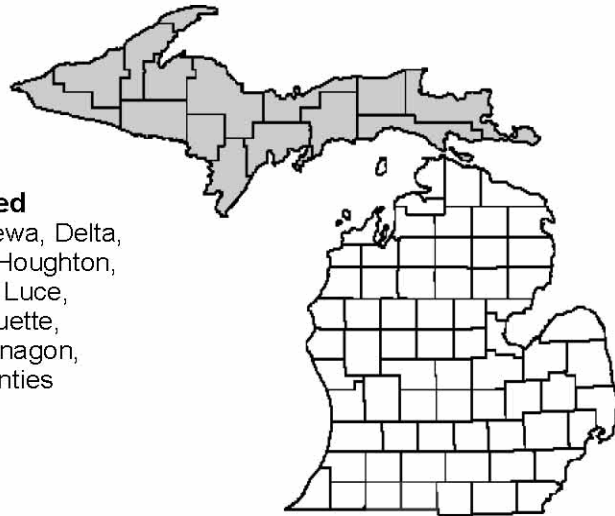




2012 ANNUAL IMPLEMENTATION PLAN

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



Areas Served

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

**U.P. AREA AGENCY ON AGING
UPCAP SERVICES, INC.
2501 14TH AVENUE SOUTH, P.O. BOX 606
ESCANABA, MI 49829
906-786-4701
1-800-338-7227
906-786-5853 (Fax)
JON MEAD, CHIEF EXECUTIVE DIRECTOR
www.upcapservices.com**

Office of Services to the Aging Field Representative
Dan Doezema 231-929-2531
doezemad@michigan.gov



MICHIGAN OFFICE OF SERVICES TO THE AGING

ANNUAL & MULTI YEAR IMPLEMENTATION PLANS (AMPs)

U.P. Area Agency on Aging

FY: 2012

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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 2012 AIP will be presented to UPCAP's Board of Directors at their meeting on June 17, 2011, 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 30, 2011, requesting approval of the plan as written by July 29, 2011.



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. There have been no substantive changes to the plan for FY 2012. Following the vision of Project 2020, the UPAAA's program objectives give older adults and individuals with disabilities the ability to make their own health care decisions, take steps to 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. The Plan also addresses the need to enhance information and support for seniors and their caregivers, and to improve and increase affordable and accessible housing options for older adults in the region.

The first 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 other key partners, Creating Confident Caregivers (CCC), PATH and Healthy Eating workshops have been held with over 350 people successfully completed the programs to-date. In FY 2012, the AAA will have staff and volunteers trained 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. It is planned that an additional 50 persons will successfully complete these various workshops offered throughout the region in FY 2012. Furthermore, CCC has been expanded to target veteran's families and it is anticipated that with the help of partners such as the Alzheimer's Association and the VA, additional workshops will be held in FY 2012, helping more than 150 caregivers cope with the task of full-time care-giving. Also, 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.



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The AAA continually encourages utilization of its region-wide AIRS accredited 2-1-1 Information and Referral System. Forty-seven per cent of the calls handled by the 2-1-1 Call Center in the past year were to assist callers in obtaining information or services related to long-term care, care giving, and housing issues. The 2-1-1 Call Center will serve as the portal to the Aging & Disability Resource Collaborative, 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 update and improve its training and education programs to meet the changing trends. The AAA also works with MMAP to help bring awareness of Medicare fraud and abuse issues to beneficiaries in the region.

Finally, the AAA is participating in innovative new programming such as the Community Living Program which 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 this project 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. Since March 2009, a total of 60 consumers have been assisted by these two programs. Additionally, the AAA is in the process of screening for potentially eligible caregivers to participate in T-Care, and currently has 7 trained T-Care managers ready to provide services via this program.



Public Hearings

AAA Response:

Date	Location	Time	Is Barrier Free	No of Attendees
06/07/2011	Escanaba UPCAP Office	01:00 PM	Yes	7

Narrative:

One public hearing was held in Escanaba in conjunction with the joint AAA Advisory Council and ADRC Collaborative meeting. The 2012 AIP Draft Plan was presented by an AAA staff member, highlighting the process for development of the plan, service priorities, program development and advocacy objectives, and the requested waivers to directly provide certain services. The on-going review process and timetables were also discussed. Given the number of individuals present, comments, concerns, and the exchange of ideas was conducted in an informal fashion providing the opportunity for a free-flowing discourse.

