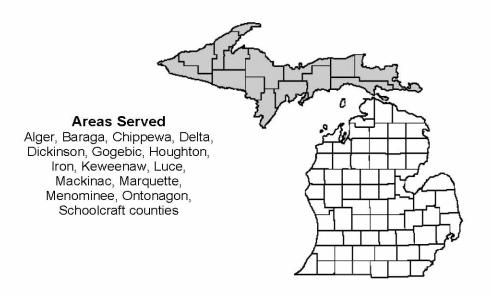
2013 ANNUAL IMPLEMENTATION PLAN

U.P. AREA AGENCY ON AGING UPCAP SERVICES, INC. 11



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MICHIGAN OFFICE OF SERVICES TO THE AGING

ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

U.P. Area Agency on Aging

FY: 2013

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County/Local Unit of Govt. Review

AAA Response:

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 final proposed FY 2013 AIP will be presented to UPCAP's Board of Directors at their meeting on June 15, 2012, 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 June 29, 2012, requesting approval of the plan as written by July 31, 2012.



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Plan Overview

AAA Response:

The UPAAA's 2010-2012 Area Plan set forth five Program Development Objectives for which significant efforts continue to be applied to meet the growing and emerging needs of the region's older adults.

The first Program Development Objective is designed to ensure that older adults get the information they need to make healthy life choices, thus improving their quality of life. Through the combined efforts of the AAA and key partners, many Creating Confident Caregivers (CCC), PATH, Matter of Balance, and Health Eating workshops have been held with over 420 people successfully completing these programs in the past year. Several leader trainings were also held, with 57 trainers/coaches completing certification to teach one or more of these programs throughout the region. Additionally, the UPAAA now has 9 new trainers in the Diabetes CDSMP ("Diabetes PATH") and the Chronic Pain SMP ("Pain PATH") programs, to further meet the need for education and management of these specific chronic conditions. Furthermore, the AAA's MMAP program is partnering with the U.P. Diabetes Outreach Network (UPDON) to promote Medicare preventive benefits and healthy lifestyles for people who have, or may be predisposed to having, diabetes. The region's MMAP counselors will continue to provide outreach and training to those attending diabetes support groups, and will provide informative Medicare benefit information for use in the Network's newsletters and publicity.

The second Program Development Objective is to ensure that older adults have a choice in where they live through increased access to information and services. Following the philosophy of Project 2020, the AAA will continue to be the focal point for long-term care services to all consumers in the region who want it. Working in partnership with the Superior Alliance for Independent Living (SAIL) and other key partners, the AAA continues to further develop and establish a regional Aging & Disability Resource Collaborative (ADRC). The AAA is expanding the role of the supports coordinators to fulfill the role of ADRC counselors, and has also included within its boards representatives from important stakeholders to ensure input and recommendations are received from all people requesting services from the AAA.

To coincide with this, and to accomplish the goal of improving the effectiveness and quality of services provided to older adults throughout the region, the AAA continues to promote open dialogue among its partners through the quality assurance process, and through regularly scheduled ADRC meetings, collaboratives, and advisory groups. Additionally, the AAA surveys and interviews consumers to ensure their satisfaction with services, and to obtain input on services and resources older adults want and need to maintain their quality of life.

The AAA continually encourages utilization of its region-wide AIRS accredited 2-1-1 Information and Referral System. Fifty-nine 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 aging/disability programs, long-term care, and housing issues. The 2-1-1 Call Center will serve as the portal to the ADRC of the U.P., as it does currently for accessing all long-term care options and benefits counseling.

The Area Plan also supports increased awareness of elder abuse, neglect, and exploitation within the region. The AAA continues to offer elder abuse education to any entity interested, and has worked to



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update and improve its training and education programs to meet the changing trends. The AAA also works with the local MMAP to help bring awareness of Medicare fraud and abuse issues to beneficiaries in the region.

A substantive change to the plan for FY 2013 is being requested. Specifically, the AAA is requesting approval for two Regional Service Definitions: one for Private Duty Nursing and another for Health Screenings. A regional service definition for Private Duty Nursing will allow care managers to give older adults and individuals with disabilities access to services that will help them manage their own health, and receive the care they choose in order to remain in their own homes and communities for as long as possible. A regional service definition for Health Screenings will allow these screens to be used to identify potential chronic health conditions and encourage and promote Evidenced-Based Disease Prevention programs such as PATH, Matter of Balance, and others.

The UPAAA is participating in innovative new programming such as the Building Training-Building Quality demonstration project to develop a training program for in-home personal care aides to improve skills and quality of care for people who choose to remain in their own homes. The Community Living Program (CLP) provides information, assistance, and long-term care options and benefits counseling to individuals who have resources, to avoid the need to depend on Medicaid as a payer of service for long term care. A second component of CLP is the Veterans Administration Self Determination/Home & Community-Based Care project, which identifies veterans needing long-term care. The VA purchases services from the AAA, including case management and a combination of services from the waiver program. Both of these projects are founded in the principles of Person-Centered Planning. Additionally, the AAA is participating in T-Care, and currently has 7 trained T-Care managers providing services via this program.

Finally, during FY 2013 UPCAP will be positioning itself to play a significant role in Michigan's Dual Eligible Medicaid/Medicare Integrated Care (IC) initiative. As such, UPCAP will continue to engage and build on its relationships with key IC stakeholders including the U.P. Health Plan, Northcare (the PIHP), service provider networks, the ADRC of the U.P., DHS, the Superior Alliance for Independent Living (SAIL) and local elected officials, with the goal of securing a demonstration contract for Integrated Care in the region.



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Public Hearings

AAA Response:

Date	Location	Time	Is Barrier Free	No of Attendees
06/05/2012	UPCAP Conference Room, Es	01:00 PM	Yes	6

Narrative:

On May 7, 2012 UPAAA staff disseminated paid notices to the region's daily newspapers regarding the upcoming public hearing for the FY 2013 Annual Implementation Plan for services to older adults in the Upper Peninsula, for immediate publication. Additionally, similar notices were sent to all aging service providers, professional organizations, public officials, the UPAAA Advisory and UPCAP Board of Directors. The notice of public hearing was also highlighted on the agency's website, indicating that written comments will be accepted until June 15, 2012.

A summary draft of the Annual Implementation Plan was provided prior to the hearing to all interested person who requested one. Additional copies of the draft summary were shared with the UPAAA Advisory Council on June 5th during their regularly scheduled meeting, and were also available at the hearing site.

The public hearing was called to order at 1:05 p.m by the UPAAA Planner/Program Developer. Five additional individuals participated in the hearing. The affiliation of those present was as follows: 2 UPAAA staff, 1 Community Action Agency representative, 2 consumers, and the field representative from the Office of Services to the Aging.

Given the number of persons attending the hearing, comments, concerns, and the exchnage of ideas were conducted in an informal fashion providing the opprtunity for a free-flowing discussion. Only one person requested to provide testimony at the hearing. A consumer expressed dissatifaction about congregate meal site closures, or reductions in serving days in Dickinson County. He is especially concerned because that while he believes that the budget has remained stable, the agency providing the meals is indicating to the public that funds from state and federal sources have been cut these past few years, causing the need to reduce or close congregate sites. It was discussed that increased costs for food and gas can actually result in a buget "cut" of sorts, due to the increased cost of doing business. It was also discussed that the amount of regular participants at a site has a direct impact on whether a site can remain viable. It was suggested that agencies may need to start looking at new and innovative ways to provide nutritious meals to encourage increased participation and support from the community.

Hearing participants were informed that the UPAAA will accept written comments regarding the FY 2013 AIP for the next few weeks. Having no other concerns or issues, the hearing was adjourned at approximately 2:00 p.m.

As of this date, no written comments have been received by the UPAAA concerning the FY 2013 AIP.



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Available Resources & Partnerships

AAA Response:

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 UPAAA has a close working relationship with the Superior Alliance for Independent Living (SAIL), working on collaborative projects such as the Nursing Facility Transition program, MI Medicare Medicaid Assistance Program (MMAP), PATH, and in the development of a regional ADRC. UPCAP is also collaborating closely with stakeholders involved in Michigan's Dual Eligible Medicare/Medicaid integrated Care initiative, to ensure a seamless transition for folks into this new system.

Other key partners are the UP Diabetes Outreach Network, MSU Extension, the Alzheimer's Association, the Veteran's Administration, Northcare Network, and the U.P. Healthcare Roundtable, which consists of the region's hospitals, nursing facilities, MI Works!, the Dept. of Labor and Economic Growth, Northern MI University, Finlandia University, and Bay de Noc Community College. The UPAAA is continuously seeking out new partners to further promote the development of programs that help meet the needs of those we serve.

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 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 capacity 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 Michiganians 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 continue to encourage and advocate for counties to pass local millages to support and expand locally prioritized services. As of January 2012, 12 of 15 U.P. counties have senior millages. Local millages currently provide in excess of \$2 million to supplement Older American and Older Michiganians Act resources. Millage resources support or supplement personal care, chore, and homemaker services, home delivered meals, transportation, senior center activities, and case coordination.



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Access Services

Care Management

<u>Starting Date</u> 10/01/2012 <u>Ending Date</u> 09/30/2013 Total of Federal Dollars \$0.00 Total of State Dollars \$431.825.00

Geographic area to be served:

All 15 counties of the Upper Peninsula.

<u>List each goal for the program, including timeline and expected outcome:</u>

Over the course of the multi-year planning period, the UPAAA will assist individuals needing nursing facility level of care to remian at home through the provision of Cre Management, utilizing a person-centered planning/self-directed process. This includes Caregiver Case Management using the TCARE model. The information below for the current year is accurate for dates 10/1/2011 through 5/1/2012.

Timeline: The expected outcomes for the following fiscal year includes the months from 10/1/2012 through 9/30/2013.

Number of client pre-screenings:	Current Year:	280	Planned Next Year:	280
Number of initial client assesments:	Current Year:	210	Planned Next Year:	210
Number of initial client care plans:	Current Year:	210	Planned Next Year:	210
Total number of clients (carry over	Current Year:	325	Planned Next Year:	330

plus new):

Staff to client ratio (Active and Current Year: 1:25 Planned Next Year: 1:25

maintenance per Full time care

MATCH:

Source of Funds Cash Value: In-kind \$30,000.00
Source of Funds Cash Value: In-kind \$20,000.00
Source of Funds Cash Value: In-kind \$5,000.00

OTHER RESOURCES:

Source of Funds Cash Value: \$3,000.00 In-kind
Source of Funds Cash Value: In-kind
Source of Funds Cash Value: In-kind

Information and Assistance

<u>Starting Date</u> 10/01/2012 <u>Ending Date</u> 09/30/2013

Total of Federal Dollars \$70,000.00 Total of State Dollars \$0.00

Geographic area to be served:

All 15 counties of the Upper Peninsula.

List each goal for the program, including timeline and expected outcome:

Over the course of the multi-year planning period, the UPAAA will increase awareness and improve access



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to available resources for caregivers, family members, and older adults, including individuals living in rural and isolated areas. This will include Caregiver Inforantion & Assistance via the TCARE model.



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Program Development Objectives (State)

State Plan Goal: Goal One

Work to Improve the health and Nutrition of Older Adults

AAA Response:

Objective:

The availablility of educational programs such as PATH, Healthy Eating, Walk with Ease, and Matter of Balance that are designed to promote healthy and active lifestyles will become more readily available to seniors throughout the region.

