assistance (for example, fuel assistance or tax credit applications). The second element is the provision of direct, hands-on service which will include a complete in-home assessment and may include assistance with (but not limited to) such activities as determining potential eligibility and completing applications for benefit programs (Medicaid) and other financial assistance.

Unit of Service: Provision of one hour of assistance

Minimum Standards:

- A. Initial outreach or intake must be conducted over the telephone, utilizing a standardized telephone screen. At a minimum, all information required for NAPIS reporting must be obtained through the intake process, which includes:
 - 1. Individuals name, address, and telephone number
 - 2. Individuals age or birth date
 - 3. Name, phone number of an emergency contact
 - 4. Perceived supportive service needs as expressed by the individual or his/her representative
 - 5. Race (NAPIS format)
 - 6. Gender
 - 7. An estimate of the individual's income/at or below poverty level.

B. If the telephone intake indicates a single service need on a one-time or infrequent basis, the individual should be provided information and assistance for these services. When intake suggests ongoing and/or multiple service needs, a comprehensive individual assessment of need shall be performed within 10 working days of intake. If intake suggests ongoing or multiple complex service needs at a level beyond the scope of the service coordination program, a referral **must** be made to the Care Management program. All assessments and reassessments shall be conducted in person. Each assessment shall provide as much of the following information as is possible to determine program eligibility and/or whether a referral to a more appropriate service system would be required. The assessor must attempt to acquire each item of information listed below:

1. Basic Information

- a. Individual's name, address, and telephone number
- b. Age, date of birth (noting place of birth is encouraged)
- c. Gender
- d. Marital status
- e. Race and/or ethnicity
- f. Living arrangements
- g. Condition of environment
- h. Estimate of client/household income and expenses
- i. Previous occupation, special interest, hobbies, religious affiliation (if applicable and deemed helpful in service planning and coordination)

2. Functional Status

- a. Vision
- b. Hearing
- c. Speech
- d. Oral status (own teeth/ dentures)
- e. Prosthesis and/or medical equipment
- f. Limitations in activities of daily living (ADLs and IADLs)
- g. Prescriptions, medications, and other physician's orders
- h. Eating patterns (diet history)

3. Supporting Resources

- a. Physician's name and telephone number
- b. Pharmacist's name and telephone number
- c. Services currently in place (including identification of those funded through Medicaid)
- d. Extent of family and/or informal support network
- e. Recent hospitalizations (within the last six months)
- f. Medical/health insurance available
- g. Clergy name and telephone number

4. Need Identification

- a. Client/family perceived need, services requested
- b. Coordinator's perceived and/or identified need from referral source or community sources

When the in-home assessment identifies that the individual has multiple, complex unmet needs, the supports coordinator shall refer the client to the Care Management program via 2-1-1.

C. Service Plan

Each program must have a written policy to govern the development, implementation and management of the service plan.

A service plan must be developed for each person determined to have a community and/or social need. The service plan (part of the standardized assessment process) must be developed with, and have the approval of, the client or legal representative. The service plan must contain at a minimum:

1. A statement of the individual's problems and/or needs
2. Identification of services and estimated time frames services are to be provided.
3. Anticipated length of service provision (i.e.: 3 months, 6 months, full year)

D. Each program must maintain comprehensive and complete case records for each program participant which include, at a minimum:

1. Details of client's referral to the program
2. Intake records, including assessment and reassessments
3. Problem/need identification information
4. Service plan (with notation of any revisions)
5. List of all contacts (dates) with client (including units of service)
6. Case notes in response to all client and family contacts, whether by telephone or in person
7. Listing of all contacts with service providers on behalf of the client
8. Comments verifying client's receipt of services, and satisfaction with those services.
9. Record of all release of information about the client, signed release of information form, and all case files shall be kept confidential in controlled access files. Each program shall use a standardized release of information form which is time-limited and specific as to the information being released

E. Each case file must be assigned a “status” in one of the following categories:

1. Open: from initial referral to current activity in implementing and monitoring the service plan
2. Closed: client decides to discontinue service; client’s needs have been met; another program or agency has assumed responsibility for the client; client unable to be served and referral of case is not possible; client moves from service area; client is institutionalized; or client’s death.