The primary focus of the discussion at the public hearing centered on the recent state budget issues and the effect it has on the provision of services to the elderly. While it appears there will be no further cuts to aging programs in this next fiscal year, there is a major concern that the cost of doing business has increased considerably. Agency providers in attendance explain that with cuts received in the last several years, and no increases forthcoming, it is more difficult to sustain the level of services that have been provided in the past. Many are grateful for the millage money they receive, because if not for this funding source, providers would have had to make significant cuts to services. Discussion ensued on how these services keep folks out of costly long-term care situations that the state ultimately ends up paying for, when funds could be better spent to keep people at home for as long as possible.

There is also a concern about the new health care reform law and the impact it will have on organizations that will be forced to provide insurance to all employees, and how this could decimate budgets and force more cuts in services. Additionally, the lack of good-quality internet and cell phone service in this region makes it difficult at times to do business, especially since most billing and reporting is done via the internet.

No written comments were received. The impact of the public hearing is reflected in the program development initiatives of this plan, and in the advocacy that will be carried out over the ensuing year.



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 (MMAAP), PATH, and in the development of a regional ADRC.

Other key partners are the UP Diabetes Outreach Network, MSU Extension, the Alzheimer's Association, the Veteran's Administration, 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 Michigianians Act have been inadequate to meet all the needs of seniors 60 and older in the region and the growing needs of their caregivers. The UPAAA will continue to prioritize utilization of state and federal funds for the provision of in-home services, particularly high demand/utilization services such as home delivered meals, home care assistance/personal care, in-home respite and homemaker aide services. This will be accomplished through the use of a standardized telephone screening and in-person assessment tool designed to identify needs and to target and prioritize services to older adults in greatest social and economic need as stipulated by the Older Americans Act.

The UPAAA will continue to encourage and advocate for counties to pass local millages to support and expand locally prioritized services. As of January 2011, 12 of 15 U.P. counties have senior millages. Local millages currently provide in excess of \$2 million to supplement Older American and Older Michigianians Act resources. Millage resources support or supplement personal care, chore, and homemaker services, home delivered meals, transportation, senior center activities, and case coordination.



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Access Services

Care Management

<u>Starting Date</u>	10/01/2011	<u>Ending Date</u>	09/30/2012
Total of Federal Dollars	\$0.00	Total of State Dollars	\$474,635.00

Geographic area to be served:

All 15 counties of the Upper Peninsula of MI

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

Over the course of the fiscal year planning period, the UPAAA will assist individuals needing nursing facility level of care to remain at home through the provision of Care Management, utilizing a person-centered planning/self-directed process. This includes Caregiver Case Management using the TCARE model. The information below for the current year is accurate for dates 10/1/2010 through 5/1/2011.

Timeline: The expected outcomes for the following fiscal year includes the months from 10/1/2011 through 9/30/2011.

Number of client pre-screenings:	Current Year:	667	Planned Next Year:	850
Number of initial client assessments:	Current Year:	189	Planned Next Year:	350
Number of initial client care plans:	Current Year:	103	Planned Next Year:	200
Total number of clients (carry over plus new):	Current Year:	766	Planned Next Year:	775
Staff to client ratio (Active and maintenance per Full time care	Current Year:	1:33	Planned Next Year:	1:33

MATCH:

Source of Funds	Cash Value:		In-kind	\$49,000.00
Source of Funds	Cash Value:		In-kind	\$10,000.00
Source of Funds	Cash Value:		In-kind	\$0.00

OTHER RESOURCES:

Source of Funds	Cash Value:	\$3,000.00	In-kind	\$0.00
Source of Funds	Cash Value:	\$0.00	In-kind	\$0.00
Source of Funds	Cash Value:	\$0.00	In-kind	\$0.00

Information and Assistance

<u>Starting Date</u>	10/01/2011	<u>Ending Date</u>	09/30/2012
Total of Federal Dollars	\$71,000.00	Total of State Dollars	\$0.00

Geographic area to be served:

All 15 counties of the Upper Peninsula of MI

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 includes Caregiver Information & Assistance via the TCARE model.