Timeline:

10/1/2012-9/30/2013

Activities:

- 1. Publish and disseminate promotional materials on all EBDP programs, utilizing local media and other available cost-effective venues
- 2. Target outreach efforts to senior housing residents, long-term care residents, and health professionals who work with older and/or disabled adults
- 3. Utilize the 2-1-1 Call Center as the gateway to gaining access to information about the EBDP programs available in the region, including times, locations, and the ability to register for local classes within one phone call.
- 4. Sponsor training of leaders and coaches, focusing on the utilization of volunteers and partner agency staff willing and able to promote and conduct EBDP programs
- 5. With the help of partners and local lay leaders, arrange to provide additional classes in those areas where there is a need or an interest in the program

Expected Outcome:

Up to 20 new lay leaders in both Diabetes PATH and Chronic Pain PATH, 12 Matter of Balance coaches, and 12 Walk with Ease coaches will be trained to help expand these programs within the region. At least 10 various PATH classes (including those specific to Chronic Pain and Diabetes), 25 Matter of Balance classes, and 2 Walk with Ease classes will be held in FY 2013, focusing on areas of the region not previously served. Folks who complete the program will be better able to manage their own health and thus have a better quality of life.

AAA Response:

Objective:

Expand the availability of the Creating Confident Caregivers and Creating Confident Caregivers for Veterans training programs so that all caregivers within the region will have the opportunity to participate.

Timeline:

10/1/2012-9/30/2013

Activities:

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- 1. Work with new tribal partner agencies to secure and train at least two new candidates as leaders within (preferrably) two different tribal organizations within the region.
- 2. Plan, promote, and conduct at least three CCC/VA workshops in the region, focusing on areas not previously served.
- 3. Utilize the 2-1-1 Call Center as the gateway to gaining access to information about the EBDP programs available in the region, including times, locations, and the ability to register for local classes within one phone call.
- 4. Research and develop new funding options to sustain and grow the CCC programs.

Expected Outcome:

An additional 150 caregivers will participate in one of 20 CCC workshops conducted in 2013, thus increasing the caregiver's ability to cope with and sustain their caregiver role in a healthy and productive way. Two of these workshops will be specifically targeted to tribal members.

AAA Response:

Objective:

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

Timeline:

10/1/2012-9/30/2013

Activities:

- 1. Research new and innovative EBDP programs to determine what can feasibly be provided within the region.
- 2. Determine costs and funding opportunities, potential lay leaders and volunteers, and partner agencies for each program.
- 3. Sponsor training of leaders/coaches, focusing on the utilization of volunteers and partner agency staff willing and able to promote and conduct EBDP programs.
- 4. Develop and disseminate promotional materials to recruit participants.
- 5. Utilize the 2-1-1 Call Center as the gateway to gaining access to information about the EBDP programs available in the region, including times, locations, and the ability to register for local classes within one phone call.
- 6. Plan and conduct new programs where interest is greatest.

Expected Outcome:

At least one new EBDP program will be offered in the region by 2013, potentially reaching 20-30 older adults who could benefit from the specific program content.

State Plan Goal: Goal Two

Ensure That Older Adults Have a Choice in Where They Live Through Incrased Access to Information and Services

AAA Response:

Objective:



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

Timeline:

10/1/2012-9/30/2013

Activities:

- 1. The AAA will utilize knowledge and skills obtained from participation in the Community Living Program to target individuals who have resources, to help divert those individuals from nursing facility placement whey they would prefer a less costly community-based alternative.
- 2. The AAA will continue to work under contract with the local VAMC to provide self-directed home and community based long-term care services to veterans needing long-term care services, with a specific emphasis on self-determination and person-centeredness in developing and receiving needed long-term care services.
- 3. Care Managers will provide information and assistance to all Care Management and MI Choice Waiver clients on person-centered planning and self directed care. Those who choose to direct their own care will be provided assistance and support in doing so.
- 4. Continue the AAA's contractual relationship with SAIL to purchase transition services for individuals wanting to leave nursing facility placement in favor of community-based options through the Waiver Program or other community-based systems for individuals who may be ineligible for or do not want waiver services.

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 ina more cost-effective and agreeable manner.

AAA Response:

Objective:

Provide Consumers in community-based residential facilities the option to age in place

Timeline:

10/1/2012-9/30/2013

Activities:

- 1. AAA Care Managers will promote Residential Services options for waiver-eligible consumers residing in assisted living facilities so that they can remain in their residency of choice.
- 2. 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 pupose of contracting for direct services through the Residential Services option of the waiver program.
- 3. The agency will partner with developers who are participating in the Affordable Assisted Living Project, a joint project between the Department 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.
- 4. The AAA will continue to pursue other opportunities and projects that will allow any consumer in the



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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 commuity-based residential facilities of their choosing, rather than being forced to enter more expensive nursing home placement.

AAA Response:

Objective:

Enhance and improve information and assistance programs to support consumer-directed long term care and residential options.

Timeline:

10/1/2012-9/30/2013

Activities:

- 1. The AAA will continue working with SAIL (Superior Alliance for Independent Living) to develop and bring into full functionality the ADRC of the U.P., to ensure access to unbiased and comprehensive information related to long-term care and community-based options.
- 2. Care Managers will continue to participate in comprehensive training in advanced options and benefits counseling practices and philosophies so that the AAA can remain the long-term care connection for individuals of age and/or disability within the region.
- 3. The AAA's 2-1-1 database will be maintained and updated to reflect all in-home or community services and residential options. Call specialists will continue to conduct intake on all requests for information on long-term care, with referrals made to care managers for unbiased, one-on-one assistance with long-term care planning. Additionally, call specialists have been trained to conduct screenings for individuals who may benefit from participation in T-CARE and to make referrals to the specially trained T-CARE Care Managers.

Expected Outcome:

All consumers in the region will be provided complete and unbiased information on long-term care and community-based options and services, as well as information and assistance with caregiving issues, so that consumers can make informed, self-directed decisions concerning their individual needs.

AAA Response:

Objective:

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

Timeline:

10/1/2012-9/30/2013

Activities:

1. Work with county commissioners to identify local housing needs and issues through monthly UPCAP board meetings.

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- 2. Conduct a survey of older adults throughout the region to assess unmet needs in housing options and supportive services available to help people remain in their own communities for as long as possible.
- 3. Allocate funding through Title III for home modifications and home injury control to assure a safe home environment and accommodate disabilities.
- 4. Continue to provide at least 2 trainings per year to housing managers to provide updated information on addressing the needs of older adults, those with disabilities, and those facing chronic health conditions.
- 5. 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 and when 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.

State Plan Goal: Goal Three

Protect Older Adults From Abuse and Exploitation

AAA Response:

Objective:

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

Timeline:

10/01/2012-9/30/2013

Activities:

- 1. Promote and provide updated training and education programs to senior centers, nursing homes, adult foster homes and other agencies providing services to older adults, as requested.
- 2. Collaborate with local TRIADs and financial institutions to educate the public via community seminars on senior scams and financial exploitation, and how to report suspected scams/cases to local authorities
- 3. Work with the Ombudsman program to train the Region's eight Ombudsman volunteers on how to conduct elder abuse presentations to families and caregivers of older adults and those with disabilities in long term care facilities.
- 4. As part of the "Building Training-Building Quality" project, the UPAAA will arrange and conduct Training to Prevent Elder Abuse & Neglect (TPAAN) to at least 150 personal care aides working in seniors' homes throughout the region.

Expected Outcome:

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

AAA Response:

Objective:

Increase community awareness and understanding of Medicare fraud & abuse across the region.



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Timeline:

10/01/2012-9/30/2013

Activities:

- 1. Continue working with the region's Medicare/Medicaid Assistance Program (MMAP) to further train and update MMAP counselors so that they are better able to identify cases of Medicare Fraud and Abuse and know how to properly report them.
- 2. Recruit two more Senior Medicare Patrol Project (SMP) volunteers to be trained to provide outreach and education in their communities about Medicare Fraud & Abuse.
- 3. Conduct at least 6 outreach/training events specific to Medicare fraud and abuse in 5 different areas within the region.

Expected Outcome:

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

State Plan Goal: Goal Four

Improve the Effectiveness, Efficiency, and Quality of Services Provided Through the Michigan Aging Network and its Partners

AAA Response:

Objective:

Improve the delivery of services to older adults and their families.

<u>Timeline:</u>

10/01/2012-9/30/2013

Activities:

- 1. Continue to foster open communication with providers via quarterly partner meetings, advisory, and quality collaborative meetings.
- 2. 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.
- 3. The agency's Quality Assurance (QA) Team will continue to conduct annual monitoring visits of ist contracted service providers and offer technical assistance, in-services, and training opportunities to ensure that quality services continue to be provided to those in need.
- 4. The QA Team will continue to conduct customer satisfaction surveys and in-home interviews with consumers to identify areas of concern so that changes can be made to impsove service delivery.
- 5. The AAA will assist partners in researching and obtaining further funding opportunities and venuse when the demand for a service in areas of the region is greater than the capacity to provide taht service.
- 6. Continue to utilize 2-1-1 as the portal for information and access to services for older adults and their families.

Expected Outcome:



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

State Plan Goal: Narrative

The narrative should explain what the program development efforts intend to do to improve the quality of life for older adults in the PSA; whether older persons will receive what they want; and identify the effort and expenses involved. The FY 2013 AIP should include this narrative even if there are no new objectives or changes, or updates. It is OSA's expectation that program development efforts be meaningful to older adults within the PSA. Complete the Narrative under the Objective box below. Enter "n/a" in Timeline, Activities, and Expected Outcome boxes.

AAA Response:

Objective:

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, interagency 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 customer satisfaction surveys, client needs assessments and care plans, 2-1-1 and other data, and most importantly, current service utilization trends, a three-year Area Plan of Services to the Elderly is created. The purpose of the Area Plan is to develop a comprehensive, coordinated service delivery system that meets the needs and wants of the person we serve within the AAA's regional boundaries.

It is the objective of the UPAAA to ensure that all people within the region have access to the information and tools they need to direct their own care in a healthy and productive way, and have the ability to choose their place of residence throughout their lifespan. Plan goals are designed to meet the needs and desires of older adults and those with disabilities, allowing them choices and assistance in planning for long-term care. Programs are consistently being developed to meet the needs of those who are served. The UPAAA will carry on its mission to improve the effectiveness and quality of services provided to older adults and their families through the UPAAA and its partners. This continues to be accomplished by promoting open communication and dialogue among the UPAAA and its partners through the quality assurance process, meetings, collaboratives, and advisory groups.

Responsibilities of Program Development at the UPAAA are shared by the administrative staff. The Executive Director devotes approximately 30% of his time to implementing program development strategies, monitoring staff and evaluating results. The deputy director of the agency spends 25% of his time working to develop housing options for clients. He works closely with area housing facilities and agencies such as MSHDA and HUD to secure housing options for clients. The UPAAA Planner is a 20% position devoting time to the development of the Area Plan, tracking results and reporting progress to the Program Developer. The Program Developer, also a .20 FTE, has the responsibilities of overseeing the

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implementation of new programs including in the past year the ADRC, CLP and work with UPHP and SAIL. The final part of the Program Development team is the .10 FTE Quality Assurance staff. QA staff will track progress, recommend improvements and report to the Executive Director on the overall Program Development of the UPAAA.