Each client shall be reassessed every six months, or more often if needed, to determine the results of the implementation of the service plan. If reassessment determines the client’s identified needs have been adequately addressed, the case shall be closed.

F. Each program must maintain a current written listing of isolated older persons with an active case file which is readily available to agencies providing emergency services in the event of a disaster.

G. Each program must employ service coordinators who have been trained in or are experienced in identifying social services or community needs of older persons and in matching those needs with appropriate services. At least one service coordinator in each county within the agency’s service area shall have completed training as a MI Medicare/Medicaid Assistance Program (MMAAP) counselor and shall commit to providing at least 4 hours of MMAAP counseling per month, as agreed upon in the MMAAP Counselor Agreement form. All activities/assistance related to Medicare, Medicaid, or other insurance must be entered into the MMAAP on-line database. Progress notes contained in the client’s service coordination file shall coincide with MMAAP data entry.

H. Program staff must receive in-service training at least twice each fiscal year, which is specifically designed to increase staff knowledge, and to improve their skills at tasks performed in the provision of service, and to increase staff knowledge of community programs and program requirements. An individualized in-service training plan should be developed for staff persons when performance evaluations indicate a need (i.e.: MMAAP training, client’s rights/confidentiality, etc.)

IX. ASSURANCES AND CERTIFICATIONS

A. Assurances and Certifications

B. Assurance of Compliance with Title VI of the Civil Rights Act of 1964

C. Assurance of Compliance with the Elliot Larson Civil Rights Act, PA 453 of 1976, as amended and the Persons with Disabilities Civil Rights Act, PA 220 of 1976, as amended

D. Glossary of Acronyms

Please use the attached Glossary of Acronyms provided by OSA.

FY 2010 – 2012 Multi-Year Plan
ASSURANCES & CERTIFICATIONS
For Fiscal Year 2010

The undersigned agency, designated by the Michigan Commission on Services to the Aging (CSA) to act as the Area Agency on Aging (AAA) within a given planning and service area (PSA), agrees to the following:

1. That the FY 2010-2012 Multi-Year Plan (MYP) includes an Annual Implementation Plan (AIP) covering the period October 1, 2009 through September 30, 2010.
2. To administer its AIP in accordance with the Older Americans Act (OAA), the Older Michiganians Act (OMA), federal and state rules, and policies of the CSA as set forth in publications and policy directives issued by the Michigan Office of Services to the Aging (OSA).
3. To make revisions necessitated by changes in any of the documents listed in point two in accordance with directives from OSA.
That any proposed revisions to the AIP initiated by the AAA will be made in accordance with procedures established by OSA.
4. That funds received from OSA will only be used to administer and fund programs outlined in the AIP approved by the CSA.
5. That the AAA will undertake the duties and perform the project responsibilities described in the AIP in a manner that provides service to older persons in a consistent manner over the entire length of the AIP and to all parts of the PSA.
6. That program development funds will be used to expand and enhance services in accordance with the initiatives and activities set forth in the approved AIP.
7. That all services provided under the AIP are in agreement with approved service definitions and are in compliance with applicable minimum standards for program operations as approved by the CSA and issued by OSA, including Care Management.
8. That the AAA will comply with all conditions and terms contained in the Statement of Grant Award issued by OSA.
9. That the AAA may appeal actions taken by the CSA with regard to the AIP, or related matters, in accordance with procedures issued by OSA in compliance with the requirements of the Older Michiganians Act and Administrative Rules.

10. That the AAA will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and with agencies that develop or provide services for individuals with disabilities.
11. That the AAA has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.
12. That the AAA will send copies of the AIP to all local units of government seeking approval as instructed in the Plan Instructions.
13. That the AAA Governing Board and Advisory Council have reviewed and endorsed the AIP.