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Service Provision Request

Medication Management

<u>Starting Date</u>	10/01/2011	<u>Ending Date</u>	09/30/2012
Total of Federal Dollars	\$11,025.00	Total of State Dollars	\$0.00

Geographic area to be served:

All 15 counties of the Upper Peninsula of MI

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

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

Work plan including activities and expected outcome:

1. Will arrange for at least 5 people to be trained to conduct the Diabetes-PATH workshops, in order to provide this specialized program to adults with Type 2 Diabetes.
Anticipated Outcome: Four workshops will be held in Delta, Menominee, and Dickinson Counties to at least 40 individuals with Type 2 Diabetes, in order that they may better manage their chronic health condition.
2. Will arrange for a UPAAA staff member to become a Master Trainer in the Chronic Disease Self-Management program, in order to continue to train other lay leaders throughout the region.
Anticipated Outcome: At least one PATH leader training will be held in early FY 2012 to train an additional 10-12 leaders, so that classes will be more readily available to anyone who wants to participate within the region.

Rationale: Why is it appropriate for the Area Agency to provide this service?

Given the limited resources available, a region-wide organization such as the AAA provides the best opportunity to serve the greatest number of individuals. AAA staff are experienced in providing health and wellness training throughout the region, and have for many years successfully provided technical assistance and training to agencies and communities in a variety of venues. Each year RFPs are publicized for all OSA funded services, and no other agency or entity has shown an interest in providing this service for the amount of funds available.

Long Term Care Ombudsman

<u>Starting Date</u>	10/01/2011	<u>Ending Date</u>	09/30/2011
Total of Federal Dollars	\$11,629.00	Total of State Dollars	\$59,857.00

Geographic area to be served:

All 15 counties of the Upper Peninsula of MI

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

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.

Work plan including activities and expected outcome:

1. Increase awareness of the Ombudsman program through presentations at resident & family council



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meetings and distribution of program materials to residents, family members, and other interested parties. The Ombudsman will provide information to the public through print and local media, participation at the annual U.P. Senior Convention, and consultation with local agencies.

Anticipated Outcome: Ombudsman will visit residents at each facility at least quarterly to distribute Ombudsman information and attend planning meetings as requested. The public and residents will be more aware of residents' rights issues and where to go for assistance.

2. Ombudsman will complete requirements for obtaining Ombudsman Certification.

Anticipated Outcome: Ombudsman will become certified. Certification will be maintained through attendance at regional conferences, quarterly training, and monthly conference calls. This will ensure that the Ombudsman is an effective advocate for long term care residents.

3. Ombudsman will promote the use of "Culture Change" concepts and ideas in U.P. facilities and will incorporate into the annual Best Practices Conference scheduled to be held in the fall of 2011.

Anticipated Outcome: The Ombudsman will discuss and encourage "Culture Change" with all long term care facilities in the region.

4. Will continue the development of the region's volunteer ombudsman program to enhance the visibility and availability of local services.

Anticipated Outcome: Ombudsman will recruit and train two additional volunteers to service facilities in Gogebic and Chippewa Counties by 2012.

5. Will provide ongoing technical assistance and training for existing Ombudsman volunteers.

Anticipated Outcome: Three trainings will be offered per year and quarterly newsletters containing program updates will be provided to ensure volunteers are well trained advocates and are updated on LTC issues in a timely fashion.

6. Promote and provide LTC facility staff with on-going training about ombudsman services, residents' rights, and the prevention of elder abuse.

Anticipated Outcome: LTC staff will become more aware of residents' rights and elder abuse issues. Incidents of abuse to LTC residents within the region will decrease.

7. Promote principles of best practice by planning and coordinating the annual U.P. LTC Facilities Best Practices Conference in conjunction with LTC providers, the Bureau of Health Services, and the State Ombudsman program.

Anticipated Outcome: The region's LTC facilities will learn best practices from each other and from state agencies, to improve long term care service delivery to residents throughout the region.

Rationale: Why is it appropriate for the Area Agency to provide this service?

