



**M A G**

AGING & FAMILY SERVICES

**AREA AGENCY ON AGING  
FOUR-YEAR PLAN:  
Fiscal Years 2024-2027**

**FIRST YEAR OF THE PLAN:  
Fiscal Year 2024  
July 1, 2023 - June 30, 2024**

**Mountainland Association of Governments**

**Area Agency on Aging  
for  
The Older Americans Act**

**Utah Department of Human Services  
Division of Aging and Adult Services**

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## I. APPROVAL PROCESS

The Older Americans Act of 1965, as amended through 2006, requires that each Area Agency on Aging (AAA) develop an area plan. This is stated specifically in Section 306(a) of the Act as follows:

Each area agency on aging designated under Section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with Section 307(a)(1).

In accordance with the Act, each AAA is asked to furnish the information requested on the following pages. Responses will form the report of progress in achieving goals set for the planned activities for the first year of the four-year Area Plan FY 2024 - 2027 (July 1, 2023 - June 30, 2027). Once completed, this document will be submitted to the Division of Aging and Adult Services for review and comment. The State Board of Aging and Adult Services will subsequently examine all responses and consider the document for final approval by June of 2023.

## II. SIGNATURES

Appropriate signatures are requested to verify approval of the Area Plan.

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### AREA PLAN UPDATE

July 1, 2023 to June 30, 2024

1. The Area Plan update for Fiscal Year 2024 has been prepared in accordance with rules and regulations of the Older Americans Act and is hereby submitted to the Utah Department of Human Services, Division of Aging and Adult Services, for approval. The Area Agency on Aging assures that it has the ability to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area (Ref. Section 305[c]). The Area Agency on Aging will comply with state and federal laws, regulations, and rules, including the assurances contained within this Area Plan.

Director, Area Agency on Aging \_\_\_\_\_ Date \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: 586 E. 800 N., Orem, UT 84097

2. The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan Update for Fiscal Year 2023 (Ref. 45 CFR Part 1321.57[c]). Its comments are attached.

Chairman \_\_\_\_\_ Date \_\_\_\_\_  
Area Agency Advisory Council

3. The local governing body of the Area Agency on Aging has reviewed and approved the Area Plan Update for Fiscal Year 2023.

Chairman, County Commission or \_\_\_\_\_ Date \_\_\_\_\_  
Association of County Governments

4. Plan Approval

Director \_\_\_\_\_ Date \_\_\_\_\_  
Division of Aging and Adult Services

Chairman \_\_\_\_\_ Date \_\_\_\_\_  
State Board of Aging and Adult Services

### III. GOALS AND OBJECTIVES

**Please indicate specific goals and objectives planned for the four-year plan in the following areas:**

**1. Strengthening Older Americans Act (OAA) Core Programs – Describe plans and include objectives and measures that will demonstrate progress towards:**

- a. Coordination of Title III and Title VI Native American programs (Sec. 307(a)(21): Not Applicable to MAG AAA
- b. Ensuring incorporation of the new purpose of nutrition programming to include addressing malnutrition (Sec. 330):

FY24: The MAG Aging meal program currently utilizes the NAPIS Nutrition Risk Assessment Form authorized by the state office to measure and address malnutrition in the senior population we serve. We are currently working in partnership with the University of Utah and the Utah Department of Health and Human Services on the Advancing Health Equity Among Congregate Meal Program Participants through Utilizing Appropriate Malnutrition, Frailty and Social Determinants of Health Screenings, Assessments and Interventions" grant. This study was created to identify seniors at our congregate centers with the highest indication of possible malnutrition and provide them with nutrition education. This multiple year study will be executed in 6 of our seniors centers throughout Utah, Wasatch and Summit counties following each selected group of seniors for 6 months at a time. This approach has the potential to reduce negative health outcomes, lower healthcare utilization costs, and lead to increasing the health and wellbeing of older adults living independently at home.

FY25: MAG Aging will work in collaboration with the Utah Food Bank to increase food box drop sites and assist with the development of a community volunteer delivery system in support of the Commodity Supplemental Food Program throughout our service region to reduce senior malnutrition. Additionally, we will focus on developing nutrition education in collaboration with the nutrition departments at both BYU and UVU to be delivered at the 16 senior center locations in our service area annually.

FY26: MAG Aging will implement a region wide annual survey specific to malnutrition. This data will be utilized to provide systematic feedback that results in continuous educational program and service improvement.

FY27: Utilizing malnutrition survey data collected during FY26 MAG Aging will continue to work in partnership with both BYU and UVU nutrition departments to improve and deliver regular ongoing nutritional education

at senior centers in our service region biannually.

- c. Age and dementia friendly efforts (Sec. 201(f)(2):  
FY24-FY27: MAG Aging continues to strongly support the Dementia Friendly Utah campaign in conjunction with the Utah Department of Health Healthy Aging Program and Alzheimer's Disease and Related Dementias (ADRD) Program. MAG Aging staff members support the ADRD Program by serving as committee members on the Dementia Friendly Workforce, Dementia Aware Utah, and Supported and Empowered Family Caregiver workgroups, in addition to the ADRD coordinating council.

The MAG Aging Educational Program offers four evidence-based dementia friendly courses which include Dealing with Dementia, Stressbusters, Dementia Dialogues, and Medicare 101. These course offerings are available in both in-person and virtual formats.

- d. Screening for fall related TBI (Sec. 321(a)(8): Not Applicable to MAG AAA
- e. Strengthening and/or expanding Title III and VII services:

FY24-FY27: MAG Aging will provide adult protective service specific information annually in our external newsletter, on our department social media platforms, and in our annual senior resource guide. Additionally, we will continue to strongly support Elder Abuse Awareness Day through all of our community outreach efforts. Lastly, MAG Aging staff will continue to serve as members of the Utah County Multi-Disciplinary Team. This provides an ongoing opportunity for education delivery and community engagement specific to Title III and VII services.

- f. Improving coordination between the Senior Community Service Employment Programs (SCSEP) and other OAA programs: Not Applicable to MAG AAA

2. **COVID-19 Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:

- a. Educating about the prevention of, detection of, and response to negative health effects associated with social isolation (Sec. 321(a)(8)):

FY24-FY27: MAG Aging will continue to support and develop all online education and virtual information community outreach efforts. Additionally, we will work in collaboration with the Utah Commission on Aging to connect senior community members with commission resources and services. We discovered during the COVID-19 Pandemic that attendance in our Aging Advisory Committee, Annual Regional Caregiver Conference, Executive Council, Senior Center Nutrition meetings, all educational offerings, and department events is greatly improved if there is a virtual

option available. When appropriate, we now offer both in-person and virtual attendance options for these gatherings. We will continue to identify new programming opportunities to provide access and deter social isolation within the populations we served.