The UPAAA intends to continue to be the focal point for long-term care services to all consumers in the region asking for assistance. Working in partnership with the Superior Alliance for Independent Living (SAIL) and other key stakeholders, the UPAAA will work toward further development of the regional Aging and Disability Resource Collaborative (ADRC of the U.P.). The overall goal of The ADRC of the U.P. is to empower individuals to effectively navigate their health and other long term support options, by developing a seamless access to services and supports, integrating aging and disability service programs, and forging formal partnerships with other agencies serving older adults and persons with disabilities.

	ne		

N/A

Activities:

N/A

Expected Outcome:

N/A



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Advocacy Strategy

AAA Response:

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 for increased funding from the Older Americans and Older Michiganians Acts in line with the increased cost of providing services and meeting the needs of older adults utilizing these funds.
- The AAA will play a significant role in Michigan's Dual Eligible Medicaid/Medicare Integrated Care initiative, continuing to engage and build on its relationships with key stakeholders with the goal of promoting and securing seamless service delivery for Integrated Care in the region.
- The AAA will continue to advocate for the provision of adequate funding for non-emergency medical 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.



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- 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.



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Community Focal Points

Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community.

Explain the process by which community focal points are selected.

AAA DEFINITION FOR COMMUNITY:

A "community" is an interacting body of various individuals with common interest, living cooperatively, in a common location.

A "community focal point" is a facility established to encourage and provide the maximum collocation and coordination of services for older individuals.

RATIONALE FOR DEFINITION AND SELECTION OF COMMUNITY FOCAL POINTS:

The UPAAA will have community focal points designated at three levels: at the local level, Care Management level, and Regional Level.

The UPAAA serves as the regional focal point for assuring access to information and services for older adults across the Upper Peninsula through the U.P. Senior Helpline and the 2-1-1 Call Center, both which serve as toll-free information and assistance services.

Care Management access sites serve as a focal point for frail individuals who have in-home service needs and who are at risk of nursing home placement.

Multi-service senior centers will be given special consideration in the designation of focal points at the local level. The UPAAA will work with county 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 in 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.

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- 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.



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

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

Name: Forsyth Senior Center Forsyth Community Bldg.

Address: 165 N. Maple St., Gwinn, MI 49841

Website:

Telephone: (906) 346-9862 Contact Person: Julie Shaw Persons: 11414

Service Area: Marquette County

Services: Information, outreach, senior meals, social activities, homemaker services

Name: Hermansville Senior Citizen Center Address: Box 236, Hermansville, MI 49847

Website:

Telephone: (906) 498-7735 Contact Person: Becky Thoune

Persons: 5595

Service Area: Menominee County

Services: Information, outreach, senior meals, social activities, MMAP, homemaker, personal

care, and respite services

Name: Sagola Twp. Senior Citizen Center Address: 205 Sagola Ave., Sagola, MI 49881

Website:

Telephone: (906) 542-3273 Contact Person: Bette Christian

Persons: 6099

Service Area: Dickinson County

Services: Information and assistance, social activities, senior meals

Name: Norway-Vulcan Senior Citizen Center Address: 608 Main St., Norway, MI 49870

Website:

Telephone: (906) 563-8716 Contact Person: Susan Slining

Persons: 6099

Service Area: Dickinson County

Services: Information and assistance, social activities, senior meals



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Cloverland Senior Citizen Center Name:

Address:

Box 298, Ewen, MI 49925

Website:

Telephone: (906) 988-2463 Florence Eldredge Contact Person:

Persons:

2256

Service Area:

Ontonagon County

Services:

Information and assistance, social activities, senior meals

Name:

Sewell Avery Senior Citizen Center

Address:

524 Ashmun St., P.O. Box 70, Sault Ste. Marie, MI 49783

Website:

Telephone: Contact Person: (906) 632-3363 Donn Riley

Persons: 6473

Service Area: Chippewa County

Services:

Information, outreach, senior meals, social activities, homemaker, personal care, and

respite

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

Website:

(906) 474-9039 Telephone: Judy Lauria Contact Person: 8437

Persons:

Delta County

Service Area: Services:

Information, outreach, senior meals, social activities, MMAP, homemaker, personal

care, and respite services

Name:

St. Ignace Senior Citizen Center

Address:

1210 North State Street, St. Ignace, MI 49781

Website:

Telephone: (906) 643-8595 Don Wright Contact Person:

Persons:

2955

Service Area:

Mackinac County

Services:

Information, outreach, senior meals, social activities, homemaker, personal care, and

respite

Name:

Menominee Senior Citizen Center

Address:

905 10th St., P.O. Box 811, Menominee, MI 49858

Website:

Telephone: (906) 863-2158 Renelle Betters Contact Person:

Persons:

5595

Service Area:

Menominee County

Services:

Information, outreach, senior meals, social activities, MMAP, homemaker, personal

care, and respite services

Name:

Dickinson County Senior Citizen Center

Address: Website: 700 Crystal Lake Blvd., Iron Mountain, MI 49801

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Telephone: (906) 774-5888 Contact Person: Frances Hood

Persons: 6099

Service Area: Dickinson County

Services: Senior meals, information and assistance, social activities

Name: Lake Gogebic Senior Citizen Center

Address: 109 Pine St., P.O. Box 361, Bergland, MI 49910

Website:

Telephone: (906) 575-3461 Contact Person: Joan Harris

Persons: 2256

Service Area: Ontonagon County

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

respite services

Name: Baragaland Senior Citizen Center

Address: Box 258, 6 North Main St., L'Anse, MI 49946

Website:

Telephone: (906) 524-6711 Contact Person: Pamela Anderson

Persons: 1857

Service Area: Baraga County

Services: Information, outreach, social activities, homemaker, personal care, and respite

Name: Munising Lakeshore Manor

Address: 200 West City Park Drive, Munising, MI 49862

Website:

Telephone: (906) 494-2721 Contact Person: Kay Polmatier

Persons: 2190

Service Area: Alger County

Services: Senior meals, information and assistance

Name: UPCAP Care Management

Address: 1100 Century Way, Suite D, Houghton, MI 49931

Website: www.upcap.org Telephone: (906) 482-0982 Contact Person: Becky Malette

Persons: 628

Service Area: Baraga, Houghton & Service Area: Baraga, Houghton &

Services: Information and assistance, care management, outreach, MMAP

Name: Gogebic County Senior Citizen Center Address: 100 S. Mill Street, Bessemer, MI 49911

Website:

Telephone: (906) 667-0283 Contact Person: Donna Heikkala

Persons: 4840

Service Area: Gogebic County

Services: Information, outreach, socila activities, senior meals, homemaker, respite & p; amp; amp;

chore services, personal care, MMAP



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Name: Crystal Falls Senior Citizen Center

Address: 601 Marguette Ave., Crystal Falls, MI 49920

Website:

Telephone: (906) 875-6709 Contact Person: Bette Christian

Persons: 4010

Service Area: Iron County

Services: Senior meals, information and assistance, social activities

Name: Flelch Senior Citizen Center

Address: Felch Twp. Community Center, Felch, MI 49831

Website:

Telephone: (906) 246-3559 Contact Person: Norma Dixon Persons: 6099

Service Area: Dickinson County

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

Name: Mid-County Senior Citizen Center

Address: P.O. Box 102, U.S. 41, Daggett, MI 49821

Website:

Telephone: (906) 753-6986 Contact Person: Becky Thoune

Persons: 5595

Service Area: Menominee County

Services: Information, outreach, senior meals, social activities, MMAP, homemaker, personal

care, and respite services

Name: Gladstone Senior Citizen Center

Address: 303 North 8th St, Gladstone, MI 49837

Website:

Telephone: (906) 428-2201 Contact Person: Terry Bovin Persons: 8437

Service Area: Delta County

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

respite services

Name: Breen Senior Citizen Center

Address: 244 Parkway St., Kingsford, MI 49802

Website:

Telephone: (906) 774-5110 Contact Person: Catherine Hinkle

Persons: 6099

Service Area: Dickinson County

Services: Information and assistance, social activities, senior meals

Name: Chatham Senior Nutrition Site Rock River Twp. Hall

Address: E3667 State Rd 94, Chatham, MI 49816

Website:



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Telephone: (906) 439-5360 Contact Person: Norma Kienitz

Persons: 2190

Service Area: Alger County

Services: information and assistance, social activities, senior meals

Name: Marquette Senior Services Center

Address: 300 W. Spring St., Marquette, MI 49855

Website:

Telephone: (906) 228-0456 Contact Person: Jane Palmer Persons: 11414

Service Area: Marquette County

Services: Information, outreach, MMAP, homemaker, senior meals, social activities

Name: Escanaba Senior Citizen Center

Address: 225 North 21st St., Escanaba, MI 49829

Website:

Telephone: (906) 786-8850 Contact Person: Mary Fliessner

Persons: 8437

Service Area: Delta County

Services: Information, outreach, social activities, senior meals, MMAP, homemaker, personal

care, respite services

Name: Pickford Senior Citizen Center

Address: Pickford Twp. Hal, Pickford, MI 49774

Website:

Telephone: (906) 647-2204 Contact Person: Donn Riley

Persons: 6473

Service Area: Chippewa County

Services: Information and assistance, social activities, senior meals

Name: Burt Twp. Community Center

Address: Braziel St., Grand Marais, MI 49839

Website:

Telephone: (906) 494-2721 Contact Person: Gustav Petruske

Persons: 2190

Service Area: Alger County

Services: Information and assistance, social activities, senior meals

Name: Ishpeming Senior Center

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

Website:

Telephone: (906) 485-5527 Contact Person: Elyse Bertucci

Persons: 11414

Service Area: Marquette County

Services: Information, outreach, homemaker, senior meals, social activities



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Name: Negaunee Senior Center

Address: 410 Jackson St., Negaunee, MI 49866

Website:

Telephone: (906) 475-6266 Contact Person: Kristy Basolo

Persons: 11414

Service Area: Marquette County

Services: Information, outreach, homemaker, senior meals, social activities

Name: Iron County Senior Citizen Center Address: 800 4th Avenue, Iron River, MI 49935

Website:

Telephone: (906) 265-6134
Contact Person: Jan Yackel
Persons: 4427
Service Area: Iron County

Services: Information and assistance, social activities, senior meals

Name: Newberry Senior Citizen Center

Address: 405 Newberry Ave., Newberry, MI 49868

Website:

Telephone: (906) 293-5621 Contact Person: Marie Nicholson

Persons: 1451

Service Area: Luce County

Services: Information, outreach, senior meals, social activities, MMAP, homemaker, personal

care, and respite services

Name: Manistique Senior Citizen Center Address: 101 Main St., Manistique, MI 49854

Website:

Telephone: (906) 341-5923 Contact Person: Connie Frenette

Persons: 2186 Service Area: Schoolcraft

Services: Information, outreach, senior meals, social activities, transportation, and homemaker

services

Name: Amasa Senior Citizen Center

Address: 601 Marquette Ave., Amasa, MI 49903

Website:

Telephone: (906) 822-7284 Contact Person: Annette Danielson

Persons: 4010 Service Area: Iron County

Services: Information and assistance, social activities, senior meals

Name: Rock Senior Citizen Center

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

Website:



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Telephone: (906) 356-6420 Contact Person: Lisa Mleczewski

Persons: 8437

Service Area: Delta County

Services: Information, outreach, senior meals, social activities, MMAP, homemaker, personal

care, and respite services



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Community Living Program

The options and benefits counseling component of the CLP project have been integrated into the overall enrollment process for all individuals who do not meet the financial eligibility tests for the MI Choice Waiver Program (individuals who's income may be within or exceed the \$2,094/month limit for MI Choice but have assets in excess of \$25,000). All care managers have been provided at least initial training in the process of options and benefits counseling to assist these consumers in utilizing their existing personal resources to remain in a community setting and to avoid or delay enrollment into the Medicaid system.