No other provider agency is willing or available to offer LTC Ombudsman services throughout the region. The UP AAA has demonstrated its capabilities to advocate on behalf of nursing facility residents, to mediate disputes, and through it's "Best Practices" Conference, assist the nursing home industry in improving the quality of care provided to facility residents.

Prevention of Elder Abuse, Neglect and Exploitation

<u>Starting Date</u>	10/01/2011	<u>Ending Date</u>	09/30/2012
Total of Federal Dollars	\$9,791.00	Total of State Dollars	\$0.00

Geographic area to be served:

All 15 counties of the Upper Peninsula of MI

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

Goal 1: Protect older adults for abuse & exploitation.



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Goal 2: Increase community awareness and understanding of health care fraud & abuse and financial exploitation.

Anticipated Outcomes: Increase community awareness and understanding of elder abuse, neglect and exploitation across the region, thus preventing abuse from occurring.

Time Line: 10/1/2011 - 9/30/2012

Work plan including activities and expected outcome:

1. Will promote and provide updated training and education programs to senior centers, nursing homes, adult foster homes, and all other agencies providing services to older adults.

Anticipated Outcome: One to 3 presentations totaling, approximately 40 units of elder abuse education, will be conducted to these entities each month within the fiscal year, to avoid possible elder abuse by those who provide services to this target group.

2. Work in collaboration with local TRIADS in educating communities on elder abuse prevention and how to report suspected cases of abuse, neglect, and/or exploitation.

Anticipated Outcome: Expand partnerships and collaborations with the help of local TRIADs, and increase elder abuse education activities by 25%.

3. The UPAAA MMAP program will work with local banking institutions to provide community seminars in at least 3 areas of the region on financial exploitation and health care fraud.

Anticipated Outcome: The community will become savvy to what might constitute financial exploitation, how to avoid it, and how to report it once detected.

4. Develop informational material and brochures that can be disseminated at local health & wellness fairs and other community events.

Anticipated outcome: Materials will be interesting and informative, and will encourage agencies to request more education for their staff, and the general public to report suspected cases of elder abuse in an appropriate manner.

Rationale: Why is it appropriate for the Area Agency to provide this service?

Given the limited resources available, a region-wide organization such as the AAA provides the best opportunity to serve the greatest number of individuals. AAA staff are experienced in providing Elder Abuse Education throughout the region, of training key target audiences, and have for many years successfully provided trainings in nursing facilities, senior centers, homes for the aged, Adult Foster Care facilities, and other agencies engaged in the provision of in-home services. Each year RFPs are publicized for all OSA funded services, and no other agency or entity has shown an interest in providing this service for the amount of funds available.



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Program Development Objectives (State)

State Plan Goal: Goal 1

Work to Improve the Health and Nutrition of Older Adults.

AAA Response:

Objective:

There are no substantive changes planned for this program goal

Timeline:

N/A

Activities:

N/A

Expected Outcome:

N/A

State Plan Goal: Goal 2

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

AAA Response:

Objective:

There are no substantive changes planned for this program goal.

Timeline:

N/A

Activities:

N/A

Expected Outcome:

N/A

State Plan Goal: Goal 3

Protect Older Adults From Abuse and Exploitation

AAA Response:



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Objective:

There are no substantive changes planned for this program goal

Timeline:

N/A

Activities:

N/A

Expected Outcome:

N/A

State Plan Goal: Goal 4

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

AAA Response:

Objective:

There are no substantive changes planned for this program goal.

Timeline:

N/A

Activities:

N/A

Expected Outcome:

N/A

State Plan Goal: Narrative

This Narrative should explain what the program development efforts are intended to do to improve the quality of life of older adults in the PSA, whether older persons will receive what they want, and identify the effort and expenses involved. The FY 2012 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:

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



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strategies, monitoring staff and evaluating results. In the past year, much of his time has been working to develop a regional ADRC. The Assistant Director of the agency spends 25% of his time working closely with area housing facilities and agencies such as MSHDA and HUD to develop and secure housing options for clients. The AAA Planner devotes 20% of her time to researching new programs, applying for grants, and development of the area plan. The Planner also tracks results of emerging and existing programs, and reports progress to the Executive Director. The Program Developer is responsible to oversee the implementation of new long-term care programs including CLP, TCARE, Self-Determination, and Person-Centered Planning, and spends approximately 20% of his time doing so. The final member of the Program Development Team is a Quality Assurance staff member, who spends approximately 10% of her time to track progress, recommend improvements, and report to the Executive Director on the overall Program Development of the AAA. Total monetary resources spent by the agency for program development activities constitute less than 3% of the total UPAAA budget.