- b. Dissemination of information about state assistive technology entity and access to assistive technology options for serving older individuals (Sec. 321(a)(11)):

FY24-FY27: MAG Aging will continue to provide printed handouts and electronic information regarding assistive technology, along with available options for participation to the aging population we serve. We will also identify opportunities for assistive technology implementation at the senior centers in our service region in an effort to grant access to this vital information with specific focus on the homebound and rural senior population.

- c. Providing trauma-informed services (Sec. 102(41)): Not Applicable to MAG AAA
- d. Screening for suicide risk (Sec. 102(14)(G)): Not Applicable to MAG AAA
- e. Inclusion of screening of immunization status and infectious disease and vaccine-preventable disease as part of evidence-based health promotion programs (Sec. 102(14)(B) and (D)): Not Applicable to MAG AAA
- f. Providing services that are part of a public health emergency/emerging health threat and emergency preparedness (Sec. 307(a)(28) and (29)):

FY24: In collaboration with the three county service areas MAG Aging serves, we will begin to develop an emergency preparedness plan which will include mitigation, preparedness, response, and recovery in both printed and electronic form.

FY25-FY27: Upon development, the plan will be distributed annually to the 16 regional senior centers in our service area, in the MAG senior resource guide, on the MAG website, the organizational external newsletter, and on our social media platforms. Additionally, MAG Aging will include information regarding the State of Utah Special Needs Registry in the MAG senior resource guide, on the MAG website, the organizational external newsletter, and on our social media platforms. The registry gives community members with access and functional needs the ability to provide information to local emergency response agencies for better planning in the event of a disaster or other emergency.

- g. Expending American Rescue Plan funding and any other COVID-19 supplemental funding still available for expenditure: MAG Aging

anticipates that all ARPA and COVID-19 funding that is available will be expensed.

- h. Incorporating innovative practices developed during the pandemic that increased access to services, particularly for those with mobility and transportation issues as well as those in rural areas:

FY24-FY27: MAG Aging staff participate as members on the Utah County Local Coordinated Mobility Council, which provides transportation to seniors through Utah Transit Authority grant funding. We also provide extensive transportation resource/service information in our annual senior resource guide such as Paratransit, Utah Valley Rides, and mobility transportation services. Providing both virtual and in-person attendance options for agency meetings, educational offerings, and events has proven to be very beneficial for the populations we serve. We will continue to identify and improve our service reach specific to aging adults who are homebound, rurally located, and or experiencing transportation limitations.

- 3. **Equity Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:

- a. Impacting social determinants of health of older individuals (Sec. 301(a)(1)(E)):

FY24-FY27: MAG Aging is committed to engaging in program processes that result in a better understanding of social determinants in older adults and its influence regarding health outcomes. This subject matter has been studied for some time and provides evidence for the interrelationship between social factors and the health of individuals and populations. These relationships are extremely complicated and involve many variables. Addressing social determinants of health in an integrated healthcare plan is important for improving health outcomes and decreasing existing disparities in older adult health.

- b. Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable (Sec. 339(2)(A)(iii)):

FY24-FY27: Taking into consideration funding, and supply and demand constraints, MAG Aging will continue to improve and develop menus with input from our Senior Center Directors, the MAG Aging Advisory Council, and our program nutritionist that are both culturally considerate and medically sound.

- c. Preparing, publishing, and disseminating educational materials dealing with the health and economic welfare of older individuals (Sec. 202(a)(7)):

FY24-FY27: MAG Aging will continue to develop, publish, and disseminate educational materials in both hardcopy and electronic versions to the population that we serve with specific emphasis on health and the economic welfare of older individuals. We will also seek opportunities to deliver education on these topics virtually as well as in-person, on our social media platforms, in the agency external newsletter, and at the 16 senior centers in our service region.

- d. Supporting cultural experiences, activities, and services, including in the arts (Sec. 202(a)(5)):

FY24-FY27: MAG Aging will continue to support, encourage, identify, and develop cultural experiences, activities, and services in collaboration with the 16 senior centers in our service region and the population they serve.

- e. Serving older adults living with HIV/AIDS:

FY24-FY27: MAG Aging provides services to clients that are 60 and older regardless of circumstance. We are committed to identifying opportunities to provide information, services, and resources in support of HIV/AIDS awareness in older adults.

- f. Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings:

FY24-FY27: MAG Aging provides a provider choice form to our in-home clients to select providers from. This process has become more difficult due to the Electronic Visit Verification requirements as most non-traditional providers do not want to deal with the difficulties of navigating the Medicaid Aging Waiver program requirements in an effort to qualify as a provider. We have an Options Counselor that assists the case management team with referrals and informational services. Our case management team will continue to provide and improve Veterans benefit counseling services to the Veterans in our service region.

- 4. **Expanding Access to HCBS** – Describe plans and include objectives and measures that will demonstrate progress towards:

- a. Securing the opportunity for older individuals to receive managed in-home and community-based long-term care services (Sec. 301(a)(2)(D)):

FY24-FY27: MAG Aging will continue to identify community outreach and awareness opportunities to promote managed in-home and community-based long-term care services available in our region. We will promote these services on our website, external newsletter, social media platforms, and in the 16 senior centers in the MAG service region. We will

also include this information in our Aging Advisory meetings to bring awareness to the programs.

- b. Promoting the development and implementation of a state system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers (Sec. 305(a)(3)):

FY 24-FY27: Taking into consideration both funding limitations and program waitlists, MAG Aging will continue to provide and improve service access to qualified in-home and community-based program participants that is responsive to the needs and preferences of the older individual(s) and their family caregivers.

- c. Ensuring that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them (sec. 307(a)(18(A)-(C)):

FY24-FY27: MAG Aging is committed to providing and improving in-home and community-based services and resources for individuals that are at risk of long-term nursing home placement, but would be able to live independently at home with available program services and resources.

- d. Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements:

FY24-FY27: MAG Aging will focus on decreasing system service redundancy, while delivering client friendly access to resources and services by minimizing complicated multi-agency system navigation. We understand that to achieve this it will require medical care, public health, and social services to interact more efficiently, resulting in a more equitable and effective outcome that maximizes both the health and overall well-being of the older adults we serve. MAG Aging is currently in the process of a department wide database migration that will integrate all client data and require client specific information data input once. As our system partners move toward healthcare integration efforts we will identify and contribute to these processes resulting in continuous program process improvement.

- e. Incorporating aging network services with HCBS funded by other entities such as Medicaid:

FY24-FY27: MAG Aging will continue to advocate for more inclusivity specific to the Electronic Visit Verification process. This process seems prejudicial and difficult to navigate for the very groups identified in the Older Americans Act including low-income individuals, low-income minority individuals, individuals with limited English proficiency, and older individuals residing in rural areas. This perceived bias is most evident when examining the available services and resources for these older individuals compared to those that are not low income, are not part of a minority group, speak English proficiently, and do not reside in a rural area. This process is very difficult to navigate for providers that tailor service delivery to these traditionally underserved populations and as a result, we find it more difficult to engage these providers, resulting in increased marginalization which the OAA is meant to fundamentally address.