All UPCAP Care Managers have participated in extensive Person-Centered Thinking training activities and two Care Managers are currently certified as Master Trainers in the Person-Centered Thinking process. These two Care Managers provide on-going training to existing Care Management staff, the initial two-day PCT training for new Care Management staff, and additional PCT training for all AAA staff. Several abbreviated (one-day) PCT trainings will be provided to the U.P. service provider network during FY 12 and 13 to educating baseline staff in the principles of Person Centered Thinking.

Continuing training for AAA staff and ADRC-member staff in the basics of options and benefits counseling will also be provided, particularly as the ADRC moves towards full functionality. Baseline options and benefits counseling training will be provided to AAA and ADRC-member staff who provide information and assistance with a more comprehensive training provided to individuals who will be classified as options and benefits counselors. Training will be provided by UPCAP's Master PCT Trainers as well as those staff who have previous relevant experience as options and benefits counselors with the Single Point of Entry program.

UPCAP's 2-1-1 Call Center serves as the initial entry point for individuals seeking information about or actually needing long-term care services. The screening process is designed to identify individuals who might be immediately eligible for the MI Choice Waiver Program as well as for those who might benefit from comprehensive options and benefits counseling as a way to delay or avoid placement into a nursing facility and the need to access the Medicaid system.

All UPCAP Care Managers have extensive training and are well versed in the principles of Self Determination. UPCAP is a leader in the State in terms of utilizing the self determination option as a mechanism for providing greater control on the part of the participant over how care is provided and when and by whom it is provided. UPCAP currently reserves a small amount of Title III resources in a direct service purchasing system which will allow Care Management clients greater control over how Title III services are provided to them. This process is only just beginning to be accessed in FY 12 but it is anticipated to grow extensively during FY 2013.

UPCAP and the VAMC in Iron Mountain continue to have an extremely positive working relationship in terms of implementing the Veterans Self-Directed Home and Community-Based Services (VD-HCBS) program. The VD-HCBS program has served 33 veterans thus far in FY 12 and a waiting list exists at the VAMC for veterans interested in this option. The program is no longer in the demonstration mode and has been adopted as a standard veteran benefit for U.P. veterans. UPCAP and VAMC program staff meet on a regular bases, no less frequently than every other month, to discuss program issues, barriers, and success, and to develop plans to assure that in light of the current waiting list, that the most appropriate



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veterans are have access to the program.

UPCAP and SAIL continue to lead the ADRC development process in the Upper Peninsula. Quarterly meetings of members provide a forum for gaining a fuller understanding of the services provided by the membership as well as a better understanding of eligibility issues and access issues that will need to be addressed in assisting all individuals seeking long-term care assistance, whether of age or disability. Training opportunities will be expanded during FY 13 in the areas of person-centered thinking, advanced information and assistance techniques and in options and benefits counseling in order to assure that all members are fully capable of meeting the needs of individuals of age and disability.



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ADRC/MMAP

ADRC

Indicate if the AAA will participate in the development of ADRC partnership(s)in the PSA. If yes, please describe the anticipated role the AAA will play in the partnership(s).

AAA Response:

UPCAP fully intends to continue participating in the development of a no-wrong door Aging and Disability Resource Center for the Upper Peninsula. UPCAP has a leadership role in the development of the ADRC along with its principle partner, the Superior Alliance for Independent Living (SAIL), the region's Center for Independent Living. The ADRC of the U.P. is designated as an emerging ADRC within the State, and meets bi-monthly with its partners to continue further development towards a fully-functioning ADRC. Working in partnership with SAIL and other key partners, the AAA will continue to further develop and establish a regional Aging & Disability Resource Collaborative (ADRC). The AAA is expanding the role of the supports coordinators to fulfill the role of ADRC counselors, and has also included within its boards representatives from important stakeholders to ensure input and recommendations are received from all people requesting services from the AAA. AAA staff participate in state-wide workgroups that are developing standards, policies and procedures.

UPCAP will also serve as fiscal intermediary for the project when needed.

MMAP

If your Agency is a MMAP agency, provide an overview of your program, including numbers of persons served, volunteer recruitment and innovative ways of getting the information to residents.

AAA Response:

MMAP provides in-depth training, materials, and support to volunteer counselors who offer assistance to beneficiaries and their families on Medicare, Medicaid, and other health benefits. In FY 2011-12, forty-five MMAP counselors spent a total of 4100 hours providing one-on-one assistance to 4,800 beneficiaries requesting assistance with their benefits. Also, 160 outreach events were held throughout the region to inform 5,880 folks about benefit programs, changes in Medicare and other benefits, and to provide information on MMAP services in general. These numbers represent an 18% increase in the number of people affected by MMAP from the previous year.

During FY 2011, 9 new MMAP volunteer counselors were certified in the region, and it is anticipated that an additional 10 counselors will complete initial training in each of FY 2012 & 2013. The UPAAA is currently recruiting new counselors to become trained and certified, in Baraga, Iron, Dickinson and Mackinac Counties where there are few, if any, existing counselors. It is increasingly difficult to recruit new volunteer counselors to this program, due to the complexity of the benefit programs that must be learned, computer savvy and necessary computer/internet access, and the requirements to retain certification as a volunteer counselor. It is also very difficult for volunteers to participate in 6 full days of training, usually in a city other than where they live, which creates the need for overnight stays and travel. MMAP coordinators are consistently seeking new and innovative ways to recruit appropriate volunteers for the program, and advocate for the use of technology to help ease the burden of the intensive training requirements.

U.P. MMAP counselors were offered eight different state and regional training opportunities containing over 30 hours of training in topics specific to Medicare, Medicaid, insurance products, fraud and abuse,



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MMAP program requirements/reporting, and other benefit programs in the past fiscal year. Eighty-one percent of the region's counselors participated in at least 10 hours of training in the past fiscal year. Again, it is difficult for the region's volunteer counselors to participate in state-wide training events, due to the vast distance between the region and the State Capital, where most state-wide events are held. Four of the region's counselors did become certified as SMP (Senior Medicare Patrol) Specialists, and provided 30 outreach/training events to the community and other counselors within the region. Four other counselors have completed training as Medicaid Specialists, and another four have completed certification as Long Term Care Specialists.

The U.P. MMAP has concentrated outreach efforts to low-income people living in rural areas and subsidized housing complexes, targeting low-income individuals who may be aged and/or have disabilities. We have also partnered with SAIL (Superior Alliance for Independent Living) to help provide outreach and identify folks with disabilities who need help understanding or applying for benefits. Additionally, all 2-1-1 Call Specialists are also trained and certified MMAP Counselors, so that no matter how a person attempts to reach a benefits counselor, one is available. The Regional Coordinator is also a member of the emerging ADRC Collaborative and has entered into a MOU with the ADRC of the U.P. to be one of the key partners in this new venture, ensuring that whoever is looking for benefits assistance can find it.



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Other Grants

1. Describe other grants and/or initiatives the area agency is participating in with OSA and other partners.

AAA Response:

1. TCARE: UPCAP continues to work towards full implementation of the T-CARE process throughout the region. Seven staff are trained and certified as T-CARE Managers and two staff are certified as T-CARE Trainers. UPCAP continues to promote the option at all outreach efforts and through the 2-1-1 call center for caregivers calling on behalf of care recipients. T-CARE is also offered on a continuing basis to all caregivers of consumers involved in the MI Choice or Care Management Program.

Additionally, UPCAP developed a Community Resource Directory utilizing the agency's 2-1-1 resource data base. A "cross-walk" of taxonomy codes has been completed which allows care managers using the T-CARE electronic assessment to also utilize UPCAP's 2-1-1 Resource Directory for easy care planning on behalf of the caregiver.

- 2. CLP: The concepts of the Community Living Program have been fully incorporated into the Care Management Program. While two care managers were initially involved in the demonstration project, the concepts have been passed along to all care managers as an appropriate way to begin working with consumers who may have resources that will hinder their enrollment into the MI Choice Program. The principles of person-centered thinking are at the forefront of care management/CLP activities with the objective of providing options to consumers designed to help them utilize their own resources wisely and thereby avoid or delay the need to apply for Medicaid or seek facility based long-term care services.
- 3. BTBQ: The UPAAA, in conjunction with Region 9AAA, submitted a proposal to participate in OSA's Building Training / Building Quality demonstration program, and was selected as one of four contractors for the project. Activities during FY 2011 were primarily focused on putting together the contractual pieces with Region 9 and in recruitment of potential trainers and consumers to participate in the core competency and curriculum work groups. The primary object of the project is to develop a standardized training program for personal care aides and to establish the training as a sustainable product as well as a first step on a health care career ladder.
- 4. Evidenced-Based Disease Prevention Programs: The UPAAA is currently conducting classes in PATH, Diabetes PATH, Savvy Caregivers, Savvy Caregivers for Veterans, Healthy Eating, the MI Diabetes Prevention Course and Matter of Balance. Several UPAAA staff are scheduled to attend training to become certified as Master Trainers in Chronic Pain PATH in the near future.
- 5. Veterans HCBS: UPCAP continues to have a very cooperative relationship with its local VAMC and served 43 veterans during FY 2011 in remaining at home to receive their long-term care services. In implementing the VD-HCBS program, UPCAP staff offer comprehensive options and benefits counseling as part of its overall assessment and PCP process. All program participants utilize the self-directed care option of service delivery with back up or ancillary services provided through traditional service delivery model.



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6. Integrated Care/Care Transitions - UPCAP has entered into a cooperative working relationship with the Upper Peninsula Health Plan to conduct Risk Assessments for UPHP's Special Needs Program for dually eligible individuals. Through this contractual relationship, UPCAP utilizes its MI Choice/Care Management assessment and generates quality indicator and RUGS reports based on assessment results to assist UPHP in its care plan development process. In developing this contractual relationship, UPCAP intends to build a further relationship related to assisting U.P. Hospitals and nursing facilities in addressing the issue of avoidable re-hospitalizations (Care Transitions) and also to foster a possible partnership as the Department of Community Health

pursues an Integrated Care model for all Medicare and Medicaid eligible individuals in Michigan.

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

AAA Response:

The anticipated outcomes for all of these programs is to provide cost-effective and meaningful resources and services to target populations (caregivers and consumers) related to the provision of care and/or assistance with long-term care needs. Consumers will have greater control over the provision of service, as well as the times services are delivered, and greater availability of information about supports and LTC options. Additionally, these ventures will provide more appropriate and effective utilization of resources while ultimately increasing the level of satisfaction of the consumer receiving services, by giving them economical and meaningful tools/options they need and want to improve (or at least maintain) their quality of life to the very end.

3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2013.

AAA Response:

The AAA's planned program development goals are designed to ensure that older adults get the information and resources they need to make self-directed and healthy lifestyle choices throughout their lifespan. Utilization of the region's 2-1-1 Call Center as the entry point for accessing objective, extensive information and referrals to these initiatives and other programs is the first step in maintaining, or perhaps even improving, an older adult's quality of life through their "golden" years. Learning to cope and/or care for chronic diseases, learning to become an effective and productive caregiver in a healthy way, being allowed to remain within the community and receive the quality services that the consumer chooses, and being free of elder abuse, neglect or exploitation all helps to ensure that the older person can age with dignity and respect, in the manner that they choose, in a more cost-effective and productive way.