The UPAAA staff 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, other data, and most importantly, current service utilization trends, a three-year Area Plan of Services to the Elderly has been developed. 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.

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 and establishment of a regional Aging and Disability Resource Collaborative (ADRC). The overall goal of the ADRC 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.

Timeline:

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 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 (MMAAP). Through MMAAP, trained volunteers provide information and counseling to Medicare beneficiaries concerning Medicare and Medicaid eligibility, enrollment and coverage, medical bills, prescription drug coverage, and supplemental and long term care insurance at no charge.
- The AAA will continue to play an active role and advocate for increased affordable housing options, including the development of senior housing projects in rural areas and for the increased provision of supportive services in housing facilities.



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- 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.



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 an impediment to service utilization. Official designation as a “community focal point” is expected to increase coordination with other applicable agencies to improve accessibility and visibility.

In order for senior centers to be designated as a “focal point” for services for elderly individuals, they must meet the following requirement:

1. The facility must meet all the fire, safety, and health code standards addressed in the Michigan Office of Services to the Aging Operating Standards for Service Programs (pages 96 & 97), and all local and state fire, safety, and health requirements.



2. Each designated focal point must be open for services at least 2 days or 16 hours per week, and provide at least 3 services.
3. Each designated focal point shall provide Title III-C (Older Americans Act) Congregate Meals Services.
4. Each designated focal point shall have a telephone and a trained person to provide information and referral services.
5. Each designated focal point must work with other community agencies and institutions to maximize coordination for access to other services and opportunities, including the promotion of 2-1-1.
6. Each designated focal point may not be located within one mile of another designated focal point.
7. Each designated focal point must have adequate insurance.
8. Each designated focal point must enforce the Code of Ethics including compliance with the Freedom of Information Act (5 U.S. Code Annotated, Section 552). This requires that certain information be freely available to the public and requires confidential treatment of personal information.
9. Each designated focal point shall be barrier free.
10. Each designated focal point shall not discriminate against any individual regardless of age, sex, color, religion, creed, or handicaps.

Community Focal Point Effectiveness:

As noted above, community focal points in the Upper Peninsula are designated at three levels. At the local level, community centers/senior centers serve as the primary focal point. These centers are well established and have been providing services to local citizens for over 35 years. And while these local entities may not be the most sophisticated, they provide a level of service intervention and information and assistance adequate to meet the immediate service needs of local seniors. The U.P. AAA has been working with these local centers and their parent organizations to find ways to make the centers more responsive to “new age” needs of seniors such as access to the internet. The AAA will also investigate the possibility of sponsoring a conference designed to increase the effectiveness and responsiveness of local centers to the needs of local seniors.

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



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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: Sewell Avery Senior Citizen Center
 Address: 524 Ashmun St., P.O. Box 70, Sault Ste. Marie, MI 49783
 Website:
 Telephone: (906) 632-3363
 Contact Person: Donn Riley
 Persons: 6473
 Service Area: Chippewa County
 Services: Information, outreach, senior meals, social activities, homemaker, personal care, and respite

Name: Rapid River Twp. Senior Citizen Center Omni Center
 Address: 10574 N. Main St., P.O. Box 6, Rapid River, MI 49878
 Website:
 Telephone: (906) 474-9039
 Contact Person: Judy Lauria
 Persons: 8437
 Service Area: Delta County
 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
 Contact Person: Don Wright
 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
 Contact Person: Renelle Betters
 Persons: 5595
 Service Area: Menominee County
 Services: Information, outreach, senior meals, social activities, MMAP, homemaker, personal care, and respite services



