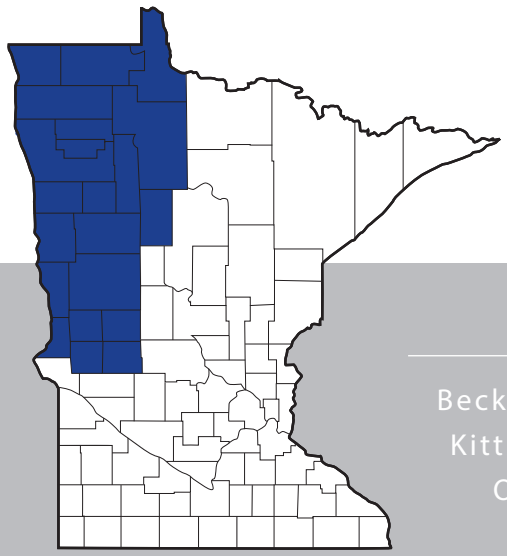
2025-2028
AREA PLAN

Dancing Sky
Area Agency on Aging

JANUARY 1, 2025 – DECEMBER 31, 2025



COUNTIES SERVED

Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse and Wilkin.

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Dancing Sky Area Agency on Aging /Northwest Regional Development Commission Area plan CY 2025-2028

CY 2025 - 2028 Area Plan

Dancing Sky Area Agency on Aging

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Application Form

AAA Information

Project Name*

Example:

Arrowhead Area Agency on Aging (AAAA), CY 2025 - 2028 Area Plan

Dancing Sky Area Agency on Aging /Northwest Regional Development Commission Area plan CY 2025-2028

Area Agency on Aging*

Select the name of the Area Agency on Aging completing the CY 2025 - 2028 Area Plan.

Dancing Sky Area Agency on Aging (DSAAA)

Section A-1: Introduction (Year 1 - 2025)

I. Description of Agency and Activities (Year 1 - 2025)*

Introduce the Area Agency on Aging (AAA) and provide an overview of the 4-year Area Plan. Describe the agency, characteristics of the Planning and Service Area (PSA), and the nature of the programs provided. Also describe any activities provided by the AAA that may not be covered elsewhere.

Dancing Sky Area Agency on Aging (DSAAA) is a program of the Northwest Regional Development Commission (NWRDC) and began in 1978 serving Region 1 as an Area Agency on Aging. In 2003, the NWRDC was designated as the AAA for Region 2 and following in 2005 the AAA received a new name (Land of the Dancing Sky) and larger planning and service area, expanding to the current 21-county service area. DSAAA covers the northwest corner of the state, with some reach into west central MN. The area is home to farming, manufacturing, and tourism among other industries, and spans 24,600 square miles of farmland, prairies, pine forests, and lakes as the AAA with the largest geographic service area of the 7 MN AAAs. The service area tends to be conservative politically, with many residents having a distrust of outside agencies and services, especially among older adults, which can challenge families, caregivers, and service providers when the time comes to add services for older adults wanting to stay in their homes.
DSAAA is proposing the following work within our 4-year Area Plan:

- Forming connections with the newly structured MIAAA.
- Working to address Ageism both internally and externally.
- Targeting OAA dollars to the intended recipients while administering the services in a cost-effective manner, that also focuses on accurate and timely data collection.
- Senior Linkage Line, including Return to Community service, will provider older adults and caregivers with the needed information, resource, and referrals to successfully age.
- Providing education, resources, services, advocacy, and tools to older adults, caregivers, service providers, and the general public to allow our region to be equipped to meet the challenges of aging, both individually and collectively.

Dancing Sky took on applying for the Adult Protection Direct Service Grant. This grant was administered

through the EDP grant. Through the short duration of the grant, we have helped many clients with vital needs to reduce their risk of maltreatment. We had success with getting 13 of our 21 counties to enter with MOU for the Cumulus software systems. We have found that the referral system is fairly seamless and has been a good communication and tracking tool.

II. Agency Mission Statement (Year 1 - 2025)*

List the AAA mission statement and a summary of the guiding principles under which the AAA operates.

Our Mission: Dancing Sky works with rural communities to help older adults stay in control of their choices.