5. **Caregiving Efforts** – Describe plans and include objectives and measures that will demonstrate progress towards:

a. Documenting best practices related to caregiver support (Sec. 373(e)(1)):

FY24-FY27: MAG Aging has very supportive and engaged Caregiver Program Coalitions in both Utah County and Summit/Wasatch Counties. These groups meet regularly to discuss data driven program improvement opportunities through the utilization of participant surveys for all educational offerings, the MAG Aging regional annual caregiver conference, and the various caregiver support groups offered by MAG Aging. MAG Aging will continue to host a regional annual caregiver conference for the caregivers in our service area and identify areas of program and process improvement from the resulting participant surveys.

b. Strengthening and supporting the direct care workforce (Sec. 411(a)(13)):

FY24-FY27: To determine the Cost-of-Living Adjustment (COLA) MAG as an organization utilizes three indexes which include the Social Security COLA, the National CPI (Consumer Price Index), and the Mountainland-Plains Region CPI-U (Six mountain west states' Consumer Price Index-Urban). MAG policy states that the COLA will be an average of these indexes. Beginning in FY24 MAG will begin conducting market surveys every two years to ensure fair market wages for all MAG staff.

c. Implementing recommendations from the RAISE Family Caregiver Advisory Council

(<https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council>):

FY24-FY27: MAG Aging Caregiver Program recognizes and complies with the State of Utah, ADRD (Alzheimer's Disease and Related Dementia) plan which has implemented recommendations from RAISE. This is found on page 11 of the plan listing the 202 National Caregiver Strategy to

Support Family Caregivers.

- d. Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families (<https://www.gksnetwork.org/>):

FY24-FY27: MAG Aging will continue to support and provide information to the population we serve regarding the Grandfamilies and Kinship Support Network.

6. **Elder Justice** – Describe any current and/or planned activities to prevent, detect, assess, intervene, and /or investigate elder abuse, neglect, and financial exploitation of older adults.

FY24-FY27: MAG Aging Long Term Ombudsman Goals/Objectives include:

- Prioritize data collection to provide systematic feedback that results in continuous program process improvement.
- Prioritize timely investigation of complaints to ensure quality care for aging adult residents.
- Work to prevent wrongful discharges from long-term care facilities by educating residents, families, and facility staff about discharge regulations.
- Increase resident’s rights training during resident council meetings and for facility staff by 10%.

MAG Ombudsman Program staff sit as committee members on the Utah County Multi-Disciplinary Team and will continue to contribute to these discussions and engage other members regarding the need for prevention, detection, assessment, intervention, and investigation of elder abuse, in addition to the prevalence of neglect, and financial exploitation of older adults.

#### **IV. ACCOMPLISHMENTS FOR THE PAST YEAR**

**This section should be the “state of the agency” report. Discuss the agency’s major accomplishments, what is working as planned, what effort did not work as planned, any disappointments experienced by the agency, barriers encountered, etc.**

## STATE OF THE AGENCY REPORT



MAG Aging established the Meals on Wheels Summit, Utah & Wasatch 501(c)(3) and began Board Development. MAG Aging will begin working, in collaboration with Meals on Wheels Summit, Utah & Wasatch Board of Directors, to develop funding for extensive projected expansion of program services in FY25.

It is anticipated that the 10 MAG Aging Meals on Wheels program regional delivery trucks will serve as large donor sponsorship opportunities for fundraising purposes. To prepare for this MAG Aging is wrapping all program trucks to highlight marketing and community awareness potential during FY24 for local business and corporate partnership beginning in FY25.



- More than 450 Meals on Wheels Volunteers donated 18,150 in-kind hours delivering meals to homebound seniors.

- **MAG Aging/Mon Ami Department System Integration Migration:** As the second largest AAA in the state, MAG Aging is currently beta-testing a one solution database migration to ensure a smooth transition for other state agency migrations. Together with MAG, Mon Ami has been working to create a system that is an all-inclusive solution database for collecting and tracking all aging services data. Client service data includes client profiles, financial reporting, volunteer tracking, case management, state reporting, mapping/routing, event calendaring, etc. By the end of FY24, all of MAG's Aging Service programs will be processed through the Mon Ami database.
- **Caregivers at the Movies**  
The MAG Aging Caregiver Coalition hosted its annual Caregivers at the Movies event in February, in an effort to help those caring for a senior loved one find more joy. We rented two theaters and let caregivers and their loved ones choose from several movies to watch. More than 40 people attended.



- **Education**

In FY22, we hosted 20 education classes and workshops which included Dealing with Dementia, Dementia Dialogues, Stress-busting for Caregivers and Medicare 101. More than 100 people attended these classes/workshops throughout the year.



- **Caregiver Conference**

Annual Regional Caregiver Conference: Unlocking a New Perspective was held on November 4 & 5, 2022. This hybrid event (both virtual and in-person at doTERRA headquarters in Pleasant Grove) attracted more than 200 caregivers and caring professionals. Throughout the two day event, caregivers choose from 18 different sessions including empowerment, dementia support, legal help, self-compassion, journal writing, and more.



- **March for Meals**

This March, 28 mayors, commissioners and other elected officials from the MAG region volunteered to deliver meals with the MAG Meals on Wheels program as part of our annual March for Meals event. March for Meals is a nationwide celebration commemorating the historic day in March of 1972 when President Nixon signed into law a measure that amended the Older Americans Act of 1965 to include a national nutrition program for seniors 60 and older. Countless seniors and their families have been touched by Meals on Wheels locally and beyond.

For our part, MAG invites our local elected officials to volunteer so they have first-hand experience with who the program serves, which is oftentimes some of

our most vulnerable and isolated community members. This brings awareness to the program that serves nearly 570 meals to homebound seniors each weekday in Utah, Wasatch, and Summit counties. MAG has celebrated this event for 13 years. To learn more about our event, visit [magutah.org/m4m-2023](http://magutah.org/m4m-2023).

- **Geri Goes to Washington**

In March, our very own Geri Lehnardt was one of 900 Alzheimer's Advocates from all 50 states rallying in Washington, D.C.. Advocates rallied for access to treatment to help fight this terrible disease by allowing coverage for FDA-approved drugs that can postpone early onset Alzheimer's disease.

Geri met with Senator Mike Lee to share her stories about caring for loved ones with Alzheimer's disease. With 25+ years as a case manager and as a former caregiver herself, Geri is a great advocate.