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Name: Dickinson County Senior Citizen Center
Address: 700 Crystal Lake Blvd., Iron Mountain, MI 49801
Website:
Telephone: (906) 774-5888
Contact Person: Frances Hood
Persons: 6099
Service Area: Dickinson County
Services: Senior meals, information & 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 & 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 & Keweenaw Counties
Services: Information & Assistance, care management, outreach, MMAP

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



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Telephone: (906) 667-0283
Contact Person: Donna Heikkala
Persons: 4840
Service Area: Gogebic County
Services: Information, outreach, socila activities, senior meals, homemaker, respite & chore services, personal care, MMAP

Name: Crystal Falls Senior Citizen Center
Address: 601 Marquette Ave., Crystal Falls, MI 49920
Website:
Telephone: (906) 875-6709
Contact Person: Bette Christian
Persons: 4010
Service Area: Iron County
Services: Senior meals, information & assistance, social activities

Name: Felch 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 & 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 & assistance, social activities, senior meals



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Name: Chatham Senior Nutrition Site Rock River Twp. Hall
Address: E3667 State Rd 94, Chatham, MI 49816
Website:
Telephone: (906) 439-5360
Contact Person: Norma Kienitz
Persons: 2190
Service Area: Alger County
Services: information & 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 & 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 & assistance, social activities, senior meals

Name: Ishpeming Senior Center
Address: 320 S. Pine St., Ishpeming, MI 49849
Website:



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Telephone: (906) 485-5527
Contact Person: Elyse Bertucci
Persons: 11414
Service Area: Marquette County
Services: Information, outreach, homemaker, senior meals, social activities

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 & 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 & assistance, social activities, senior meals



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Name: Rock Senior Citizen Center
Address: 3892 W. Maple Ridge, Rock, MI 49880
Website:
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

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 & 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 & assistance, social activities, senior meals

Name: Alpha Senior Citizen Center
Address: 402 Main, Alpha, MI 49902
Website:



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Telephone: (906) 875-3315
Contact Person: Jomae Smith
Persons: 4010
Service Area: Iron County
Services: Information & assistance, social activities, senior meals

Name: Cloverland Senior Citizen Center
Address: Box 298, Ewen, MI 49925
Website:
Telephone: (906) 988-2463
Contact Person: Patsy Daniels or Florence Eldredge
Persons: 2256
Service Area: Ontonagon County
Services: Information & assistance, social activities, senior meals



CLP

1. A comprehensive work plan must be developed that supports the CLP project goals of fully embracing and supporting PCT and SD, re-engineering the existing services infrastructure to support PCT and SD and directing the use of federal, state and local funding sources to serve CLP eligible individuals and their caregivers. The work plan must address at a minimum: Independent Living Consultation (ILC); use of OAA/VA/State/Local resources to support services for program participants; use of flexible service options (including self-determination); planned outreach efforts; and, integration of CLP and PCT into existing

AAA Response:

The principles of the Community Living Program (CLP) has been integrated into the daily operations of the Care Management process, utilizing a much more focused person-centered approach to identifying and addressing the needs and desires of consumers needing, but wishing to avoid, nursing facility placement.

Management of the Program supports and endorses the principles of person-centered thinking and the more person-focused approach to meeting the needs and desires of consumers wishing to avoid nursing facility placement. Management activities include supporting smaller case loads to allow staff time to fully implement all components of CLP and PCT, internal efforts to identify areas of duplication in the CM and CLP process to help staff economize their time, and in fostering the use of OAA and OMA resources through a self-directed process.

Current outreach efforts for the CLP project include 1:1 meetings with referral sources, the distribution of specially designed program materials and brochures and through traditional outreach activities undertaken by the agency. The agency's 2-1-1 Call Center is the primary method of identifying consumers and families of loved ones at risk of nursing facility placement. Staff also conduct public outreach activities to civic and charitable organizations to promote services available to individuals and/or families facing nursing facility placement decisions. For individuals who may meet the eligibility criteria for the MI Choice Waiver Program, UPCAP utilizes the DCH Imminent Risk Evaluation tool to assist individuals in diverting actual placement. UPCAP also maintains a reserve of Older American Act resources directly earmarked to assist consumers in overcoming service shortages or other barriers to service delivery and offers assistance in directly purchasing needed OAA services or to utilize OAA resources through a self-directed care process.

