



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

**SECOND YEAR OF THE PLAN:
Fiscal Year 2025
July 1, 2024 - June 30, 2025**

**Mountainland Association of Governments (MAG)
Area Agency on Aging
for
The Older Americans Act**

**Utah Department of Health and 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 second 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 2024.

II. SIGNATURES

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

AREA PLAN UPDATE

July 1, 2024 to June 30, 2025

1. The Area Plan update for Fiscal Year 2025 has been prepared in accordance with rules and regulations of the Older Americans Act and is hereby submitted to the Utah Department of Health and 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

5/28/24

5/23/24

Agency Name: MAG Aging and Family Services

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 2025 (Ref. 45 CFR Part 1321.57[c]). Its comments are attached.

Chairman

Area Agency Advisory Council

Date

5/23/2024

3. The local governing body of the Area Agency on Aging has reviewed and approved the Area Plan Update for Fiscal Year 2025.

Chairman, County Commission or
Association of County Governments

Date

5/23/2024

4. Plan Approval

Director

Division of Aging and Adult Services

Date

Chairman

State Board of Aging and Adult Services

Date

III. OBJECTIVES

GOALS AND

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.

FY25: MAG will begin offering the Dementia Live, dementia simulation experience. Three staff members will be trained to conduct simulations which will be held in conjunction with classes, health fairs and conferences.

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 regional 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 serve.

- 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 in 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 a specific focus on the homebound and rural senior population. Additionally, we will continue to collaborate with Ability First, our local Center for Independent Living, to facilitate access to assistive technology for MAG clients.

- 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:MAG Aging has a priority list that determines who amongst our clientele is most vulnerable and requires the greatest need in case of an emergency. It assisted us during the pandemic but needs to be updated to be a continual resource for future emergencies.

FY25-FY27: Upon development of the emergency preparedness plan, 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.

FY24-27: MAG Aging implemented virtual options for all meetings, classes and support groups during the COVID-19 pandemic and will continue to offer this option. Additionally, the case managers and long-term care ombudsman team were issued smartphones during the pandemic which allowed for texting and video calling options. This has increased communication options for clients, which has been successful in increasing access.

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 their influence on 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 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's external newsletter, and at the 16 senior centers in our service region. Additionally, MAG had contracted to have program flyers and the Senior Resource Guide in Spanish. These guides will be available for distribution at the beginning of FY25.

- 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 who 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 their home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their families 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.

FY 24-27 The MAG LTC Ombudsman Program and other MAG staff sit as committee members on the Regional Enhanced Multi-Disciplinary Team (EMDT)

established by Adult Protective Services to coordinate interventions to assist vulnerable older adults and disabled individuals in the community. The intent of the EMDT is to provide a forum to discuss cases where older adults may be experiencing abuse, fraud, or exploitation, to determine appropriate reporting, intervention, mitigation, and follow up. Additionally, the MAG team will seek to engage other community partners to attend to expand efforts to address elder abuse. The MAG SMP program has also partnered with Arctic Wolf Cybersecurity Services to provide scam prevention training to senior centers in the region. MAG staff will also continue to distribute educational materials related to elder abuse.

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 Services has completed many successful initiatives in the past year while experiencing a great deal of change due to staff transitions and turnover. Several key long-time employees retired in 2023 and, at the end of the year, Director, Mary Lucero, resigned. The Aging Department is currently structured with two Co-Deputy Directors who manage jointly while overseeing individual programs.

Successes this year include:

Meals on Wheels Summit, Utah & Wasatch 501(c)(3)

The MAG Aging Department established the Meals on Wheels non-profit and completed Board Development. With the recent hire of our Development Director, we will begin working, in collaboration with Meals on Wheels Summit, Utah & Wasatch Board of Directors, to develop a strategic plan for fundraising and program growth in FY25.

Caregivers at the Movies

The MAG Aging Caregiver Coalition hosted its annual Caregivers at the Movies event in March. The goal of the event was to provide an opportunity for those caring for a senior loved one to rest and rejuvenate for a few hours. A local theater donated the venue and allowed caregivers and their loved ones to

choose from two movies to watch. More than 50 caregivers and their loved ones attended.