- **Senior Health Challenge 2022**

In June, we hosted our annual Senior Health Challenge. Anyone age 55+ was invited to log their fitness hours throughout the month of June. At the end of the challenge, participants were entered into a drawing for prizes such as a Fitbit, gift cards and more. More than 116 people participated and logged 5,510 hours throughout the challenge.



[mountainland.org/health](http://mountainland.org/health)



- **72-Hour Emergency Meal Kits**

Our MOW Program Manager Heather Dorius noticed that many Meals on Wheels clients needed more help this winter season. The team created and delivered 72-hour Food Boxes to our most vulnerable clients. These boxes included shelf-stable food, emergency supplies and a blanket. A huge thank you to the MOW team and MAG staff for putting these together and delivering them.



After one client received her 72-hour kit, she called to say that she was absolutely thrilled! She said that it was the nicest gift she's received in a long time and getting it at Christmas time boosted her spirits.

- **Angel Tree & Sub for Santa 2022**

Each year we partner with United Way's Sub for Santa and Angel Tree through Covington Senior Living of Lehi to support our most vulnerable in-home clients in Wasatch & Summit counties. Community members provided items to 45 residents and staff of Covington and Lehi Residents all donated needed items for these individuals and families.



- **Help Guide**

This year we distributed more than 4,000 Senior Help Guides to assisted living facilities, senior communities, senior centers, events, doctor offices, therapy offices and more throughout the MAG Aging region. This guide is more than 100 pages of community resources for seniors and caregivers. It is the most comprehensive, unbiased guide of its type in Summit, Utah & Wasatch counties.

# SENIOR HELP GUIDE



Community Resources  
for seniors in  
Summit  
Utah  
Wasatch



**M A G**  
Expert Resources. Enriching Lives.

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**MAG Aging & Family Services**

- **Sock Fest**

Each year, MAG's Retired & Senior Volunteer Program (RSVP) hosts a collection drive in recognition of Martin Luther King, Jr Day of Service. In partnership with Community Action Services & Food Bank, we collected more than 1,146 lb of donated items (food and socks). Community Action distributes donations to over 85 organizations.



- **Aging Retreat**

In October, we hosted our annual Staff Retreat in Midway for ongoing training and team building. Staff received education from The Arbinger Institute regarding the Outward Mindset and the importance of teaming.



- **Ombudsman Program**

The MAG Long-Term Care Ombudsman team comprises two part-time and one full-time employee. During the past year, the Long-Term Care Ombudsman team investigated and resolved 404 care complaints and completed 522 visits in the 64 long-term care facilities in Summit, Utah and Wasatch Counties. The team also provided 695 individual information consultations, participated in 64 resident council meetings, and conducted 13 staff and community trainings. Additionally, the MAG Ombudsman program distributed State-produced discharge education booklets and MAG resource guides to all of the skilled nursing facilities in the region.

- **Community Healthcare & Social Services Collaboration/Integration Efforts**

In FY2023, MAG partnered with various social services agencies to distribute information on programs that are beneficial for older adults in the community. MAG sought to increase the utilization of the Utah Commodity Supplemental

Food Program (CSFP), which provides a monthly box of food to low-income seniors. As part of this initiative, MAG advertised CSFP through social media, social services community groups, and distributed informational flyers to the roughly 400 MAG Meals on Wheels clients. MAG also partnered in a similar way with the Fuller Center for Housing, a non-profit agency that provides needed home repairs for low-income individuals. The Fuller House hoped to increase the uptake of services amongst the older adult population in the community. Through MAG efforts, the Fuller House was able to provide important services such as radon remediation and roof repairs for MAG clients. MAG also collaborated with the health departments in Summit, Utah, and Wasatch Counties to ensure older adult participation in the regional Food Insecurity Survey.

MAG has placed a special emphasis on developing relationships with medical providers such as geriatricians and neurologists who provide targeted services for older adults. MAG supplies resource guides and other informational materials highlighting MAG's programs and other resources for older adults.

MAG also participates on various community councils such as the Community Homelessness Continuum of Care, the Utah County Health Department Health Equity Council, and the local Coordinated Mobility Council.

## V. TITLE III – PROGRAM DESCRIPTION AND ASSURANCES

### TITLE III AREA PLAN: PROGRAM DESCRIPTION AND ASSURANCES

**Each area agency on aging (AAA) must maintain documentation to confirm the following assurance items. Such documentation will be subject to federal and state review to ensure accuracy and completeness. By signing this four-year plan document, the area**

**agency on aging agrees to comply with each of the following assurances unless otherwise noted in the document.**

**Section 305(c): Administrative Capacity**

An area agency on aging shall provide assurance, determined adequate by the State agency, that the Area Agency on Aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

**Section 306(a)(1): Provision of Services**

Provide, through a comprehensive and coordinated system for supportive services, nutrition services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area, covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have the greatest economic need (with particular attention to low income minority individuals and older individuals residing in rural areas) residing in such area, the number of older individuals who have the greatest social need (with particular attention to low income minority individuals) residing in such area and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior center in such area, for the provision of such services or centers to meet such need;

**Section 306(a)(2): Adequate Proportions**

(a) Each area agency on aging...Each such plan shall--

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) inhome services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each

such category during the fiscal year most recently concluded;

and assure that the area agency will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

**Section 306(a)(4)(A): Low Economic, Minority and Rural Services**

(i) The area agency on aging will-

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared –

- identify the number of low income minority older individuals in the planning and service area;

- (I) describe the methods used to satisfy the service needs of such minority older individuals; and

- (II) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

**Section 306(a)(4)(B): Low Economic, Minority and Rural Services Outreach**

Provide assurances that the area agency on aging will use outreach efforts that will:

- (i) identify individuals eligible for assistance under this Act, with special emphasis on

- (I) older individuals residing in rural areas;

- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

- (IV) older individuals with severe disabilities;

- (V) older individuals with limited English proficiency;

- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

- (VII) older individuals at risk for institutional placement; and
    - (i) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance

**Section 306(a)(4)(C): Focus on Minority Older and Rural Older Individuals**

Contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

**Section 306(a)(5): Assurance for the Disabled**

**Provide assurances 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, with agencies that develop or provide services for individuals with disabilities.**

**Section 306(a)(6)(A): Accounting for the Recipients' Views**

Take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan:

**Section 306(a)(6)(B): Advocacy**

Serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will effect older individuals;

**Section 306(a)(6)(C): Volunteering and Community Action**

- (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families; and
- (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that:
  - I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
  - II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;and that meet the requirements under section 676B of the Community Services Block Grant Act.