The agency's Care Management staff has participated in OSA's training programs and has embraced the principles of person-centered thinking into their daily activities. Staff recruitment activities have been modified to screen for individuals who have had previous training in the concepts of person-centered thinking and person-centered planning, either through previous work experience or through formal education and/or training. Presently, Care Managers are using enhanced CLP processes to provide a greater emphasis on person-centered planning through the provision of comprehensive long-term care options counseling, supporting the use of personal resources coupled with OAA and OMA resources to maximize home care options on the front end of the care management process. The CLP program builds upon the experience and expertise gained by UPCAP through its administration of the Single Point of Entry project. The Care Managers participating in the CLP project were provided an extensive training in options and benefits counseling to further support their training in PCT.



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The UPAAA has two care managers trained as Community Living Consultants and also utilizes four former Options Counselors from the Single Point of Entry demonstration program as NFTI Coordinators. Both groups are available to provide options and benefits consultation throughout the PSA. Additionally, the agency has two master PCT Trainers who are available to provide PCT/PCP training. An initial training session is planned this fiscal year for new care management staff and other AAA staff who have not participated in previous OSA-sponsored PCT training activities. This training will also be offered to a number of local service providers in an effort to develop an interest and desire from the network as a whole to participate in future trainings. PCT/PCP training will be offered to service providers on a quarterly basis throughout the fiscal year.

UPCAP has been a participant with its local Veterans Administration Medical Center in the VD-HCBS program since February 2009 and continues to have an excellent working relationship in providing a comprehensive community-based long-term care package to eligible veterans. In implementing the VD-HCBS, staff offer comprehensive options and benefits counseling as part of its overall assessment and PCP planning process. All participants for the program utilize the self-direction option of service delivery with back up or ancillary services provided through a traditional service delivery model. UPCAP anticipates that it will continue to renew its contract with the VAMC on an annual basis into the foreseeable future.

UPCAP and the Superior Alliance for Independent Living (SAIL) have been designated as an "Emerging ADRC Partnership" and have been actively building the necessary partnerships to assure consumer access to unbiased options and benefits counseling. The Collaboration formally meets on a bi-monthly basis to discuss various issues of interest and impact to both persons of age and persons with disabilities. UPCAP's 2-1-1 Call Center serves as a primary gateway to Information and Assistance and to linking consumers to options and benefits counseling activities related to their individual needs. For its part, UPCAP and SAIL meet more frequently to address coalition building issues as well as to assure that topics of importance to individuals of age and with disabilities are included and addressed in all ADRC activities.

2. At your discretion, a separate program narrative may also be included.

AAA Response:

3. The area plan grant budget, on page 2 of 3, includes a row to identify grant resources, program income, and local match to be used for support services for CLP participants. Please be reminded that funds used for CLP matching purposes may not be used as match for any other program. The CLP Appendix budget asks for detail regarding the specific service categories to be funded with these resources.

AAA Response:

N/A

4. Both the project budget and schedule of match and other resources, Budget Form (A), must be completed.

AAA Response:

N/A



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5. The CLP appendix budget is for planning information, not accounting purposes. Please be as detailed as possible. Revisions to the CLP appendix budget will be handled as administrative revisions.

AAA Response:

N/A



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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. was designated one of three emerging ADRCs within the State. 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. 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 2010-11, forty MMAP counselors spent a total of 4100 hours providing one-on-one assistance to 4,763 beneficiaries requesting assistance with their benefits. Also, 115 outreach/media events were held throughout the region to inform the public about changes in Medicare and other benefits, and to provide information on MMAP services in general. Even though the number of active volunteer counselors has decreased in the past fiscal year, these numbers represent a 23% increase in the number of people assisted through MMAP from the previous year.

During FY 2010, 8 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 2011 & 2012. The UPAAA is currently recruiting new counselors to become trained and certified, in Baraga, Houghton, Chippewa, Luce, Iron, 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. MMAP coordinators are consistently seeking new and innovative ways to recruit appropriate volunteers for the program, and have participated in state-wide workgroups to develop publicity and training materials to promote the program and incite appropriate retirees to volunteer.