Our Vision: Together older adults and communities thrive. It is through these guiding principles that our staff directs, and excels in, their work. We believe that older adults and caregivers are vital parts to our rural communities. We must not lose sight of the challenges we face, dwindling funding sources, access to services, staffing shortages all plague our aging infrastructure. Dancing Sky's Planning and Service Area (PSA) is 28% of Minnesota landmass which poses unique challenges for those we serve and partner with. We have staff positioned throughout the 21 county PSA, helping our staff build strong relationships and serve well. We believe being strategic in where staff are placed allows us to cover the large landmass, while being good stewards of our funding. In our region we envision vibrant communities invested in older adults. We support older adults and caregivers planning for their future. Staff work hard to make our mission a reality through close relationships, ongoing support, training, and building their skills on an individual level.

Our individual responsibility is to create opportunities of learning through various supportive forms, maintain or create access to our rural communities, and support acceptance and awareness of resources. It is through these values and guiding principles that we are proud of the work we do and our partner agencies to maintain and develop successful older adult communities.

III. Planning and Review Process (Year 1 - 2025)*

Describe the process used to assess the needs in the PSA and develop the Area Plan, include how the AAA Advisory Board was involved.

Dancing Sky launched a paper and online 2024 Needs Assessment Survey in April with it closing at the end of May. A total of 216 responses were collected between the two formats (online and paper). Congregate and Home Delivered Meals, Chore and Homemaker Services, Home Repairs and Modifications, Caregiver Supportive Services, Transportation, and assistance finding services are some of the needs that consistently rose to the top. The Needs Assessment survey results were presented to our Dancing Sky Advisory Board during the June 2025 meeting.

We discussed with our board over the course of the year needs and areas of concern within our planning and service area. Our boards main concern is the reduction of funding and impacts to our rural grantees and program recipients. Our board will remain involved in funding decisions and approval of grantees while maintaining the focus on the needs in our planning and service area.

DSAAA Development and Leadership staff took part in a State Area Plan Review and Goals, Objectives, Strategies, and Measures (GOSM) planning session in April 2024 which was devoted to developing Goals that aligned with the State's Plan while highlighting some of our area's unique needs. Some of the items the team is hearing specific to our area that are in high need include, Dementia/Alzheimer's Disease information and resources (the Alzheimer's Association has limited reach in our service area due to limited staffing); more education and resources around future planning, death with dignity, and protection against scams and fraud as a means to combat ageism; more connection with solo agers, and the aging population living with disabilities (hearing and vision loss, chronic conditions, physical limitations, and mental health concerns), and socially isolated older adults.

NWRDC Strategic Planning took place in early 2024, through this process we gained insights on areas of improvement and goals we would like to reach. This was an agency wide strategic planning process. We will continue to use the information gained and goals outlined to guide our work in the future.

The following goals were outlined for aging priorities:
1. Focus on building more culturally responsive learning options, forms translated and outreach materials.
2. Increase enrollment for various public benefits.
3. Expand Marketing materials/ capabilities.

Section A-2: Population Profile (Year 1 - 2025)

Demographic Data (Year 1 - 2025)*

- Describe the current demographics, emerging trends, and additional information to understand the aging population in the PSA. Include local analysis of the changes in the number of older adults, each target population, and the associated impact on the AAA and providers.
- Describe how the Area Plan is using this data to target outreach services to those at greatest risk and the methods used to reach each target population.

Be sure to reference the 2021 ACS AAA Data and the most recent 2-Year Comparison located on the AAA Foundant Dashboard.

windshieldDancing Sky covers 21 counties in northwest and west central Minnesota, which makes up 28% of the state's land mass and gives Dancing Sky the distinction of serving the largest land mass of the 7 Area Agencies on Aging in the state. The size of DSAAA's service area, paired with the area's low population density, creates unique challenges and the need for innovations to successfully deliver services to older adults.

According to the 2021 ACS AAA Data, Dancing Sky's total population in our planning and service area (PSA) is 404,605. However, the 60+ population for the PSA is 107,685 which equates to about 27% of our population. Further breaking down the 60+ population by age groups, 69% are 60-74, 21% are 75-84, and 10% are 85 years of age and older.