Education

In FY24, the MAG Education Program hosted 10 education classes and workshops which included Dealing with Dementia, Dementia Dialogues, a nine-week Stress-busting for Caregivers course, and Medicare 101. Ninety-one people attended these classes/workshops throughout the year.

Caregiver Conference

MAG Aging hosted its Annual Regional Caregiver Conference to support and educate caregivers. This year's event was held on November 3rd at the doTERRA headquarters in Pleasant Grove. A virtual option was offered for those who could not attend in person. More than 330 caregivers and caring professionals attended in person and virtually. The agenda included keynote



speaker, Dr. Matt Townsend (sponsored through a generous donation), with nine breakout sessions including: self-care, grief management, dementia training, and estate planning.

March for Meals

This March, 31 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 local elected officials to volunteer so they have first-hand experience with the older adults the program serves. These individuals are often some of our most vulnerable and isolated community members. This initiative brings awareness to the program that serves nearly 522 meals to homebound seniors each weekday in Utah, Wasatch, and Summit counties. MAG has celebrated this event for 14 years.



Senior Health Challenge

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, a celebration event was held with activities and participants were

entered into a drawing for prizes such as a Fitbit, gift cards and more. More than 194 people participated.



72-Hour Emergency Meal Kits

Many Meals on Wheels clients need more help during the winter season. The Meals on Wheels team created and delivered 312 emergency food boxes to our most vulnerable clients. These boxes included shelf-stable food, emergency supplies, and a blanket. A huge thank you to the Meals on Wheels team, MAG staff, and volunteers for putting these together and delivering them.



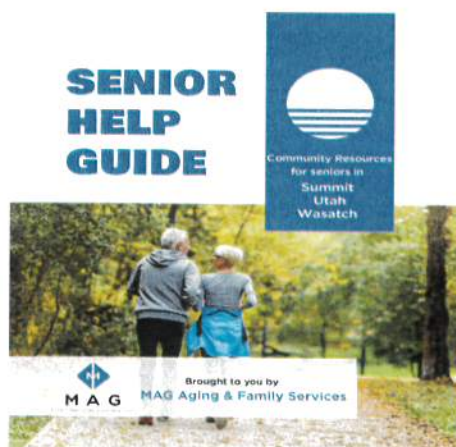
Angel Tree & Sub for Santa 2023

Each year we partner with United Way's Sub for Santa and Angel Tree program to support our most vulnerable in-home clients in Wasatch & Summit counties during the holiday season. Community members donated needed items for these individuals and families and MAG case managers facilitated delivery of the gifts, providing items to 46 clients of United Way and Covington of Lehi residents this year.



Senior Help Guides

This year we distributed more than 4,000 Senior Help Guides to individuals, assisted living facilities, senior communities, senior centers, events, doctor offices, therapy offices and more throughout the MAG Aging region. The guide contains more than 170 pages of community resources for seniors and caregivers. It is the most comprehensive, unbiased guide of its type in Summit,



Utah & Wasatch counties. This year we improved the guide with tabs for easier location of resources. New sections were also added with resources specific to Summit and Wasatch counties.

Martin Luther King Jr. Day of Service

Each year, MAG's Retired & Senior Volunteer Program (RSVP) hosts a collection drive to benefit those in need. In partnership with Community Action Services & Food Bank, we collected more than 250 pounds of donated items (food and socks). Community Action distributes donations to over 80 social services organizations.



Ombudsman Program

The MAG Long-Term Care Ombudsman team consists of two part-time and one full-time employee. During 2023, the Long-Term Care Ombudsman team investigated and resolved 439 care complaints and completed 700 visits in the 62 long-term care facilities in Summit, Utah and Wasatch counties. The team provided consultations to individuals (582) and staff (456), participated in 89 resident council meetings, and conducted 21 staff and community trainings. Additionally, the MAG Ombudsman program distributed State-produced discharge education booklets and MAG resource guides to all of the hospitals in the region.

Spanish-Language Resources

Due to an increase in the Hispanic population in the MAG region, the Aging Department has recognized the need for Spanish-language resources in our service area. To better serve Spanish-speaking older adults and their families who need assistance, we have translated our resource flyers and extensive resource guide into Spanish. We contracted with a translation service for the

translation and are currently in the design and printing phase of the project. After the resource materials are printed, a distribution program will continue throughout FY25 to ensure that the materials are available to Hispanic individuals and organizations.