U.P. MMAP counselors were offered eight different state and regional training opportunities containing over 34 hours of training in topics specific to Medicare, Medicaid, insurance products, fraud and abuse, MMAP program requirements/reporting, and other benefit programs in the past fiscal year. Eighty-six percent of the region's counselors participated in at least 12 hours of training in the past fiscal year. Two of



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the region's counselors became certified as SMP (Senior Medicare Patrol) Specialists, and have provided 6 outreach/training events to the community and other counselors within the region. An additional 4 counselors will be obtaining certification as SMP Specialists in the coming year, so ensure that all beneficiaries within the region will have the opportunity to learn more about Medicare fraud and abuse, and how to report it. 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.



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 participated in the research component of the T-CARE demonstration project through the end of FY 2010. TCARE is being incorporated into the care management process utilizing OAA resources as they become available. Two of the agency's staff are currently being trained as certified Master Trainers in TCARE to facilitate the training of additional care management staff and interested providers in the TCARE process and philosophy.

2. CLP concepts are being implemented into mainstream care management activities through a general revision of CM protocols and standards. All staff have been trained in the provision of options and benefits counseling as the starting point to any relationship with new consumers entering the long-term care system. The principles of person-centered thinking/planning have already been fully adopted by agency staff.

3. Evidenced-Based Disease Prevention Programs: The UPAAA is currently conducting classes in PATH, Diabetes PATH, Savvy Caregivers, Saavy Caregivers for Veterans, Health Eating, and the MI Diabetes Prevention Course. Several UPAAA staff are scheduled to attend training to become certified as Master Trainers in Chronic Pain PATH and Matter of Balance, when offered.

4. Veterans HCBS: UPCAP has been a participant with its local Veterans Administration Medical Center in the VD-HCBS program since February 2009 and continues to have an excellent working relationship in providing a comprehensive community-based long-term care package to eligible veterans. In implementing the VD-HCBS, UPCAP staff offer comprehensive options and benefits counseling as part of its overall assessment and PCP planning process. All participants for the program utilize the self-direction option of service delivery with back up or ancillary services provided through a traditional service delivery model. UPCAP anticipates that it will continue to renew its contract with the VAMC on an annual basis into the foreseeable future.

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.



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3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2012.

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 2012.

AAA Response:

The goal of the UPAAA's CCC program is to provide at least 30 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. Funds from the original ADSSP CCC grant and the Innovation VA-CCC grant will be utilized to meet these goals, as follows:

ADSSP: Administrative Support - 10%

Direct Service/training - 62%

Program Coordination: 28%

Innovation: Administrative Support - 10%

Direct Service/training - 50%

Program Coordination - 40%

Direct service allocations from both grants will be utilized to provide materials, snacks, and respite to participants of the program. 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.



Appendices



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	20
Aged 60 and Over	0	0	2	0	1	1	16

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 Elegeert	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	Yes		



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		County Board of Directors			
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		
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	
Frank Mead	Alger County	Member-at-Large		Yes	
Amy Maes	Marquette County	Member-at-Large		Yes	



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		Superior Alliance for Independent Living (SAIL)			
Paul Tesanovich	Baraga County	Member-at-Large		Yes	
Sharon Teeple	Chippewa County	Member-at-Large Bay Mills Tribe		Yes	



APPENDIX B
Advisory Board Membership

Table with 8 columns: Asian/Pacific Islander, African American, Native American/Alaskan, Hispanic Origin, Persons with Disabilities, Female, Total Membership. Rows include Membership Demographics and Aged 60 and Over.

Table with 3 columns: Name of Board Member, Geographic Area, Affiliation. Lists 14 board members and their respective affiliations.



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	3	0	3	6	26
Number of Contractor Employees by Demographics	1	3	1	39	7	2	821	955

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.



APPENDIX G

Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Michigan Office of Services to the Aging (OSA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

Estimated number of meals these funds will be used to produce is:

0

These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate OSA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to OSA.

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.



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

11. That the AAA will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and with agencies that develop or provide services for individuals with disabilities.

12. That the AAA has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.

13. That the AAA 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 AAA Governing Board and Advisory Council have reviewed and endorsed the Annual Implementation Plan.

15. 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.

16. 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 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.



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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.