**Section 306(a)(6)(D): Advisory Council**

Establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, representatives of older

individuals, local elected officials, providers of veterans health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

#### **Section 306(a)(6)(E): Program Coordination**

Establish effective and efficient procedures for coordination of:

- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and,
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

#### **Section 306(a)(6)(F): Mental Health Coordination**

Coordinate any mental health services provided with funds expended by the area agency on aging for part B with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations; and

#### **Section 306(a)(6)(G): Native American Outreach**

If there is a significant population of older individuals who are Native Americans, in the planning and service area of area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

#### **Section 306(a)(7): Coordination of Long-Term Care**

Provide that the area agency on aging will facilitate the coordination of community based long term care services designed to enable older individuals to remain in their homes, by means including:

- (i) development of case management services as a component of the long term care services; consistent with the requirements of paragraph (8);
- (ii) involvement of long term care providers in the coordination of such services; and,
- (iii) increasing community awareness of and involvement in addressing the needs of residents of long term care facilities;

#### **Section 306(a)(8): Case Management Services**

Provide that case management services provided under this title through the area agency on aging will:

- (i) not duplicate case management services provided through other Federal and State programs;
- (ii) be coordinated with services described in subparagraph (A); and,
- (iii) be provided by a public agency or a nonprofit private agency that:
  - (1) gives each older individual seeking services under this title a list of agencies that proved similar services within the jurisdiction of the area agency on aging;
  - (2) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
  - (3) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing the services; or,
  - (4) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii)

**Section 306(a)(9): Assurance for State Long-Term Care Ombudsman Program**

Provide assurance that area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

**Section 306(a)(10): Grievance Procedure**

Provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

**Section 306(a)(11): Services to Native Americans**

Provide information and assurances concerning services to older individuals who are Native Americans (referred to in the paragraph as “older Native Americans”), including---

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

### **Section 306(a)(12): Federal Program Coordination**

Provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

### **Section 306(a)(13)(A-E): Maintenance of Integrity, Public Purpose, Quantity and Quality of Services, Auditability**

Provide assurances that the area agency on aging will:

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

### **Section 306(a)(14): Appropriate use of Funds**

Provide assurance that funds received under this title will not be used to pay any part of a cost (including administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title

**Section 306(a)(15): No Preference**

Provide assurance that preference in receiving services under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and\

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

# **TITLE VII: ELDER RIGHTS PROTECTION**

## **Chapter 1: General Provisions**

### Section 705(a)(6)(A): General Provisions

An assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3:

- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
  - (i) public education to identify and prevent elder abuse;
  - (ii) receipt of reports of elder abuse;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent, and
  - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

## **Chapter 2: Ombudsman Program**

### Section 704(a): Organization and Area Plan Description of Ombudsman Program

#### Section 712(a)(5)(D)(iii): Confidentiality and Disclosure

The State agency shall develop the policies and procedures in accordance with all provisions of this subtitle regarding confidentiality and conflict of interest. [This is R510-200-8(B)(9) for confidentiality and R510-200-7(A)(e) for conflicts of interest using the definitions outlined in state and federal law]

#### Section 712(a)(5)(C): Eligibility for Designation

Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall:

- (i) have demonstrated capability to carry out the responsibilities of the Office;
- (ii) be free of conflicts of interest;
- (iii) in the case of the entities, be public or nonprofit private entities; and
- (iv) meet such additional requirements as the Ombudsman may specify.

## Section 712(a)(5)(D): Monitoring Procedures

- (i) In General: The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.

## Section 712(a)(3)(D): Regular and Timely Access

The Ombudsman shall ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

## Section 712(c): Reporting System

The State agency shall establish a statewide uniform reporting system to:

- (1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems, and
- (2) submit the data, on a regular basis.

## Section 712(h): Administration

The State agency shall require the Office to:

- (1) prepare an annual report:
  - (A) describing the activities carries out by the Office in the year for which the report is prepared;
  - (B) containing and analyzing the data collected under subsection (c);
  - (C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;
  - (D) containing recommendations for:
    - (i) improving quality of the care and life of the residents; and
    - (ii) protecting the health, safety, welfare, and rights of the residents;
  - (E)(i) analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and  
(ii) identifying barriers that prevent the optimal operation of the program; and
  - (F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;
- (2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;
- (3) (A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding:

- (i) the problems and concerns of older individuals residing in long-term care facilities; and
- (ii) recommendations related to the problems and concerns.

(These three assurances were added to the ombudsman section in May, 2003)

## Section 712(f): Conflict of Interest

The State agency shall:

- (1) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;
- (2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;
- (3) ensure that the Ombudsman:
  - (A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
  - (B) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
  - (C) is not employed by, or participating in the management of, a long-term care facility; and
  - (D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and
- (4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as:
  - (A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and
  - (B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts.

## Section 712(a)(3)(E): Representation Before Governmental Agencies

The Ombudsman shall represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;

## Section 712(j): Noninterference

The State must:

- (1) Ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful.
- (2) Prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office.

Will you assure that your agency will not interfere with the official functions of ombudsman representatives as defined in The Older Americans Act section 712 (a) (5) (B) and that representatives will be able to report any interference to the State?

## **Chapter 3: Programs for the Prevention of Elder Abuse, Neglect and Exploitation**

### **Section 721(a): Establishment**

In order to be eligible to receive an allotment under section 703 from funds appropriated with this section, and in consultation with area agencies on aging, develop and enhance programs for the prevention of elder abuse, neglect, and exploitation.

#### **Section 721(b)(1-2)**

- (1) providing for public education and outreach to identify and prevent elder abuse, neglect, and exploitation;
- (2) ensuring the coordination of services provided by area agencies on aging with services instituted under the State adult protection service program, State and local law enforcement systems, and courts of competent jurisdiction;

## VI. AREA PLAN PROGRAM OBJECTIVES

### Supportive Services

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<p><b>Case Management (1 case):</b> Assistance either in the form of access or care coordination in the circumstance where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management includes assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and re-assessment, as required.</p>	18	30	220	135
<p><b>Personal Care (1 hour):</b> Provide personal assistance, stand-by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.</p>	10	22	560	120
<p><b>Homemaker (1 hour):</b> Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.</p>	13	30	1600	195
<p><b>Chore (1 hour):</b> Provide assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.</p>	3	5	25	20
<p><b>Adult Day Care/Adult Day Health (1 hour):</b> Provision of personal care for</p>	15	0	0	80

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
dependent adults in a supervised, protective, congregate setting during some portion of a 24-hour day. Services offered in conjunction with adult day care/adult health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medication management and home health aide services for adult day health.				
<b>Assisted Transportation (1 one-way trip):</b> Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.	0	0	0	0
<p><b>Transportation (1 one-way trip):</b> Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Does not include any other activity.</p> <p><b>Legal Assistance (1 hour):</b> Provision of legal advise, counseling and represent-ation by an attorney or other person acting under the supervision of an attorney.</p> <p><b>Nutrition Education (1 session):</b> A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.</p>		1500	1665  185  130	5000