Friendly Callers

In FY24, the Friendly Callers Program saw an increase in both volunteers and client participation by 50%. The Friendly Callers Program connects isolated individuals with volunteers who build a connection with them through phone calls. These friendships help improve the quality of life for both the volunteer and the recipient of the calls. Most participants find the interactions to be life-changing and fulfilling.

Elder Justice Conference

This year, the MAG Aging Department hosted the statewide virtual Elder Abuse Prevention Conference. The 12 Area Agencies on Aging in Utah contributed elder justice funding to support the conference and MAG staff planned and provided support for the conference entitled, "Prevention Through Connection". Emily Allen, Senior Vice President of Programs from the national AARP Foundation, was engaged as the keynote speaker. The free conference was well attended, with 225 participants joining virtually.



Volunteers and Interns

Between Meals on Wheels, RSVP and other programs, 575 volunteers and 9 interns donated over 20,000 in-kind hours assisting seniors served by MAG.

Community Healthcare & Social Services Collaboration/Integration Efforts

In FY2024, 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 630 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 Center hoped to increase the uptake of services amongst the older adult population in the community. Through MAG efforts, the Fuller Center was able to provide important services such as radon remediation, roof repairs, and bathroom remodels 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. In FY 24, MAG partnered with Neural Effects, a dementia diagnosis clinic, to provide education and information about dementia resources to their newly diagnosed clients.

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

<p>TITLE III</p> <p>AREA PLAN: PROGRAM DESCRIPTION AND ASSURANCES</p>

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 affect 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
Case Management (1 case): 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.	23	19	300	125
Personal Care (1 hour): 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.	2	20	77	100
Homemaker (1 hour): 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.	5	25	339	100
Chore (1 hour): 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.	5	25	32	15
Adult Day Care/Adult Day Health (1 hour): Provision of personal care for	6	0	255	75

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.				
Assisted Transportation (1 one-way trip): Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.	1	0	4	0
Transportation (1 one-way trip): 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. Legal Assistance (1 hour): Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. Nutrition Education (1 session): 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.		1500	1500 270 250	5000

- Persons assessed and determined eligible for services

Title III B Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
Information and Assistance (1 contact): A service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.			14000	
Outreach (1 contact): Interventions initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits.			15000	

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
Congregate Meals (1 meal): Provision to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which: <ul style="list-style-type: none"> 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; 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; 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, 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. 	3186	0	124500	0
Nutrition Counseling (1 hour): 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	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.				
Nutrition Education (1 session): 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.			0	

* 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
Assessment/Screening (1 Hour): 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.			550	
Home-Delivered Meals (1 meal): 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"> 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); 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; 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 	1046	175	120141	175

Title III C-2 Program Objective	Persons Served - Unduplicated Count	Persons Waiting for Services*	Estimated Service Units	Estimated Number of Persons Not Served
d) provides, if three meals are served, together, 100 percent of the current daily DRI; although there is no requirement regarding Home-Delivered Meals (cont'd): 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.				
Nutrition Counseling (1 hour): 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.	310	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
Conducted an evidence-based Senior Health Challenge			194	
Stress Busters Classes			20	

* 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
Information: Estimate the number of individuals who will receive information, education and outreach activities in order to recruit caregivers into your program.	3,400		1,000
Assistance: 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.	70		500
Counseling/Support Groups/Training: Estimate the number of individuals who will receive counseling/support groups/training.	600		1,800
Respite: Estimate the number of clients who will receive respite services using NFCS funds.	80	17	900
Supplemental Services: Estimate the number of clients receiving supplemental caregiver services using NFCS funds.	30	17	200

* 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	Home and Community-based Alternatives Program: ** 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.	75	70	500
RVP	Volunteer: 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
Purpose: 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.			

* 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

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

Provider Name	Address	Services/Program	Agreement Type
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[l]) 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.)

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

Council Composition	Number of Members
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
Total Number of Members (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

Population Group	Number*	Number Served in Planning and Service Area	Estimate of People Needing Services
Age 60+	27,731	1,050	1,900
Age 65+	66,552	2,500	3,100
Minority Age 65+	66,552	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