4. Describe the area agency's Creating Confident Caregivers initiative for FY 2013.

AAA Response:

The goal of the UPAAA's CCC program is to provide at least 20-25 CCC and VA-CCC workshops during the coming fiscal year, reaching at least a150 caregivers throughout the region. The AAA is coordinating efforts with new and existing partners to train more lay leaders throughout the region, and to identify areas where potential participants are located and interested, and conduct workshops in those areas to assist caregivers to remain healthy and improve the quality of life for both the caregiver and the care receiver. A special emphasis in the coming year will be to train at least 2 tribal members to be CCC leaders, so that workshops will be available to tribal caregivers in their own communities.



ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

U.P. Area Agency on Aging

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In anticipation of the end of grant funding, several other options are being explored such as the utilization of IIID funds, corporate spnsorships, and participant fees. There is also anticipation that a new OSA Standard will be completed/finalized in the near future so that other funding, such as that from the National Family Caregiver Support Program, can be utilized.

The agency contact for both the CCC and VA-CCC in our region is Tammy Rosa, Regional CCC Coordinator. Ms. Rosa is responsible for submitting both monthly and semi-annual reports to the State Coordinator about CCC program activity in the region.



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Appendices



ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

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U.P. Area Agency on Aging

APPENDIX A Board of Directors Membership

	Asian/Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	2	0	1	3	19
Aged 60 and Over	0	0	2	0	1	1	15

Name of Board Member	Geographic Area	Affiliation	Elected Official	Appointed	Community Representative
Jerry Doucette	Alger County	Alger County Board of Commissioners	Yes		
Gale Eilola	Baraga County	Baraga County Board of Commissioners	Yes		
Jim Moore	Chippewa County	Chippewa County Board of Commissioners	Yes		
Tom Elegreet	Delta County	Delta County Board of Commissioners	Yes		
Joe Stevens	Dickinson County	Dickinson County Board of Commissioners	Yes		
Tom Gerovac	Gogebic County	Gogebic County Board of Commissioners	Yes		
Edward Jenich	Houghton County	Houghton County Board of Commissioners	Yes		
Wayne Wales	Iron County	Iron County Board of Commissioners	Yes		
Frank Stubenrauch	Keweenaw County	Keweenaw County Board of Commissioners	Yes		
Jill Maki	Luce County	Luce County Board of Commissioners	Yes		
James Hill	Mackinac County	Mackinac County Board of Commissioners	Yes		
Gerald Corkin	Marquette County	Marquette County Board of COmmissioners	Yes		



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Bernard Lang	Menominee County	Menominee County Board of Commissioners	Yes		
Carl Nykanen	Ontonagon County	Ontonagon County Board of Commissioners	Yes		
Allen Grimm	Schoolcraft County	Schoolcraft County Board of Commissioners	Yes		
Richard Timmer	Chippewa County	Member-at-Large		Yes	
Amy Maes	Marquette County	Superior Alliance for Independent Living (SAIL)		Yes	
Paul Tesanovich	Baraga County	Member-at-Large		Yes	
Sharon Teeple	Chippewa County	Member-at-Large Bay Mills Tribe		Yes	



ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

U.P. Area Agency on Aging

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APPENDIX B Advisory Board Membership

	Asian/ Pacific Islander	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female	Total Membership
Membership Demographics	0	0	0	0	1	9	14
Aged 60 and Over	0	0	0	0	0	3	8

Name of Board Member	Geographic Area	Affiliation
Ruth Almen	All 15 counties within region.	Alzheimer's Association
Jim Bruce	Delta County	Consumer
Gladys Elegeert	Delta County	Department of Human Services
Connie Fuller	Delta County	Consumer
Sandy Guenette	Delta County	Hospital
Billie Jo Hermanson	Luce County	Consumer
Sally Kidd	Delta, Menominee, Schoolcraft Counties	Community Action Agency
Ken Myllyla	Delta County	Consumer
Marvin Saltz	Dickinson County	Consumer
Scheryl Searles	Chippewa County	Consumer
Joann Scheerz	Chippewa County	Consumer
Duane Smith	Baraga County	Consumer
Joseph Vanlandschoot	Alger County	Consumer
Pish Cianciolo	Marquette County	Consumer



ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

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U.P. Area Agency on Aging

APPENDIX C Current Provider Demographics

	Asian/ Pacific Island	African American	Arab/ Chaldean	Native American/ Alaskan	Hispanic Origin	Persons with Disabilitie	Female	TOTAL (all contractors) (all employees)
Number of Contractors by Demographics	0	0	0	4	0	2	5	26
Number of Contractor Employees by Demographics	0	2	0	45	1	1	666	823

The above table should reflect contractors/staff that are funded by the AAA only. Number of employees of contractors should reflect a specific point in time. For example, report the numbers as of April 1, 2011. The data collection date should be the same for all contractors.

The information gathered from this report will be used in the cultural competency work that is being conducted by OSA. Please contact your field representative for more information.



ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

U.P. Area Agency on Aging

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APPENDIX F Regional Service Definitions

Service Definition Private Duty Nursing			
Service Category	Status	Fund Source	Unit of Service
□ Access	⊙ New	Title IIIB	Each Hour that
☑ In-Home	O Previously Approved		PDN Service is
□ Community			Provided

Minimum Standards

- 1. Service Provider must meet and comply with all of the general and specific program standards as established for the provision on in-home services.
- 2. RN and/or LPN must have completed accredited courses in nursing and possess valid licensure in the State of Michigan.
- 3. An LPN must work under RN supervision from the Provider Agency and will be responsible for the following service components:
- a. Assists with preparation, implementation, and evaluation of the nursing plan;
- b. Observe, record, and report to the supervising RN regarding patient symptoms, reactions, and changes including patient's general physical and mental condition as well as signs and symptoms which may be indicative of significant changes in the patient's status;
- c. It is the responsibility of the Service Provider's supervising RN to report to Care Managers in regards to patient status/needs & to assure that the Plan of Care is adhered to.

Approved by OSA

Service Definition

Health Screening

Service Category	Status	Fund Source	Unit of Service
□ Access	⊙ New	Title IIID	One annual
☐ In-Home	O Previously Approved		screening per
☑ Community			person

Minimum Standards

Each client shall receive an annual physical, social and psychological assessment which shall include:

(NOTE: Assessors shall attempt to acquire each item of information listed below but must recognize and accept the client's right to refuse to provide requested items.)

- a. Basic Information (may be completed by client)
- (1) Individual's name, address and phone number

ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

U.P. Area Agency on Aging

- FY: 2013
- (2) Name, address and phone number of person to contact in case of emergency.
- (3) Gender
- (4) Age and date of birth
- (5) Race and/or ethnicity
- (6) Living arrangement
- (7) Type of housing
- (8) Whether or not individual's income is below the poverty level and/or sources of income (particularly SSI and GA)
- (9) Date of last physical by a physician.
- b. Health History (can be completed by client)
- (1) History of illnesses, injuries, health problems, chronic pain and abnormal signs and symptoms
- (2) Limitations in activities of daily living
- (3) Health habits including eating patterns, smoking, and alcohol intake
- (4) Allergies to medicine, food, etc.
- (5) Prescription medications and over-the-counter medications currently taken
- (6) Other treatments and orders by a physician
- (7) Names of all current physicians and when last seen by each
- (8) Health or support services currently received or received in the past
- (9) Social and psychological history
- c. Nurse Assessment (by an RN including review of the client's health history)
- (1) Physical Status (visual review)
- a . Edema in lower extremities
- b. Stability of walking/balance difficulties/falls
- c. Shortness of breath
- (2) Mental and social status.
- (3) Review if the client has Caregiver Stress or Anxiety
- (4) Abnormal signs or symptoms observed by the RN and reported by client.
- (5) Review of results of screening tests.
- (6) Vision
- a. Date of last eye exam
- b. Condition of glasses
- c. Age of glasses
- d. Able to read
- e. Able to drive

Service Definition

Health Screening - continued (pg 2)

Service Category	Status	Fund Source	Unit of Service
☐ Access	O New	Title IIID	One annual
☐ In-Home	O Previously Approved		screening per
☑ Community			person



ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

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Minimum Standards

- 7) Hearing
- a. Date of last hearing exam
- b. Does the assessor have to shout
- c. Does the client read lips
- (8) Hearing Appliance Used
- a. Condition of hearing aid
- b. Check for wax in ears
- (9) Dental:
- a. Date of last dental exam
- b. Condition of dental hygiene
- 2. Each program shall offer or otherwise provide for the following annual screening tests or procedures (a client may choose not to participate in one or more tests):
- a. Vital signs-temperature, pulse, respiration and blood pressure.
- b. Hemoglobin or hematocrit
- c. Stool sample for blood detection
- d. Height and weight
- e. Breast exam or instruction in breast exam
- f. Urine test
- g. Tuberculosis skin test
- h. Influenza immunization
- i. Referral for mammogram and pap test as appropriate
- i. Pneumonia vaccine
- k. Information on testicular exam instruction
- I.Referral for dental exams if needed
- m. Referral to evidence-based health & wellness programs, as appropriate.
- 3. Each program may offer the following annual screening tests or procedures:
- a. Tetanus and diphtheria immunizations
- b. Random plasma glucose if venous blood draws are done in a non-fasting state or fasting plasma glucose if venous blood draws are done in a fasting state
- c. Blood chemistry
- d. Hearing test
- e. Vision test
- f. Glaucoma test
- g. Yearly urinalysis and serum creatine
- 4. All health screening tests and immunizations shall be done under the on-site supervision of a registered nurse.
- 5. The program shall offer basic health information in response to screening results and to make referrals for medical intervention, or a referral to an evidence-based health & wellness program, as indicated.



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U.P. Area Agency on Aging

Service Definition						
Health Screening - co	ontinued (pg 3)					
Service Category	Status	Fund Source	Unit of Service			
□ Access	O New	Title IIID	One annual			
□ In-Home	O Previously Approved		screening per			
☑ Community person						
Minimum Standards						
6. A follow-up contact	6. A follow-up contact with the client shall be made on referrals for medical intervention or					

- 6. A follow-up contact with the client shall be made on referrals for medical intervention or wellness program within 30 days. If the client chooses not to seek medical intervention or participate in an evidence-based health & wellness program as recommended, an appropriate notation shall be made in the screening records. Follow-up shall be made on all annual screens requiring medical intervention or a referral to an evidence-based health & wellness program.
- 7. Each program shall maintain complete records for each client screening, including at a minimum:
- a. The annual physical, social & psychological assessment
- b. Results of tests
- c. Immunizations received
- d. Notes in response to follow-up client contact.

Approved by OSA

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2013

Funded Under Disease Prevention Health Promotion Service Definition

Area Agency on Aging	****
UPCAP Services, Inc Region 11	
Programs meeting minimal criteria:	
 Demonstrated through evaluation to be effective for improving the health and we disease, disability and/or injury among older adults; and Ready for translation, implementation and/or broad dissemination by community organizations using appropriately credentialed practitioners. 	
Health Screenings	\$
	\$
	\$
	\$
2. Programs meeting intermediate criteria:	
 Published in a peer-review journal. Proven effective with older adult population, using some form of a control condit study, case control design, etc.) Some basis in translation for implementation by community level organization. 	tion (e.g. pre-post
Healthy Eating	\$
	\$
	\$
	\$
Programs meeting highest-level criteria:	-
 Undergone experimental or quasi-experimental design. Level at which full translation has occurred in a community site. Level at which dissemination products have been developed and are available to 	o the public.
PATH	\$
Matter of Balance	\$
Creating Confident Caregivers	\$
Arthritis Foundation's Walking with Ease	\$

Michigan Office of Services to the Aging

DIRECT PROVISION OF SERVICES WORK PLAN

Fiscal Year 2013

Area Agency on Aging

UPCAP Services, Inc.