- Persons assessed and determined eligible for services



**TITLE III C-1**

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<p><b>Congregate Meals (1 meal):</b> Provision to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which:</p> <ul style="list-style-type: none"> <li>a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture;</li> <li>b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;</li> <li>c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and,</li> <li>d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily DRI which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</li> </ul>	3500	0	124000	0
<p><b>Nutrition Counseling (1 hour):</b> Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or</p>	0	0	0	0

Title III C-1 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.				
<b>Nutrition Education (1 session):</b> A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.			40	

\* Persons assessed and determined eligible for services

**TITLE III C-2  
Home-Delivered Meals**

Title III C-2 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
<b>Assessment/Screening (1 Hour):</b> Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Routine health screening (blood pressure, hearing, vision, diabetes) activities are included.			650	
<b>Home-Delivered Meals (1 meal):</b> Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: <ul style="list-style-type: none"> <li>a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture);</li> <li>b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;</li> <li>c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily DRI; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and</li> </ul>	1550	180	16500	180

<b>Title III C-2 Program Objective</b>	<b>Persons Served - Unduplicated Count</b>	<b>Persons Waiting for Services*</b>	<b>Estimated Service Units</b>	<b>Estimated Number of Persons Not Served</b>
<p>d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding <b>Home-Delivered Meals (cont'd):</b> the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</p>				
<p><b>Nutrition Counseling (1 hour):</b> Provision of individualized advice and guidance to individuals, who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.</p>	0	0	0	0

\* Persons assessed and determined eligible for services

## TITLE III D Preventive Health

Title III D Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Conduct evidence-based programs.			125	

\* Persons assessed and determined eligible for services

**TITLE III E**  
**National Family Caregiver Support Program (NFCSP)**

Title III E Program Objective	Persons Served	Persons Waiting for Services*	Estimated Service Units
<b>Information:</b> Estimate the number of individuals who will receive information, education and outreach activities in order to recruit caregivers into your program.	600		1200
<b>Assistance:</b> Estimate the number of clients who will receive assistance in accessing resources and information which will result in developed care plans and coordination of the appropriate caregiver services.	150		500
<b>Counseling/Support Groups/ Training:</b> Estimate the number of individuals who will receive counseling/support groups/training.	400		1890
<b>Respite:</b> Estimate the number of clients who will receive respite services using NFCS funds.	80	65	150
<b>Supplemental Services:</b> Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	10	25	30

\* Persons assessed and determined eligible for services

## OTHER OLDER AMERICANS ACT

Other Services Profile (*Optional*): List other services and the funding source.

Service Name and Funding Source	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served

\* Persons assessed and determined eligible for services

**Note:** *There are no restrictions on the number of Other services which may be reported.*

**Mission/Purpose Codes:**

A= Services which address functional limitations

B= Services which maintain health

C= Services which protect elder rights

D= Services which promote socialization/participation

E= Services which assure access and coordination

F= Services which support other goals/outcomes

## STATE-FUNDED PROGRAMS

Service Code	Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
ALM	<b>Home and Community-based Alternatives Program:**</b> Service designed to prevent premature or inappropriate admission to nursing homes, including program administration, client assessment, client case management, and home- and community-based services provided to clients.	60	150	550
RVP	<b>Volunteer:</b> Trained individuals who volunteer in the Retired Senior Volunteer Program, Foster Grandparent Program, and Senior Companion Program.	250		

\* Persons assessed and determined eligible for services

\*\* Quarterly and annual reporting requirements by service area will still be required. (Example: case management, home health aide, personal care, respite, etc.)

## MEDICAID AGING WAIVER PROGRAM

Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Number of Persons Not Served
<b>Purpose:</b> A home and community-based services waiver offers the State Medicaid Agency broad discretion not generally afforded under the State plan to address the needs of individuals who would otherwise receive costly institutional care provided under the State Medicaid plan.	82	20	180

\* Persons assessed and determined eligible for services

## VII. REAFFIRMATION OR AMENDMENTS TO THE FOUR-YEAR PLAN

This section allows the AAA to annually reaffirm, with documentation, the information found in its four-year plan. It is important to include documentation with the request for any waivers, including descriptions and justifications for the request. This section provides an opportunity to discuss any modifications the agency is requesting to amend in the four-year plan. The following areas should be included, and any others that the AAA would like to add:

### 1. PRIORITY OF SERVICES

- A. Home-Delivered and Congregate Meal Program Services
- B. In-Home and Community Based Program Services
- C. Caregiver Program Services
- D. Ombudsman Program Services
- E. Retired Senior Volunteer Program
- F. Preventative Health and Education Program Services

### 2. SERVICE PROVIDERS

List all providers from whom the agency will purchase goods or services with Title III funds to fulfill area plan objectives. Specify the goods or services being purchased and the type of agreement made with the provider, i.e., subcontract, vendor, memorandum of agreement, etc.:

#### AGREEMENT

PROVIDER NAME	GOODS/SERVICE(S)	TYPE
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Provider Name	Address	Services/Program	Agreement Type
Utah Legal Services	455 North Univ. Ave. Provo, UT 84601	Legal Assistance	Sub-Contract
United Way of Utah County	P.O. Box 135 Provo, UT 84603	Access	Sub-Contract

<b>Provider Name</b>	<b>Address</b>	<b>Services/Program</b>	<b>Agreement Type</b>
Utah County Foster Grandparent Program	51 S. University Avenue, #109 Provo, UT 84603	Access	Sub-Contract
Utah County Senior Companion Program	51 South University Avenue, #109 Provo, UT 84603	Access/Companionship	Sub-Contract
MAG RSVP Program	586 East 800 North Orem, UT 84097	Access/Volunteer Coordination	Sub-Contract
American Fork City	54 East Main Street American Fork, UT 84003	Access/I&R/CMM	Sub-Contract
Goshen Town	79 South Center Street Goshen, UT 84633	Access/I&R/CMM	Sub-Contract
Lehi City	123 North Center, Lehi, UT 84043	Access/I&R/CMM	Sub-Contract
Lindon City	100 North State Street Lindon, UT 84042	Access/I&R/CMM	Sub-Contract
Orem City	93 North 400 East Orem, UT 84057	Access/I&R/CMM	Sub-Contract
Payson City	439 West Utah Avenue Payson, UT 84651	Access/I&R/CMM	Sub-Contract
Pleasant Grove City	242 West 200 South Pleasant Grove, UT 84062	Access/I&R/CMM	Sub-Contract
Provo City	270 West 500 North Provo, UT 84601	Access/I&R/CMM	Sub-Contract
Salem City	30 West 100 South Salem City, UT 84653	Access/I&R/CMM	Sub-Contract