The DSAAA region is predominantly rural, with eleven counties having a total population under 10,000 residents. Our PSA's population centers include Moorhead, Bemidji, Alexandria, Detroit Lakes, Fergus Falls; these communities all have populations that are at or over 10,000. East Grand Forks, Thief River Falls, and Crookston have populations above 7,000 but less than 10,000, and the remaining communities are below 7,000. Ten of DSAAA's counties have a population density of less than 10, nine counties have a population density between 10-50, and only two (Clay, Douglas) counties have a population density over 50 (UMN Natural Resource Atlas https://mnatlas.org/). The 2021 ACS Data shows that 65% of the DSAAA service area 60+ population is considered rural which is the second highest rural rate for the state's AAAs, with only the MIAAA having a higher rural percentage. The DSAAA 2-Year Comparison Report (FFY 2022 vs. FFY 2023) showed a statistically insignificant increase of 0.55% in the % of Rural Clients, with 84.16% in FFY 2022 and 84.62% in FFY 2023. These sparse populations impact the ability of service providers to hire and retain staff working in occupations that support our region's older adults. Also complicating hiring in older adult services is "windshield time" driving to and from client's homes, severe winter driving conditions, isolated areas with limited cell and internet service, and competition with industry, tourism, and other employment opportunities that are often less physically taxing and have better pay.

Race and Ethnicity break down of the 2021 ACS Data shows that 95% of the DSAAA service area 60+ population is White, Not Hispanic with American Indians making up the largest racial minority group at 2.6%. The DSAAA 2-Year Comparison Report (FFY 2022 vs. FFY 2023) showed a slight increase of 6.05% in the % of Minority Clients served from FFY 22 (2.348%) to FFY 23 (2.490%). In the population under age 60, greater racial and ethnic diversity exists and is increasing over time and will change the racial landscape of the aging population over time.

The Northwest Region of MN has consistently had a higher poverty level percentage compared to the statewide level from 2000-2022, with three Dancing Sky Counties ranked in the top 10 highest MN County Poverty Levels in 2022. (https://www.mncompass.org/chart/k203/poverty#4-5275-g). Mahnomen County

has the highest poverty rate at 18%, with Beltrami County ranked 2nd at 17.3%, and Traverse County ranked 9th at 13.7%. Marshall is the DSAAA County with the lowest poverty level, ranked at number 20 statewide. The 2021 ACS Data shows 90% of the 60+ population as being at or below the 150% Poverty Level. The DSAAA 2-Year Comparison Report (FFY 2022 vs. FFY 2023) showed a very slight decrease in the % of Clients Below Poverty from 15.88% in FFY 2022 to 15.64% in FFY 2023.
Utilizing our Peer Place Served Client Summary data for 2022 and 2023, the following trends emerge regarding OAA targeted populations: (Percents excludes clients that had demographic item listed as "missing").

- Title IIIB Services: 94% were rural; 55% were at or under 150% Poverty Level; 2.4% were a racial minority. For comparison in 2022 98% were rural, 52% were at or under 150% Poverty Level, 1.8% were a racial minority.
- Title IIIC1 Services: 91% were rural, 42% were at or under 150% Poverty Level, 1% were a racial minority. For comparison in 2022 87% were rural, 42% were at or under the 150% Poverty Level, 1% were a racial minority.
- Title IIIC2 Services: 77% were rural, 50% were at or under 150% Poverty Level, 2.6% were a racial minority. For comparison in 2022 83% were rural, 52% were at or under 150% FPL, 2% were a racial minority.
- Title IIIE Services: 83% were rural, 39% were at or under 150% Poverty Level, 5.7% were a racial minority. For comparison in 2022 80% were rural, 36% were at or under the 150% Poverty Level, 5.6% were a racial minority.

The percents indicate the Dancing Sky's Title III providers are meeting targets for those living in rural areas, members of minority communities, and low-income older adults. Some additional ways to target those with the greatest social and economic needs moving forward will include:

- Low income/Minority: DSAAA providers are working with counties to identify those who are on Medical Assistance but are not currently on a MA Waiver Program to make sure they have services available to them. The Food Shelf project increases utilization of the Senior Nutrition Program by providing frozen meals at food shelf sites. Legal services are targeting services to low-income older adults. DSAAA plans to develop and strengthen partnerships with Community Action Agencies (including their housing and energy assistance/weatherization programs), Homeless Shelters, HRA and HUD supported low-income housing units, Habitat for Humanity chapters, food shelves, and Commodity Supplemental Food Program (CSFP - formerly NAPS) sites to increase awareness and access to Title III Services and other programs to assist older adults.
- Rural - Title IIID funded programs are focused on smaller communities that lack access to YMCAs or other exercise facilities. DSAAA is committed to the state's Digital Opportunities Councils as a way to increase access, education, and utilization of technology in our area for both social and telehealth opportunities.
- Limited English Proficiency/new immigrants: DSAAA providers will utilize the newly translated NAPIS forms for clients with limited English seeking out services.
- Social Need: DSAAA gives high priority to funding Telephone Reassurance, PEARLS Mental Health and other Evidence-Based Program classes, Grocery Delivery, Congregate & Home Delivered Meals, and Caregiver Support Services which provide direct and indirect social connections. Digital Opportunities Councils will also work to address isolation by increasing access, education, and utilization of technology as a means to connect with others.
- Solo Agers: DSAAA will work to promote awareness and increase outreach to solo agers, who have unique challenges and needs as people who are aging independently, due to choice or circumstances, of traditional family support.
- DSAAA will offer provider trainings on DEIA topics such as: Deaf/Hard of Hearing, Low Vision/Blind, LGBTQ+ Older Adults, Cultural Awareness, Solo Aging, etc. as well as doing targeted outreach through cultural events and health fairs (White Earth and Red Lake Tribal Health Fairs, Pride events, and Friendship Festival cultural event).

Section A-3: Planning & Service Area Environmental Scan (Year 1 - 2025)

Snapshot of Services*

Download the Snapshot of Services form, complete, and upload below.

CY2025_2028AreaPlan_SnapshotServices.xlsx

Performance Measures (Year 1 - 2025)

For reach performance measure listed below, input the baseline and target. There will be a separate area to provide narrative updates.

Performance Measure	Baseline	Target
2A. Return to Community Referrals that Accept Services	32	33
2B. % Increase of Referrals from I&A to RTC	6	6
2C. % Increase of calls Answered for Senior LinkAge Line	80	80
4A1. Number of Meals per Person per Month - Congregate	2	2
4A2. Number of Meals per Person per Month - Home Delivered	8	8
4B1. % of Persons Served at High Nutritional Risk - Congregate	28	28
4B2. % of Persons Served at High Nutritional Risk - Home Delivered	49	49

2A. Return to Community Referrals that Accept Services (Year 1 - 2025)*

Provide a narrative on performance measure 2A below.

Be sure to reference an identified strategy.

Dancing Sky staff will work on building acceptance rates with our Resource Coordinators team. Staff will regularly monitor the acceptance rates internally; staff will set monthly goals for consumers that could accept the services. Staff will keep an internal tracking sheet and will utilize this and data from the tracking tools to

monitor progress.
Management teams will work with state guidance on the goals and measures they set forth. Targeted outreach efforts will happen yearly.
Management team will equip staff with talking points and call monitoring advice to improve rate of those accepting services.

2B. % Increase of Referrals from I&A to Return to Community (Year 1 - 2025)*

Provide a narrative update on performance measure 2B below.

sellDancing Sky staff will work closely with the state in planning and developing protocols, as well as training staff on appropriate techniques for referrals both internally and externally to other AAA Resource Coordinators. Staff know the value of internal referrals and the sign on rate is increasingly higher for those referrals. Leadership will work with teams to have a full understanding of the benefits of the ongoing Return to Community service and coaching Resources Specialists on how to "sell" the Return to Community service and talking points over the phone. Leadership will monitor the progress and referrals.
All DSAAA staff will be trained to incorporate RTC Service brochure and talking points into conversations at Health Fairs, presentations, and other outreach events.

2C. % Increase of calls Answered for Senior LinkAge Line (Year 1 - 2025)*

Provide a narrative update on performance measure 2C below.

Dancing Sky leadership and finance teams have taken measures to staff the phones and manage inbound calls to the best we can. Dancing Sky has had success in utilizing contracted staff to support in filling gaps that our staff cannot fill. The two contract staff we have utilized fill in during busy times, staff vacations and OEP. In the future we have budgeted for this type of support to continue. Our supervisor and manager attempt to keep a minimum of 3 staff on daily not factoring contracted staff. Our leadership team has changed team meeting times and durations. We have been receptive to filling any open positions as fast as we can as well as strategic succession planning for retirements. We will continue to follow guidance set outlined by state staff to make improvements to increase the volume of answered calls. More equitable funding allocations across MIPPA, SHIP and SMP are appreciated with the statewide volume of calls coming into our region.