The undersigned hereby submit the FY 2010 AIP that describes the initiatives and activities which will be undertaken on behalf of older persons within the PSA. We assure that these documents and subsequent Annual Implementation Plans represent a formal commitment to carry out administrative and programmatic responsibilities and to utilize federal and state funds as described.

FY 2010 – 2012 Multi-Year Plan

ASSURANCE OF COMPLIANCE
with
TITLE VI of the CIVIL RIGHTS ACT of 1964

For Fiscal Year 2010

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964,
SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION
AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

4. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
5. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

Form HHS-690 (05/97)

FY 2010 – 2012 Multi-Year Plan

ASSURANCE OF COMPLIANCE
with the
ELLIOT LARSEN CIVIL RIGHTS ACT

For Fiscal Year 2010

ASSURANCE OF COMPLIANCE WITH THE ELLIOT LARSEN CIVIL RIGHTS ACT, PA 453 OF 1976 AND THE PERSONS WITH DISABILITIES CIVIL RIGHTS ACT, PA 220 OF 1976.

The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan and Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Office of Services to the Aging.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

Non-Discrimination: In the performance of any grant, contract, or purchase order resulting here from the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. The Contractor further agrees that every subcontract entered into for the performance of any grant, contract, or purchase order resulting herefrom will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended MCL 37.1101 et seq, and any breach thereof may be regarded as a material breach of the grant, contract, or purchase order.

MYP SIGNATURE PAGE
OF THE FY 2010-2012 MULTI-YEAR PLAN
AND
FY 2010 ANNUAL IMPLEMENTATION PLAN
FOR **UPCAP Services, Inc.**

This Multi-Year Plan (MYP) covers fiscal years 2010, 2011, and 2012 and includes the FY 2010 Annual Implementation Plan (AIP) beginning October 1, 2009 and ending September 30, 2010.

This MYP becomes valid upon approval by the Michigan Commission on Services to the Aging (CSA). It may be conditionally approved subject to all General and/or Special Conditions established by the CSA.

This MYP Signature Page may substitute for required signatures on documents within the MYP if those documents are specifically referenced on this signature page.

The Signatories below acknowledge that they have reviewed the entire MYP including all budgets, assurances, and appendices and that they commit UPCAP Services, Inc. to all provisions and requirements of the MYP.

Signature Section:

UPCAP Services, Inc/Upper Peninsula Area Agency on Aging

Signature – Chairperson, Board of Directors

Date

Richard Timmer

Typed Name

Signature – Area Agency on Aging Director

Date

Jonathan Mead

Typed Name

MULTI-YEAR DOCUMENTS REFERENCED BY THE SIGNATURE PAGE (Remove all that do not apply)

Budget Documents:

- FY 2010 Area Plan Grant Budget
- FY 2010 Direct Service Budget(s)
- Waiver for Direct Service Provision for Long term Care Ombudsman, Elder Abuse Education

Assurances:

- MYP Assurances and Certifications document
- MYP Assurance of Compliance with Title VI of the Civil Rights Act of 1964
- MYP Assurance of Compliance with the Elliot Larsen Civil Rights Act

Appendices:

- Regional Service Definition – Service Coordination

GLOSSARY OF ACRONYMS

AAA	Area Agency on Aging
AAAAM	Area Agency on Aging Association of Michigan
AARP	American Association of Retired Persons
AD	Alzheimer's Disease
ADC	Adult Day Care
ADRC	Aging and Disability Resource Center
ADS	Adult Day Service
ADL	Activities of Daily Living
AFC	Adult Foster Care
AG	Attorney General
AIM	Aging in Michigan (OSA Publication)
AIP	Annual Implementation Plan
AIS	Aging Information System
ALF	Assisted Living Facility
4AM	Area Agencies on Aging Association of Michigan
AoA	Administration on Aging
APS	Adult Protective Services
BEAM	Bringing the Eden Alternative to the Midwest
ASA	American Society on Aging
CAP	Community Action Program
CBC	Citizens for Better Care
CM	Care Management
CMIS	Client Management Information System
CMS	Center for Medicare & Medicaid Services (formerly HCFA)
CNS	Corporation for National Service
COA	Commission on Aging/Council on Aging
CPHA	Community Public Health Agency
CR	Caregiver Respite (state)
CSA	Commission on Services to the Aging
DCH	Department of Community Health
DCIS/CIS	Department of Consumer and Industry Services
DHHS/HHS	U.S. Department of Health and Human Services