Santaquin City	45 West 100 South Santaquin, UT 84655	Access/I&R/CMM	Sub-Contract
Spanish Fork City	167 West Center Spanish Fork, UT 84660	Access/I&R/CMM	Sub-Contract
Springville City	65 East 200 South, Springville, UT 84663	Access/I&R/CMM	Sub-Contract
Summit County	P.O. Box 128 Coalville, UT 84017	Access/I&R/CMM	Sub-Contract
Wasatch County	465 East 1200 South Heber City, UT 84032	Access/I&R/CMM/ HDM	Sub-Contract
Utah County Security Center	3075 North Main Spanish Fork, UT 84660	HDM/CMM Meal Preparation	Sub-Contract
Denise's Home Plate	P.O. Box 472 Coalville, UT 84017	HDM Meal Preparation	Sub-Contract

Abbott Nutrition	75 Remittance Drive, Ste. 1310 Chicago, IL 60675	Liquid Meal	Sub-Contract
Alpha Home Health	250 West Center Street Orem, UT 84057	In-Home Support	Sub-Contract
Applegate Home Care	28 South 1100 East American Fork, UT 84003	In-Home Support	Sub-Contract
Aspen Senior Care	13 East 200 North Orem, UT 84057	In-Home Support	Sub-Contract
Brio Home Health	11762 S State Street Draper, UT 84020	In-Home Support	Sub-Contract
Care-A-Lot Homecare	80 E Heron Ct. Saratoga Springs, UT 84045	In-Home Support	Sub-Contract
Caring Hands/Health Watch	1485 East 840 North, Orem, UT 84097	In-Home Support	Sub-Contract
CNS Home Health Plus	667 North 1890 West Provo, UT 84601	In-Home Support	Sub-Contract
Comfort Keepers	2780 Madison Avenue Ogden, UT 84403	In-Home Support	Sub-Contract
Danville Support Services	6965 Union Park Center, Ste. 330 Midvale, UT 84047	In-Home Support	Sub-Contract
Dignity Home Health & Hospice	357 East 50 South, Ste. B. American Fork, UT 84003	In-Home Support	Sub-Contract
Emerald Care	500 Deer Valley Road Park City, UT 84060	In-Home Support	Sub-Contract
Encompass Home Health of the West	529 South Orem Blvd. Orem, UT 84058	In-Home Support	Sub-Contract
Homefront Personal Care	100 East State Road Pleasant Grove, UT 84062	In-Home Support	Sub-Contract
Homewatch Caregivers	36 East 400 North Provo, UT 84606	In-Home Support	Sub-Contract
Horizon Home Health	11 East 200 North Orem, UT 84057	In-Home Support	Sub-Contract
iCare Home Health	1503 South 40 East Provo, UT 84606	In-Home Support	Sub-Contract
Rocky Mountain Personal Care	598 W 900 South, Ste 220 Woods Cross, UT 84010	In-Home Support	Sub-Contract
Senior Solutions Group	127 North 700 East Springville, UT 84663	In-Home Support	Sub-Contract
Stonebridge Home Care Solutions	1385 West, 2200 South, Ste 201 Salt Lake City, UT 84119	In-Home Support	Sub-Contract
Aspen Senior Center	3410 North Canyon Road	Respite	Sub-Contract

	Provo, UT 84604		
Timpanogos Terrace Assisted Living	164 West 200 South American Fork, UT 84003	Respite	Sub-Contract
Beehive Homes-Provo	2877 West Center Street Provo, UT 84601	Respite	Sub-Contract
Sunset Living-Payson	661 East 700 South Payson, UT 84651	Respite	Sub-Contract
Sunset Living – Salem	1015 S 550 W Salem, UT 84653	Respite	Sub-Contract
Sunset Living – Spanish Fork	858 E 100 S Spanish Fork, UT 84660	Respite	Sub-Contract
Rocky Mountain Care-The Lodge	160 West 500 North Heber, UT 84032	Respite	Sub-Contract
Alert Utah	P.O. Box 127 West Jordan, UT 84088	ERS	Sub-Contract
Choice Home Medical	836 West Valley Vista Way Lehi, UT 84043	ERS	Sub-Contract
Family First Alert	PO Box 1288 Pleasant Grove, UT 84062	ERS	Sub-Contract
Medscope America Corporation	222 West Lancaster Ave. Paoli, PA 19301	ERS	Sub-Contract
Mytrex	10321 South Beckstead Lane So. Jordan, UT 84045	ERS	Sub-Contract
One Touch Response	127 North 700 East Springville, UT 84663	ERS	Sub-Contract
Pioneer Medical Services	P.O. Box 1147 American Fork, UT 84003	ERS	Sub-Contract

### 3. DIRECT SERVICE WAIVERS

**The State Plan shall provide that no supportive services, nutrition services, or in-home services (as defined in section 342[1]) will be directly provided by the State Agency or an area agency on aging, except where, in the judgment of the State Agency, provision of such services by the State or an area agency on aging is necessary to assure an adequate supply of such services, or where such services are directly related to such state or area agency on aging administrative functions, or where such services of comparable quality can be provided more economically by such state or area agency on aging.**

**Is your agency applying for any Direct Service Waivers?**  
Yes [ X ]    No [ ]

**If yes, list the services for which waivers are being requested and describe the necessity for the direct service provision.**

1.    Nutrition Services (Home-Delivered Meals) in Utah County.
2.    Nutrition Services (Home-Delivered Meals) in Summit County.
3.    Case management for the Aging Waiver, Home and Community Based Alternatives, and Family Caregiver Support and Respite Programs.
4.    Training and Education.

MAG performs ongoing outreach for the recruitment of service providers to deliver the above-mentioned services sponsored by the Area Agency. The AAA did not receive any interested responses from providers for these services. There were not any entities identified who were interested and/or capable of providing these services.

#### 4. PRIORITY SERVICE WAIVER

**Reference(s):** OAA Section 306(a)(2), 306(b)(1)(2)(A)(B)(C)(D), 307(a)(22)  
State Rule R110-106-1

Indicate which, if any, of the following categories of service the agency is not planning to fund with the minimum percentage of Title III B funds specified in the State Plan, with the justification for not providing services. **Attach appropriate documentation** to support the waiver request as follows:

- 1) notification of public hearing to waive Title III B funding of a service category,
- 2) A list of the parties notified of the hearing,
- 3) A record of the public hearing, and
- 4) A detailed justification to support that services are provided in sufficient volume to meet the need throughout the planning and service area. (See State Rule R805-106 for specific requirements.)

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**SERVICE CATEGORY****DESCRIPTION OF REASON FOR THE WAIVER****Access:**

No waiver requested.

**In-Home:**

No waiver requested.

**Legal Assistance:**

No waiver requested.