4A. Number of Meals per Person per Month (Year 1 - 2025)*

Provide a narrative update on performance measure 4A below.

numberDSAAA will focus our strategy to increase "number of meals per person/per month" by working with our Nutrition Service Providers to assess when and where older adults prefer to dine, and also determine where they are getting their nutritional needs met the remainder of the month, if not through the Nutrition Program.
Quarterly check-ins meetings with Nutrition Providers, and analyzing satisfaction surveys and site complaints are some ways that DSAAA and providers can partner to learn more about what older adults want. Diner's Clubs, evening meals, activities immediately before or after meals, breakfast options, etc., can all be analyzed to determine ways to attract the next generations of older adults to the vital service of providing nutrition and socialization.

4B. % of Persons Served at High Nutritional Risk (Year 1 - 2025)*

Provide a narrative update on performance measure 4B below.

theDSAAA will focus our strategy to increase "the percent of persons served at high nutritional risk' by focusing on Food Shelf Project meals which utilize bundles of frozen meals to be handed out in a Food Shelf setting. The goal is to target low income, high nutritional risk, older adults with meals to meet immediate nutritional needs while also promoting the idea of transitioning the meal bundle recipients to receiving meals at a Congregate site or through Home Delivered Meals on an ongoing basis.

Section A-4: Statewide Initiatives (Year 1 - 2025)

I. Indian Country (Year 1 - 2025)*

Minnesota Indian Country consisting of:

Indian reservations, Dependent Indian communities and Indian allotments. In addition, this includes rural communities, towns and cities where American Indian Elders reside and caregiving supports from friends, family and/or neighbors are needed or currently exist. Many tribal nations operate satellite offices called urban offices. If there are tribal urban office in your PSA efforts must be made to build relationships with the goal of serving urban AI/AN elders with core OAA services.

In this focus area consider including a description of the process for planning and coordinating with each of the tribes and/or AI/ AN communities within its PSA to provide services for AI/AN Elders. Any services provided to AI/AN Elders should be provided in a culturally responsive manner. Include steps that will be taken to build relationships with individual tribes and/or AI/AN communities, while respecting Tribal Sovereignty, and any collaboration efforts and/or challenges that may be unique to planning and service delivery with Minnesota Tribal Nations and AI/AN communities.

Describe your strategic vision with the new MIAAA. How the AAA will coordinate with each of the tribe(s) or AI/AN communities within its PSA to provide services for AI/AN Elders, specifically Older Americans Act Title VI grantees and/or Indian Country?

*§explain*As the new MIAAA is developing their structure and framework, relationship building will be key for Dancing Sky's strategic visions with the new MIAAA. The new agency will need time to create internal work plans and develop staff roles to meet those plans. Developing trust and coordination is built over time and does not happen in the short term. It is vital that this relationship development also include Red Lake and White Earth Title VI service providers, tribal entities, and their members, living both on and off the reservations. Some of the ways Dancing Sky plans to achieve this is by attending Tribal Health Fairs and events and actively seeking involvement of tribal members on the Dancing Sky Advisory Board. M4A will be a vital tool for making contacts and connections across all Area Agencies on Aging.

Dancing Sky will work to develop and align our policies and procedures to meet ACL and MBA guidelines for Tribal Coordination including the following elements provided by ACL: *"§explain how the AAA's network, including service providers, will coordinate with Title VI programs to ensure compliance with the OAA; §address how the AAA's network will provide outreach to tribal elders and family caregivers; §address the communication opportunities the AAA will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III, and other funding opportunities, meetings, email lists, presentations, and public hearings; §describe the methods for collaboration on and sharing of program information and changes, how services will be provided in a culturally appropriate and trauma-informed manner; §address how Title VI programs may refer individuals who are eligible for Title III*

services; and §detail opportunities to serve on advisory councils (including the AAA's), workgroups, and boards."

Dancing Sky will continue its commitment to DEIA initiatives that are inclusive of tribal nations. Trainings on history, customs, and ceremonies for staff, advisory members, and service providers will be utilized to maximize cultural awareness and understating of the tribal communities in our service area.