Service to be provided

Medication Management

Planned time frame

10/1/2012 through 9/30/2012

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

Goals and Activities

PATH program: The PATH program in the region now consists of the original Chronic Disease Self-Management program, and also two other versions: Diabetes Self-Management and Chronic Pain Self Management. For fiscal year 2013 the agency will offer a refresher and program update training, to ensure program facilitators are implementing current/accurate information. The agency will offer a Diabetes PATH leader training with the expectation of producing 20 new Diabetes PATH leaders. The agency will offer a Chronic Pain leader training, expecting to produce 20 new leaders. In FY 2013, at least 10 PATH workshops will be offered throughout the region, as well as 10 Diabetes PATH workshops, and 5 Chronic Pain workshops.

Matter of Balance (MOB) program: The goal for 2013 is to train coaches in Chippewa, Luce, Mackinac, Houghton, Gogebic, Ontonagon, Iron, and Keweenaw counties, and with the help of various community partners, to offer at least 25 classes throughout the region. The agency will continue to provide technical support and assistance to ensure program fidelity and success. Support will consist of fidelity monitoring of each newly trained coach and an annual program update meeting for all coaches.

Accomplishments

10/1/10 to-date (Fiscal year 2012)

PATH program results:

- 235 people have completed the PATH program (22 workshops)
- 15 new PATH leaders (from one leader training)
- 7 new Diabetes -PATH leaders (from one leader training)
- 2 Chronic Pain program Master Trainers

New partnerships: Gwinn Rural Health Clinic, Aspirus Keweenaw Health System, Delta County YMCA, and volunteers in Chippewa, Houghton, Delta, Menominee, and Dickinson counties

Matter of Balance program results:

- 2 Master Trainers
- 24 new coaches
- 4 Classes completed (40 participants completed)

Partnerships formed with the following: YMCA's (Delta, Menominee counties), Alger Co. Commission on Aging, MDS-CAA, Hannahville Indian Community, Negaunee Senior Center, and volunteers in Schoolcraft, Delta, Dickinson

Service to be provided

Prevention of Elder Abuse, Neglect, & Exploitation

Planned time frame

10/1/2012 through 9/30/2012

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

Goals and Activities

It is the goal of the UPAAA to increase community awareness and understanding of elder abuse, neglect, and exploitation across all 15 counties of the region, thus preventing abuse from occurring.

To meet this goal, the UPAAA will conduct the following activities:

- 1. Promote and provide updated training/education programs to senior centers, long-term care facilities and other agencies providing services to older adults, as requested.
- 2. Collaborate with local TRIADs and financial institutions to educate the public via community seminars on senior scams and financial exploitation.
- 3. Work with the Ombudsman program to train the region's 8 Ombudsman volunteers to conduct elder abuse presentations to families and caregivers of people in long term care facilities.
- 4. As part of the "Building Training-Building Quality" project, the UPAAA will arrange and conduct Training to Prevent Elder Abuse & Neglect (TPAAN) to at least 150 personal care aides working in seniors' homes throughout the region.
- Continue working with MMAP to recruit two more Senior Medicare Patrol Project (SMP) volunteers that can provide outreach and education in their communities about Medicare Fraud & Abuse.

Accomplishments

In FY 2011:

- 260 people working in long-term care facilities were trained in elder abuse, neglect & exploitation, how to prevent it, and how to report suspected cases
- a two-hour dementia training curriculum was developed for partner agencies to help teach their staff how best to respond to difficult behaviors in a positive way, thus preventing caregiver stress which could ultimately lead to elder abuse.
- 4 U.P. MMAP counselors were certified as Senior Medicare Patrol (SMP) Specialists who provided 30 outreach events specific to Medicare fraud & abuse throughout the region.
- 4 cases specific to Medicare fraud and abuse were reported by MMAP counselors.

Michigan Office of Services to the Aging

DIRECT PROVISION OF SERVICES WORK PLAN

Fiscal Year 2013

UPCAP Services, Inc.

Service to be provided

Long Term Care Ombudsman

Planned time frame

10/01/2012 - 09/30/2013

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

Goals and Activities

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 residents rights, and making referrals to appropriate community resources.

Activities:

- 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 in consultation with local agencies.
- 3. Ombudsman Program Manager will encourage long term care facilities to promote change within their facilities to offer a better quality of life to all residents. These changes will be highlighted during the Best Practices Conference scheduled for October 2012.

Accomplishments

10/1/10 to-date (Fiscal year 2012)

- Four educational presentations were provided to LTC facilities regarding resident rights and elder abuse with the goal of reducing abuse and rights violations.
- Provided 47 consultations to long term care facilities, consisting of (but not limited to) seeking resolution for resident complaints and issues with facility staff.
- Provided 89 consultations to individuals in the region. Consisted of seeking resolution for resident complaints and issues with residents, family, friends and other concerned parties.
- Completed 59 visits in adult foster care homes and homes for the aged across the region, with regard to introductions to the program and continued monitoring of residents care and concerns (non-complaint related).
- Completed 38 visits with residents in LTC facilities with regard to complaint resolution and assuring all residents are being properly treated and needs are being met.

Service to be provided

LTC Ombudsman - continued

Planned time frame

Specify the planned goals and activities that will be undertaken to provide the service identified above. A separate Work Plan must be developed for each direct service provided.

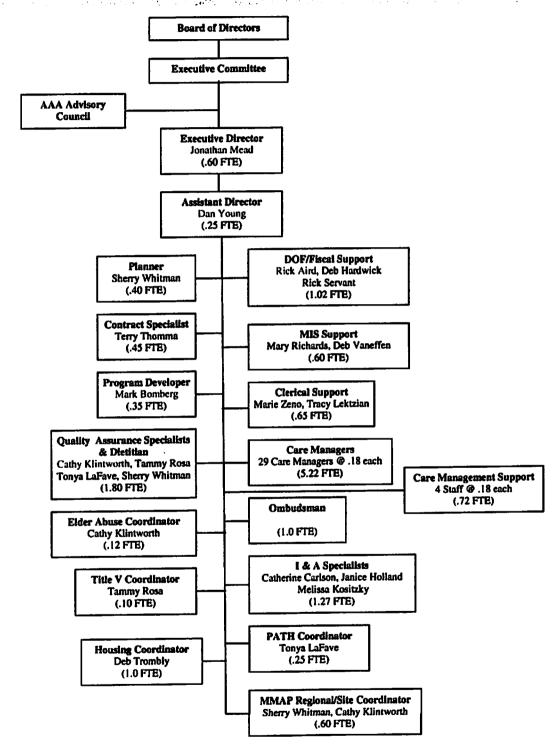
Goals and Activities

- 4. The Ombudsman program will continue to promote and recruit and train volunteer Ombudsman throughout the region, so that at least one volunteer Ombudsman is available in each county, and to enhance the visibility, availability, and effectiveness of local services.
- 5. Promote and provide facility staff with training on the ombudsman program, resident's rights, and elder abuse throughout all long-term care facilities in the region.

Accomplishments

- Completed 341 unannounced visits with residents in LTC facilities to continue assuring that resident are properly cared for and all concerns and needs are being met.
- Participated in 16 state licensing survey investigations.
- Participated in 6 resident council meetings in various facilities across the region as requested by the council.
- Participated in 3 community education opportunities consisting of presentations on elder abuse, resident rights and overall program outlines.

U.P. Area Agency on Aging - Organizational Chart



FY 2013 Planned	Se	rvices S	ummary Pa	ige for F	PSA:					
	E	udgeted	Percent of	Method of Provision						
Service		Funds	the Total	Purchased	Contract	Direct				
ACCESS SERVICES					8.39.51.55.40.56.	有效,不是以 。				
Care Management	\$	543,121	9%			X				
Case Coordination & Support	\$		0%							
Disaster Advocacy & Outreach Program	\$		0%							
Information & Assistance	\$	91,888	2%			X				
Outreach		•	0%							
Transportation	\$	23,879	0%	Х	Х					
M HOME OF DWOES	_			Notice A. B. Sar	10 7 3 5 14 16 16 16 16 16 16 16 16 16 16 16 16 16	20 € ÷ 2 €				
IN-HOME SERVICES Chore	\$	9,290	0%		X	<u>କେଥାଲି କଥା</u>				
Home Care Assistance		293,619	5%	- x -	X					
Home Injury Control		25,482	0%		X					
Homemaking		411,810	7%		X					
Home Delivered Meals		1,982,693	34%	$\frac{\lambda}{x}$	X					
Home Health Aide		1,302,035	0%		 					
Medication Management		21,791	0%			X				
Personal Care	\$	21,101	0%	_						
Personal Emergency Response System		280	0%	Х						
Respite Care	Š	396,812	7%	X	Х					
Friendly Reassurance		-	0%		. 1 2					
Therialy Measurement	Ť									
COMMUNITY SERVICES				将那么数据	· 经数据47%	NOT THE				
Adult Day Services	\$	133,562	2%	X	X					
Dementia Adult Day Care		-	0%							
Congregate Meals		1,587,001	27%		X					
Nutrition Counseling		•	0%							
Nutrition Education		-	0%							
Disease Prevention/Health Promotion		-	0%							
Health Screening		24,847	0%		Х					
Assistance to the Hearing Impaired & Deaf		-	0%							
Home Repair	\$	-	0%							
Legal Assistance	\$	43,000	1%		Х					
Long Term Care Ombudsman/Advocacy	\$	94,766	2%			X				
Senior Center Operations	\$	•	0%	-						
Senior Center Staffing	69	-	0%							
Vision Services		•	0%							
Programs for Prevention of Elder Abuse,	\$	10,852	0%			X				
Counseling Services		-	0%							
Specialized Respite Care	\$	-	0%		ļ <u>.</u>					
Caregiver Supplemental Services		1,500	0%		X					
Kinship Support Services		18,750	0%	Х	X					
Caregiver Education, Support, & Training	\$	32,075	1%		Х					
PROGRAM DEVELOPMENT	5	131,700	2%	September 1	A to Barrell	ara 🕶 🛒 👯				
REGION-SPECIFIC	\$				Barrier Section					
CLP Services	\$	-	0%							
MATF administration	\$	19,891	0%							
TOTAL PERCENT			100%	2%		15%				
TOTAL FUNDING	\$	5,898,609		\$124,305	\$4,860,295	\$914,009				