**5. ADVISORY COUNCIL**

**References:** OAA Sections 306(a)(6)(F)  
FED 45 CFR Part 1321.57

<b>Council Composition</b>	<b>Number of Members</b>
60+ Individuals	11 _____
60+ Minority Individuals	1 _____
60+ Residing in Rural Areas	7 _____
Representatives of Older Individuals	11 _____
Local Elected Officials	4 _____
Representatives of Providers of Health Care (including Veterans Health Care if applicable)	2 _____
Representatives of Supportive Services Provider Organizations	15 _____
Persons With Leadership Experience in the Voluntary and Private Sectors	16 _____
General Public	3 _____
<b>Total Number of Members</b> (May not equal sum of numbers for each category)	18 _____

Name and address of chairperson: Kendall Crittenden  
25 N. Main Street  
Heber, UT 84032

Does the Area Agency Advisory Council have written by-laws by which it operates?  
 Yes       No

Area Agency Advisory Council meetings schedule:

The MAG Area Aging Advisory Council meets on the second Thursday of every other month at 1:30 p.m. Location for the meeting is rotated throughout the three-county region with both in-person and Zoom options available.

## VIII. POPULATION ESTIMATES

<b>Population Group</b>	<b>Number*</b>	<b>Number Served in Planning and Service Area</b>	<b>Estimate of People Needing Services</b>
Age 60+	27,731	1050	1900
Age 65+	66,552	2500	3100
Minority Age 65+	4,871	130	450

\*Population data from the Governor's Office of Planning and Budget are provided for each county on the attached sheet.

## IX. SPECIFIC QUESTIONS ON PROGRAM ACTIVITIES

1. With fewer providers and the cost of using those providers increasing, how are you meeting the specific needs of your clients and those who are waiting for services?

Having fewer providers and increasing costs has made it difficult to provide services to our clients. We have had to think outside of the box and find nontraditional providers that are willing to provide services, as well as work to increase the number of providers we have to provide the needed services. We have also worked with our Director and Budget Manager to increase our service rates on our programs when allowable. However, the most effective way we have been able to get services for our clients in a timely manner is by using Personal Attendant Services (PAS). We work with our clients to find someone that is able to function as their Personal Attendant and be paid through our Fiscal Agent. This has been beneficial to the client as they receive services sooner and they direct the Personal Attendant, which allows the client to receive more personalized care.

Our clients that are waiting for service are offered multiple different informational resources through our Senior Help guide as well as our OPTIONS Coordinator who is very familiar with the resources in our area and provides clients that are not yet receiving services with various options that may be beneficial for them until they can be admitted to one of our programs.

2. Statistics from the CDC show that deaths due to malnutrition more than doubled between 2018 and 2022, with the COVID-19 pandemic exacerbating food insecurity, particularly among older adults. Utah, New Mexico and South Carolina saw the highest malnutrition mortality rates among adults older than age 65, with experts saying many safety net programs were suspended during the pandemic, making it more difficult for older adults to get proper food and nutrition.

MAG Aging is actively identifying ways to meet this growing concern among our senior population by:

- Working closely with the University of Utah and the Utah Department of Health and Human Services under the "Advancing Health Equity Among Congregate Meal Program Participants through Utilizing Appropriate Malnutrition, Frailty and Social Determinants of Health Screenings, Assessments and Interventions" grant. This grant was created to identify seniors in our congregate service area centers with the highest indication of possible malnutrition and provide them with nutrition

education, in addition to free and easy cooking classes. This multiple year study will be executed in 6 of our seniors centers throughout Utah, Wasatch & Summit counties over the next following each selected group of seniors for 6 months at a time.

- The MAG Aging Meals on Wheels Program Manager is actively participating in the Unite Us for Food Insecurity Coalition and also became a member of the Regional Food Access Steering Committee for the purpose of collaborating with system partners to address senior nutrition deficits in the MAG service region.
- Providing our Meals on Wheels clients who are most in need, based on their annual State Assessment score, a box of extra food twice a year, along with easy to prepare recipes utilizing the food box contents.
- Facilitate the distribution of information regularly for the Commodity Supplemental Food Box Program through the Utah Food Bank. We also distribute the MyPlate guidelines to our Meals on Wheels clients twice a year.

What can and is being done in your AAA to ensure that older adults understand and receive proper food and nutrition, so that the mortality rate due to malnutrition can be decreased in Utah?

3. Utah is one of the fastest growing states and has one of the highest life expectancies in the country. Therefore, population projections suggest the percentage of older adults (65+) at risk for Alzheimer's disease is also increasing rapidly (23.5% increase between 2020 and 2025), placing Utah among the top ten states for rate of increase. In fact, while Alzheimer's disease is the seventh leading cause of death in the U.S. among people 65 and older, it is the fourth leading cause of death in Utah.

What can and is being done in your AAA area to ensure: 1) the community understands ways to reduce their risk of dementia, and 2) family caregivers have the resources and support needed to help them care for a loved one with dementia?

The Alzheimer's Association reports in relation to dementia prevention that the following may be helpful to reduce the risk.

1. Improving heart health can lead to brain health: MAG Aging would like to offer classes at our senior center locations to educate about the connection between the two.

2. Physical Exercise & Diet: Our Senior Health Challenge held yearly challenges seniors to improve their health! Our Caregiver Support Groups and our Caregiver Conferences encourage overall physical, emotional, mental, and spiritual health.
3. Social connections and intellectual activity: We offer Caregiver Support groups to help those caring for people with dementia, which provides socialization and education. We host Caregivers at the Movies annually and Picnics in the Park held in Wasatch/Summit Counties twice annually and strongly encourage senior center and senior companion participation.
4. Head trauma: We encourage people to attend the Fall Prevention classes offered by Utah Health Departments.

MAG Aging offers resources and support to Family Caregivers on a regular basis including:

1. Monthly Caregiver Newsletter with tips, education, and resource information.
2. Caregiver Support Groups: We currently offer 2 monthly in-person and 1 weekly virtual group. We plan to open 2 or more in-person groups. All groups have between 15-20 participants with about 6-12 in attendance each time.
3. Regional Annual Caregiver Conference: Held in November of each year. This conference is offered both in-person and virtually. We offer education related to dementia/Alzheimer's every year. We will focus more heavily on dementia education over the next 4 years.
4. Dementia Classes:
  - a. Dealing with Dementia courses are offered monthly.
  - b. Dementia Dialogues: Training for professional and family caregivers offered 1-2 x yearly.
5. Stress-Busting Course: This 9 week course is offered 2-3 times annually.
6. We offer options counseling to caregivers who call in for help. Appointments are set at the time of the call to visit with our options counselor.
7. Our SHIP Program assists caregivers with navigating Medicare and issues and concerns.