II. Addressing Ageism (Year 1 - 2025)*

Describe efforts to continue reframing communication efforts and address ageism within the AAA and the greater community.

DSAAA staff have attended the Reframe Aging trainings hosted by the Leadership Council on Aging as well as additional online and in person trainings that address ageism. The knowledge gained will be utilized to complement and improve our social media, external promotional materials, as well as other forms of internal and external communication modes.
The NWRDC and DSAAA leadership is committed to increasing DEIA efforts organization-wide and community-wide and will work to include ageism within this framework, as age is often excluded as a vital DEIA component.
DSAAA staff will utilize Age Friendly and Dementia Friendly resources and activities to address ageism and ableism across the life span. Incorporating conversations, resources, and tools into this work is vital to dismantle the entrenched societal views of aging and disability.

Section A-5: Goal 1 (Year 1 - 2025)

Goal 1: Advance equity and eliminate disparities, while empowering rural and diverse communities and respecting the sovereignty of Tribal Nations

Objective 1.1: Improve service to targeted populations across all Title III programs.

Objective 1.2: Strengthen coordination efforts with Indian Country, including Title III and Title VI coordination.

Objective 1.3: Update policies, procedures, and public facing communication to include the expanded definition of greatest social need as defined in the Final Rule.

Objective 1.1 Strategy A (Year 1 - 2025)*

Goal 1: Advance equity and eliminate disparities, while empowering rural and diverse communities and respecting the sovereignty of Tribal Nations

Objective 1.1: Improve service to targeted populations across all Title III programs.

List the Area Agency on Aging strategy 1.1A below.

Dancing Sky Area Agency will improve service to targeted populations across all Title III programs to advance equity and eliminate disparities across rural and diverse communities, including Tribal Nations. Some ways we will achieve this work over the next four years include:

- Updating and analyzing regional demographic data to adjust services to meet the needs of Title III targeted populations.

- Utilize Title III service feedback (provider surveys, service recipient complaints) to address concerns and issues.
- Incorporate appreciation and awareness of the various cultures in our service area by expanding DEIA efforts internally and among service providers.
- Address language barriers by utilizing translation tools as requested.
- Offer accessibility (site accessibility for walkers, wheelchairs, scooters, hard of hearing, low vision/blind, individuals with sensory and/or cognitive issues, etc.) education, tools, and resources to providers so Title III services meet the needs of all older adults.

Strategy 1.1A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 1.1A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025 - September 2026

Strategy 1.1A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 1.1A is fulfilling. For each AAA role selected, an area for additional information will appear.

Administration
Development

Strategy 1.1A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 1.1A.

- DSAAA will monitor ongoing demographic trends on an annual basis using Census data, MN Demography data, and Regional Development Commission data.

- Title III feedback surveys will be reviewed on an annual basis and any concerns will be addressed by Dancing Sky leadership and the service providers. Any complaints received about Title III services by staff will be triaged to DSAAA leadership.
- DSAAA will offer 2 provider trainings (Title III, LWAH) on DEIA topics (topics TBD). DSAAA will do targeted outreach through 6 cultural events and health fairs (White Earth and Red Lake Tribal Health Fairs, Pride events, and Friendship Festival cultural festival, etc.).
- DSAAA will share translated NAPIS forms with all Title III registered service providers and will research additional options for translation services, like Facebook Translation and captioning for presentations.
- DSAAA will partner with Deaf and Hard of Hearing Service, Disability Services (Freedom Resource Center, Options), and/or State Services for the Blind to offer 2 learning opportunities focused on accessibility tools and resources.

Strategy 1.1A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 1.1A and set a method for collection.

- Annual review of demographic data will be completed along with yearly Area Plan.
- Addressment of Title III concerns and complaints on an ongoing basis, as well as review and addressment of trends noted in satisfaction surveys reviewed during annual provider closeouts.
- DSAAA tracks all outreach and training opportunities offered through a shared agency tracking spreadsheet.
- Addition of translated materials availability as a provider check-in question for site visits and annual close-outs.

Strategy 1.1A Timing (Year 1 - 2025)*

Describe if strategy 1.1A is achievable now, or if capacity building is needed for success.