DHS	MI Dept. of Human Services (formerly the Family Independence Agency)
DMB	Department of Management and Budget
DoE	Department of Education
DoL	Department of Labor
DoT	Department of Transportation
DV	Domestic Violence
EPIC	Elder Prescription Insurance Coverage
ELM	ElderLaw of Michigan
FGP	Foster Grandparent Program
FTC	Federal Trade Commission
FY	Fiscal Year
GAO	General Accounting Office
HB	House Bill (state)
HCBS/ED	Home & Community Based Services for the Elderly and Disabled Waiver (HCBS/ED) program commonly known as MIChoice
HDM	Home Delivered Meals
HMO	Health Maintenance Organization
HR	House Bill (federal)
HSA	Health Systems Agency
I&A	Information and Assistance
I&R	Information and Referral
IADL	Independent Activities of Daily Living
IM	Information Memorandum
IoG	Institute of Gerontology
LEP	Limited English Proficiency
LSP	Legal Services Program
LTC	Long-Term Care
MADSA	Michigan Adult Day Services Association
MATF	Merit Award Trust Fund (formerly known as "Tobacco Settlement")
MCO	Managed Care Organization
MHSCC	Michigan Hispanic Senior Citizens Coalition
MIACoA	Michigan Indian Advisory Council on Aging
MICIS	MI Choice Information System

MIS	Management Information System
MLSC	Michigan Legal Services Corporation
MMAP	Medicare/Medicaid Assistance Program
MSA	Medical Services Administration
MSAC	Michigan Senior Advocates Council
MSC	Michigan Senior Coalition (formerly Senior Power Day)
MSHDA	Michigan State Housing Development Authority
MSG	Michigan Society of Gerontology
MQCCC	Michigan Quality Community Care Council
MYP	Multi-Year Plan
N4A	National Association of Area Agencies on Aging
NAPIS	National Aging Programs Information System
NASUA	National Association of State Units on Aging
NCBA	National Center on Black Aged
NCOA	National Council on Aging
NCSC	National Council of Senior Citizens
NF	Nursing Facility
NFA	Notification of Financial Assistance
NFCSP	National Family Caregiver Support Program
NIA	National Institute on Aging
NISC	National Institute of Senior Citizens
NSSC	National Senior Service Corps
OAA	Older Americans Act
OAVP	Older American Volunteer Program
OHDS	Office of Human Development Services
OMB	Office of Management and Budget (federal)
OSA	Office of Services to the Aging
OWL	Older Women's League
PA	Public Act
PI	Program Instruction
PRR	Program Revision Request
PSA	Planning and Service Area
PY	Program Year
RFP	Request For Proposal

RSVP	Retired & Senior Volunteer Program
SAC	State Advisory Council
SB	Senate Bill (state)
SCP	Senior Companion Program
SCSEP	Senior Community Service Employment Program
SEAQRT	Senior Exploitation and Abuse Quick Response Team
SGA	Statement of Grant Award
SMSA	Standard Metropolitan Statistical Area
SNF	Skilled Nursing Facility
SPE	Single Point of Entry
SR	Senate Bill (federal)
SS	Social Security
SSA	Social Security Administration
SSI	Supplemental Security Income
SUA	State Unit on Aging
TA	Technical Assistance
TCM	Targeted Case Management
USDA	United States Department of Agriculture
VA	Veterans' Administration
WHCoA	White House Conference on Aging

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