FY 2013 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL Rev. 3/2011 **Budget Period:** 10/01/12 09/30/13 Agency: UP Area Agency on Aging to page 2 of 3 05/30/12 Rev. No.: PSA: XI Date: State St. Alt. State Care State St. Resoite Merit Award Medicaid Program Cash In-Kind State NHO (Escheat) Trust Fund CMP Fund Match Match TOTAL Title VII In-Home Care Mgmt Income SERVICE CATEGORY Title III-B Title III-D Title III - E Access 1. Access - PA-1 1 4000 52,760 543,121 11.727 42 809 431 B25 a. Care Management 50° 55.4 b. Case Coord/supp VOE OFF 77. · ... c. Disaster Advocacy 200 10.980 91.888 ar in a co The Walt d. Information & Assis 35,000 45,908 443,577.5 . . e. Outreach The Marin 200 7 • 2.000 3.225 23.879 A STATE OF f. Transportation 15,000 2.818 7.1 131.20 3.5 2. In-Home **** 7.445次年4月 1.538.00 a. Chore 8.000 d Average 8 890 9,290 68 000 87,000 8,000 6.000 25 935 293 619 b. Home Care Assis 98.684 7.V35-2 4 3 W 1,700 25,482 - 6 5 7 **计**信息 10 并 c. Home Injury Cntrl 23,782 į. Louise 30,000 7.350 33,485 188,000 73,056 79.919 1 7 7 7 35.243.7 411,810 d. Homemaking - 1. The second . . . 4-1123 Carte Clar The state of e. Home Health Aide रहाम् ५० 30 3 5 CW 77 1,335 **用型流流** 21,791 f. Medication Mot , W 20,456 g. Personal Care 100 30 280 h. PERS 250 32,600 7.000 396,812 i. Respite Care 28,144 127,520 A STORY 77.B72 123.67 是是一个人 18 300 1. **生活。2017** T. S. 15 1.15 والمراجعة i. Friendly Reassure 4,300 43,000 3. Legal Assistance 38,700 S. 17. 17. 18. 19. 子类中的 -المعادية ما 4.4 4. Community Services 1 5 3 3 1.00 **建**电子 1 19.19 a. Adult Day Care 1000 60,4 76,620 2.000 2.000 8,600 133,562 6,000 b. Dementia ADC 30 1 (35) 1.31 PASS NAME 1. 2. 2. 1. c. Disease Prevent 35.563.0 Marie Car • 1. 1. 1. 1. 為學學學 3.350 24.847 A ... 18-59 Reserve d. Health Screening 21,497 · · · · · e. Assist to Deal PLANTE TO 377.4 C1.17. 98 14.20 E. H 3 to \$ and the second 11-2 f. Home Repair 19 Con-16 -. • g. LTC Ombudsman 13,800 1. 1. 1. 1. 1. 1. 1. 1. 42.548 9.480 11,629 1 17.311 94,766 . . . h. Sr Ctr Operations N. Sale - 52 i. Sr Ctr Staffing ****** 35 X i. Vision Services - v-++ 1. 4-1 . k. Elder Abuse Prevnt 246 147 x x -117 1.090 10,852 7.13 **"是我们的**" 16 6 m 174 × 172 • J. 22 - 22 / 15 2 1 TH L Counseling ·拉特人员 -11-11-4 100 ٠ ٠ m. Spec Respite Care Acces n. Caregiver Supplimb Sec. 34.5 4 BLACK STEP 4:27 1.500 *** 1.500 4.750 o. Kinship Support 14,000 5 T 4 9 6 1 10.00 18,750 26,325 4. 5,750 32.075 g. Caregiver E.S.1 1.0 Program Develop 118,600 13,100 131,700 Region Specific 3.46 4.0 , (°) 1.6 CLP Services MATE administration 19.891 19,891 SUPPRY SERV TOTAL 585,687 42,809 141,056 166,919 431,825 42,546 77.872 221,023 46,400 30,000 41,953 254,913 21,391 17,311 207.210 2.328.915

FY 2013 AREA PLAN GRANT BUDGET- NUTRITION SERVICES DETAIL Rev. 3/2011 Agency: UP Area Agency on Aging Budget Period: 09/30/13 10/1/2012 page 3 of 3 PSA: XI Date: 05/30/12 Rev. Number TOTAL In-Kind Title III C-1 Title III C-2 State State HDM NSIP Program Cash SERVICE CATEGORY Match Match Congregate Income A. 30.00 **以下的** 13 2 14 176 Carlo Carlo Carlo 25 to 22 to 25 **Nutrition Services** 1,541,001 5-1 500 - 500 - 60 10,000 71,400 664,604 156,427 625,000 13,570 1. Congregate Meals 40,000 1,959,693 的公認整理 55,500 750,000 2. Home Delivered Meals 491,624 286,334 336,235 20年16日本語 3. Nutrition Counseling A REAL PROPERTY. 4. Nutrition Education 子言語作 69,000 5. AAA RD/Nutritionist* 46,000 23,000 442,761 50,000 126,900 3,569,694 Nutrition Services Total 710,604 359,235 13,570 491,624 1,375,000

^{*}Registered Dietitian, Nutritionist or individual with comparable certification, as approved by OSA.

	FY 2012 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL														
SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	CMP Fund	Program Income	Cash Match	In-Kind Match	TOTAL						
LTC Ombudsman Services				10世界地位	SIN AND ALL	a with the same	and the second	AN AND AND	No.						
1. LTC Ombudsman	13,800	11,629	"被法院"	42,546	17,311	-	•	9,480	94,766						
2. Elder Abuse Prevention	•		9,762	建立等的性質	- IFTIME TO	•		1,090	10,852						
3. Region Specific					气和解除				-						
LTC Ombudsman Ser. Total	13,800	11,629	9,762	42,546	17,311	-	•	10,570	105,618						

	FY 2012 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL													
SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/in-Kind Match	TOTAL					
1. Chore									-					
2. Homemaking					,				-					
3. Home Care Assistance									-					
4. Home Health Aide									•					
5. Meal Preparation/HDM					,				•					
6. Personal Care									-					
Respite Service Total		· ·	· ·		-	•	•	•						

Agency: <u>UP</u> PSA: XI					RANT BUDGET								
PQA- YI	Area Agency	on Aging		В	Sudget Period:	10/01/12	to	09/30/13	Rev. 3/2011				
1 3A. <u>Al</u>				Date:	05/30/12		Rev. No.:	0	Page 1of 3				
							- 1						
SER	RVICES SUMMA	(Y		ADMINISTRATION									
1.5	SUPPORTIVE	NUTRITION			Revenues		Local Cash	Local In-Kind	Total				
FUND SOURCE	SERVICES	SERV:CES	TOTAL	Federal Adminis	tration	216,932	•	35,865	252,797				
1. Federal Title III-B Services	585,687		585,687	State Administra	ibon	37,597	2 20 30 00	3447663344866	37,597				
2. Fed. Title III-C1 (Congregate)	133,245,67	710,604	710,604	MATF Administr	ation		理性。開展技术		19,891				
3. State Congregate Nutrition		13,570	13,570	Other		•		FATOTT WATER	-				
	ANTHAR COLUMN	359,235	359,235	Total:		274,420		35,865	310,285				
5. State Home Delivered Meals	400 TV Y	491,624	491,624	<u> </u>				 					
8. Fed. Title III-D (Prev. Health)	41,953		41,953										
9. Federal Title III-E (NFCSP)		N 100 100 100 100 100 100 100 100 100 10	254,913										
10. Federal Title VII-A		10,000	11,629										
10. Federal Title VII-EAP		· 神经主义性。	9,762	1	Expenditur	05							
11. State Access		PECONS RE	42,809				FTEs	C400340484					
12. State In-Home		7.70	141,056		1. Salaries/Wages		2.55	135,413					
13. State Alternative Care		181 7 PE 12 PE	166,919		2. Fringe Benefits		197	60,897					
14. State Care Management			431,825		3. Office Operations		THE SHIP OF	113,975					
16. State N.H. Ombudsman		****	42,546		Total:		As The Late of the Public of the	310,285					
17. Local Match				1				النبينين					
a. Cash	30,000	50,000	80,000		Cash Match Detail		f	In-Kind Match Detail					
b. In-Kind	207,210	126,900	334,110	Source		Amount	Source	1	Amount				
18. State Respite Care (Escheat)	77,872		77,872		· · · · · · · · · · · · · · · · · · ·		Volunteer Time		25,000				
19. Merit Award Trust Fund	221,023	WIN 25	221,023	\ 			Space Rental Dona	tions	8,000				
		442,761	442,761				Travel Costs Donate		2,865				
21. Program Income	63,711	1,375,000	1,438,711	1	,		.,	7	2,000				
TOTAL	2,328,915		5,898,609	Total:			Total:		35,865				

AREA AGENCY ON AGING-OPERATING BUDGET

PSA: XI Agency: UPAAA

TOTAL

Budget Period: 10/01/12

ts: 09/30/13

Date of Budget

05/30/11

Rev. No.:

Page 1 of 2

	Open		1	Program Services/Activities													
	Open				USDA	SCSEP	State	Care Mont	UB	IIID and	EAP &	in Home, Alt	Morit			HCBS	
	Admin	Program	Congregate Mests	Home Del.	Meals	Titie V	Access	CM Indirect	Services		Ombuda.	Care, St Res.	Award	TOTAL	1	Waiver	
	Admin	Develop	MOUS	10002	MC25	1100 4	ALLOSS	Can Brazeck	3011000	11111	<u> </u>	Caro, or russ.	A SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSO	1012	 	***************************************	
REVENUES						L						_			 -		
Federal Funds		\$ 118,600		\$ 359,235	\$ 442,761	\$ 57,372	\$ -	\$ -	\$ 467,087	\$ 296,866	\$ 21,391	\$ -	\$ -	\$ 2,690,848	<u> </u>	5,322,328	
State Funds	\$ 37,597	\$ -	\$ 13,570	\$ 491,624	\$	\$ -	\$ 42,809	\$ 431,825			\$ 59,857	\$ 385,847	\$ 221,023	\$ 1,684,152		5,322,327	
Local Cash	\$.	\$ -	\$ 10,000	\$ 40,000	\$ -	<u>s</u> -	\$ -	\$ -	\$ 15,000	\$ 9,000	5 -	\$ 6,000	\$.	\$ 80,000	\$		
Local In-Kind	\$ 35,865	\$ 13,100	\$ 71,400	\$ 55,500	\$ -	\$ 7,000	\$ 4,760	\$ 48,000	\$ 38,000	\$ 58,800	\$ 9,050	\$ 35,500	\$ -	\$ 376,975	<u> \$</u>		
Interest Income	\$.	\$ -	\$ -	\$ -	\$ -	\$ -	<u>s</u> -	\$ -			\$ -	\$ -	\$ -	\$ -	<u> </u> \$_		
Fund Raising/Other	\$.	<u>\$</u>	\$ -	<u> </u>	\$ -	<u>s</u> -	\$ -	\$.	<u> </u>		\$ -	\$ -	\$ -	\$ -	5		
TOTAL	\$ 290,394	\$ 131,700	\$ 805,574	\$ 946,359	\$ 442,761	\$ 64,372	\$ 47,569	\$ 479,825	\$ 520,087	\$ 364,666	\$ 90,298	\$ 427,347	\$ 221,023	\$ 4,831,975	\$ 1	10,644,655	
															\prod		
EXPENDITURES															L		
Contractual Services	\$ -	\$ -	\$ 678,174	\$ 827,859	\$ 442,761	\$ 52,083	\$ ·	\$ -	\$ 311,560	\$ 216,502	\$ -	\$ 385,847	\$ 201,132	\$ 3,115,918	\$	•	
Purchased Services	\$.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 95,000	\$ 14,000	\$.	\$ -	\$ -	\$ 109,000	\$	8,318,953	
Wages and Salaries	\$ 122,955	\$ 77,599	\$ 25,829	\$ 10,766	\$ -	\$ 4,394	\$ 26,086	\$ 248,852	\$ 27,962	\$ 39,736	\$ 36,883	\$ ·	\$ 12,458	\$ 633,520	\$	1,395,523	
Fringe Benefits	\$ 44,283	\$ 20,122	\$ 13,006	\$ 6,586	\$.	\$ 540	\$ 10,302	\$ 98,257	\$ 10,626	\$ 13,356	\$ 19,190	\$.	\$ 4,964	\$ 241,242	5	536,961	
Payroli Taxes	\$ 10,506	\$ 6,409	\$ 2,010	\$ 858	\$ -	\$ 355	\$ 2,146	\$ 20,931	\$ 2,402	\$ 3,659	\$ 2,909	\$ -	\$ 1,134	\$ 53,319	\$	115,138	
Professional Services	\$ 2,200	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 400	\$ -	\$ 500	\$ 600	\$.	\$ -	\$ 3,700	5	43,500	
Accounting & Audit Services	\$ 3,800	\$ -	\$ -	\$ -	\$.	\$ -	\$ -	\$ 2,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,300	\$	8,000	
Legal Fees	\$ 400	\$ 170) \$ -	\$ -	\$ -	\$.	\$ 500	\$ 1,500	\$ -	\$ -	\$ -	\$.	\$ -	\$ 2,570	\$	1,500	
Occupancy	\$ 10,000	\$ 5,000	\$ 2,600	\$ 1,610	\$ -	\$ -	\$ 1,850	\$ 18,800	\$ 7,927	\$ 2,750	\$ 4,435	\$ -	\$ 750	\$ 55,722	\$	63,150	
Insurance	\$ 2,800	\$ 600	\$ -	\$ -	\$.	\$ -	\$ 200	\$ 1,250	\$ -	\$ -	\$ 400	\$ -	\$ -	\$ 5,250	5	4,000	
Office Equipment	\$ 250	\$.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,500	\$	4,000	
Equip Maintenance & Repair	\$ 2,500	\$ -	\$.	\$ -	\$ -	\$ -	\$ -	\$ 1,750		s •	<u>s</u> -	S -	\$ -	\$ 4,250	5	4,500	
Office Supplies	\$ 12,000	\$ 1,000	\$ 460	\$ 500	\$ ·	s -	\$ 925	\$ 6,700	\$ 1,375	\$ 1,625	\$ 1,500	\$.	\$ 100	\$ 26,185	\$	19,250	
Printing & Publication	\$ 400	\$ -	\$ -	\$ -	\$ -	<u> </u>	\$ -	\$ 50		<u> </u>	\$ -	\$ -	\$ -	\$ 1,150	5	530	
Postage	\$ 4,950	\$ 450	\$ 100	\$ 50	\$ -	\$ -	\$ 200	\$ 1,900	\$ 200	\$ 100	\$ 250	\$ -	\$ -	\$ 8,200	S	6,050	
Telephone	\$ 6,950	\$ 1,20	\$ 50	\$ 100	\$	\$ -	\$ 600	\$ 5,530			\$ 605	\$ -	\$ 20	\$ 16,360	5	18,050	
Travel	\$ 14,000	\$ 5,50	0 \$ 1,375	\$ 2,000	\$ -	\$ -	\$ -	\$ 20,655	\$ 2,930	\$ 2,530	\$ 12,281	\$ ·	\$ 440	\$ 61,711	\$	95,950	
Conferences	\$ 3,725	\$ 55	0 \$ 270		<u> </u>	\$ -	\$ -	\$ 800	\$ -	\$ 338	\$ 2,195	\$ -	\$ 25	\$ 8,333	\$	6,750	
Memberships	\$ 9,500	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,700	\$	600	
Advertising/Other	\$ 3,300	\$ -	\$ 200		\$ -	S -	\$ -	\$ 700	· · · · · · · · · · · · · · · · · · ·	\$ 1,550	s -	s -	\$ -	\$ 11,070	\$	2,250	
Match (Cash & Inkind)	\$ 35,865	\$ 13,10	0 \$ 81,400	\$ 95,500	\$ -	\$ 7,000	\$ 4,760	\$ 48,000	\$ 53,000	\$ 67,800	\$ 9,050	\$ 41,500	\$ -	\$ 456,975	\$	-	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ ·	\$ -	\$ •	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	•	

\$ 290,394 \$ 131,700 \$ 805,574 \$ 946,359 \$ 442,761 \$ 64,372 \$ 47,569 \$ 479,825 \$ 520,087 \$ 364,666 \$ 90,298 \$ 427,347 \$ 221,023 \$ 4,831,975 \$ 10,644,655

AREA AGENCY ON AGING-WAGES AND SALARIES

 PSA:
 XI
 Budget Period:
 10/01/12
 to:
 09/30/13
 Date of Budget:
 05/30/11

 Agency:
 UPAAA
 Rev. No.:
 Page 2 of 2

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	i	Operati	ons			<u> </u>					_	ram Ser	_									╬	14070
			ł	Prog	gram	Congregate	Home Del.	USDA	SCSEP	State		ne Mgmt		liB	IIID and	EAP &	In Home, Alt		Vierit				HCBS
JOB CLASSIFICATION	FTES	Adm	រោ	Dev	relop	Meals	Meals	Meals	Title V	Access		Indirect	Ser	rvices	mE	Ombuds.	Care, St Res.		\ward		OTAL	<u>↓</u>	Waiver
AAA Executive Director	0.60	\$ 26	,353	\$ 31	1,623						\$	6,325	. '								64,301		28,569
AAA Deputy Director	0.25			\$ 17	7,933					`			•		<i>(*</i>					\$	17,933	-	33,863
Program Developer	0.35	\$ 10	,827	\$ 14	4,435								•						1.0	\$	25,262	—	41,915
Planner	0.40	\$ 8	,522	\$	8,522								4							•	17,044	5	9,227
Financial Officer	0.29	\$ 12	,939				_				\$	3,235						\$	2,588		18,762		30,347
Financial Manager/HR	0.44	\$ 15	,172								\$	2,217						\$	1,774	\$	19,163	\$	18,956
Payroll/Systems Mgr	0.29	\$ 8	,868								\$	2,217						\$	1,774	\$	12,859	\$	21,170
Nutritionist	0.85	:				\$ 25,829	\$ 10,766			S * 1 * 1 * 1 * 1 * 1 * 1									, , , ,	\$	36,595		
QA Supervisor	0.45	\$ 10	,172	\$:	5,086					·. *	\$	5,086		1.11	• .			\$	2,543	\$	22,887	\$	6,612
QA Specialist	0.50	\$ 1	,637								\$	11,461						\$	1,637	\$	14,735	\$	11,461
Clerical Support	0.65	\$ 13	,977																	\$	13,977	\$	37,082
Contract Specialist	0.45	\$ 6	,426								\$	10,710			146 m			\$	2,142	\$	19,278	\$	12,852
Ombudaman	1.00										-17	1	\$	7,220		\$ 30,780				\$	38,000		
Elder Abuse Coordinator	0.12													1.7		\$ 6,103	• .			\$	6,103		
MIS Support Staff	0.60	\$ 8	,062								\$	11,955					*1	. •		\$	20,017	5	48,018
Title V Coordinator	0.10		,						\$ 4,394				<u>-</u>		.=					\$	4,394		* 1
8 A Specialists	1.27											:	\$ 1	14,742	\$ 20,469	•				\$	35,211	╗┌	
Care Managers	5.22								1	\$ 23,914	\$	179,354	\$	6,000	\$ 11,703	·				\$	220,97	\$	962,482
Care Mgmt Suppor Staff	0.72									\$ 2,172	\$	16,292								\$	18,464	\$	90,146
Housing Coordinator	1.00												``	•,								0 \$	42,823
PATH Coordinator	0.25											3. i			\$ 7,564					\$	7,564		**.
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TOTAL	15.80	\$ 12	2,955	\$ 7	77,599	\$ 25,829	\$ 10,766	\$ -	\$ 4,394	\$ 26,086	\$	248,852	\$	27,962	\$ 39,736	\$ 36,883	\$ -	\$	12,458	\$	633,52	0 \$	1,395,523



ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

U.P. Area Agency on Aging

FY: 2013

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Assurance & Certificates

ASSURANCE OF COMPLIANCE

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:

- 1. 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.
- 4. 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

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MICHIGAN OFFICE OF SERVICES TO THE AGING

ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

U.P. Area Agency on Aging

FY: 2013

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.

ASSURANCES AND CERTIFICATIONS

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

- 1. That the Annual Implementation Plan shall cover the current Fiscal Year 2011.
- 2. To administer its Annual Implementation Plan in accordance with the Older Americans Act, the Older Michiganians Act, federal and state rules, and policies of the Michigan Commission on Services to the Aging as set forth in publications and policy directives issued by the Michigan Office of Services to the Aging.
- 3. To make revisions necessitated by changes in any of the documents listed in point two in accordance with directives from the Michigan Office of Services to the Aging.
- 4. That any proposed revisions to the Annual Implementation Plan initiated by the Area Agency on Aging will be made in accordance with procedures established by the Michigan Office of Services to the Aging.
- 5. That funds received from the Michigan Office of Services to the Aging will only be used to administer and fund programs outlined in the Annual Implementation Plan approved by the Michigan Commission on Services to the Aging.
- 6. That the Area Agency on Aging will undertake the duties and perform the project responsibilities described in the Annual Implementation Plan in a manner that provides service to older persons in a consistent manner over the entire length of the Annual Implementation Plan and to all parts of the planning and service area.
- 7. That program development funds will be used to expand and enhance services in accordance with the initiatives and activities set forth in the approved Area Implementation Plan.
- 8. That all services provided under the Annual Implementation Plan are in agreement with approved service definitions and are in compliance with applicable minimum standards for program operations as approved by the Michigan Commission on Services to the Aging and issued by the Michigan Office of Services to the Aging, including Care Management.
- 9. That the Area Agency on Aging will comply with all conditions and terms contained in the Statement of Grant Award issued by the Michigan Office of Services to the Aging.
- 10. That the Area Agency on Aging may appeal actions taken by the Commission on Services to the Aging with regard to the Annual Implementation Plan, or related matters, in accordance with procedures issued by

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MICHIGAN OFFICE OF SERVICES TO THE AGING

ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

U.P. Area Agency on Aging

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the Michigan Office of Services to the Aging in compliance with the requirements of the Older Michiganians Act and Administrative Rules.

- 11. That the Area Agency on Aging 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.
- 12. That the Area Agency on Aging has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.
- 13. That the Area Agency on Aging will send copies of the Annual Implementation Plan to all local units of government seeking approval as instructed in the Annual Plan Instructions.
- 14. That the Area Agency on Aging Governing Board and Advisory Council have reviewed and endorsed the Annual Implementation Plan.
- 15. That the Area Agency on Aging will comply with Federal Regulation 2 CFR part 180 and certifies to the best of its knowledge and belief that its employees and subcontractors are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department. Further, that to the best of its knowledge and belief its employees and subcontractors are not presently on the Department of Community Health (DCH) or State Bureau of Health Professionals excluded parties lists.
- 16. That the Area Agency on Aging will comply with all conditions and terms of 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 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.
- 17. That the Area Agency on Aging will comply with all conditions and terms of 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 Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Office of Services to the Aging.

The signatory on the Signature Page indicates that the Area Agency on Aging is submitting the current Fiscal Year Annual or Multi-Year Implementation Plan that describes the initiatives and activities which will be undertaken on behalf of older persons within the planning and service area. We assure that these



ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

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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.

ASSURANCE OF COMPLIANCE WITH THE ELLIOT LARSEN CIVIL RIGHTS ACT

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 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 here from 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.