ImproveThe strategy to meet Objective 1.1 "Improve service to targeted populations across all Title III programs" is achievable now but will require ongoing work into the future as we adapt to shrinking Title III funds (sunsetting of ARPA and new IFF) while still striving to serve targeted populations with high quality services. Any work that involves improving quality is not a task that is ever fully complete. The programs will require continuous oversight and adjustment as the field of aging services evolves to meet the needs of the changing demographics and preferences of older adults. Capacity building around staff time for routine monitoring and compliance monitoring will need to be ongoing as we look to successfully complete this level of work and detail on shrinking budgets and increasing tasks.

Strategy 1.1A AAA Mission (Year 1 - 2025)*

Describe how strategy 1.1A is aligned with the mission of the Area Agency on Aging.

Our Mission: Dancing Sky works with rural communities to help older adults stay in control of their choices. Our Vision: Together older adults and communities thrive Improving service to targeted populations across all Title III programs is vital to meet our agency's mission and vision. Older adults are able to maintain independence much longer when they can access quality services that meet their needs so they can stay healthier and more independent in their homes. These programs have benefits to the physical, social, and emotional health of older adults and help them thrive in their community of choice. Without access to nutrition (Congregate and HDM, Grocery Delivery), transportation, legal services, chore and home making,

caregiver support, healthy aging classes, etc. older adults have less control over their choices and have increased chances of having to move to a more restrictive setting.

Strategy 1.1A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 1.1A will be evaluated, include how success will be evaluated.

Success is seen in providing needed services to the targeted populations through good fiscal management oversight, as well as qualitative and quantitative data to prove performance within both internal (NWRDC, DSAAA) and external (older adults, caregivers, DSAAA region, state, and federal) measures. Success in improving services is not a one-time achievement, but rather something that will be built over years through innovation, assessment, and evolution to meet the needs and preferences of older adults.

Objective 1.1 Additional Strategy (Year 1 - 2025)*

Objective 1.1: Improve service to targeted populations across all Title III programs.

Does the AAA have a strategy 1.1B?

No

Objective 1.2 Strategy A (Year 1 - 2025)*

Goal 1: Advance equity and eliminate disparities, while empowering rural and diverse communities and respecting the sovereignty of Tribal Nations

Objective 1.2: Strengthen coordination efforts with Indian Country, including Title III and Title VI coordination.

List the Area Agency on Aging strategy 1.2A below.

DSAAA will work to build relationships with the new MIAAA and seek to build partnership and collaboration opportunities. This will also include efforts to increase outreach to the Red Lake and White Earth Title VI service providers, tribal entities, and their members, living both on and off the reservations. Priority will be given to the recruitment and retention of Advisory Members that represent the tribal communities in our service area as we develop and administer our current and future Area Plans. Additionally, the development of a cross-referral process for Title III and Title VI for DSAAA and MIAAA to utilize would increase the likelihood and ease of coordination efforts.
DSAAA will increase our visibility and trustworthiness in tribal communities by attending Tribal Health Fairs and events, and offering presentations as we are invited by the communities. We will offer and/or tap into learning opportunities for staff, Advisory Members, and Service Providers to increase cultural competency both internally and externally.

Strategy 1.2A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 1.2A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025 - September 2026

Strategy 1.2A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 1.2A is fulfilling. For each AAA role selected, an area for additional information will appear.

Administration
Development

Strategy 1.2A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 1.2A.

- Foster introductions of DSAAA staff and Advisory Members to MIAAA staff through M4A meetings, state meetings, and email connections.
- Recruit an Advisory Member that represents one of the tribal communities in our region.
- Work towards the development of a process for Title III and Tile VI cross referrals in coordination with MIAAA and the tribal entities.
- DSAAA staff will attend and/or present at 3 Tribal Health Fairs or other events.
- DSAAA will offer 1 training to increase American Indian Cultural Competency.

Strategy 1.2A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 1.2A and set a method for collection.

- Meeting attendance and introductions generated will show the beginning stages of relationship building between DSAAA and MIAAA.
- Successful recruitment and onboarding of an DSAAA Advisory Member that represents a tribal community.
- Introduction of a Tile III and Tile VI Cross Referral process as a potential collaboration opportunity with the MIAAA and tribal entities.
- DSAAA tracks all outreach and training opportunities offered through a shared agency tracking spreadsheet.

Strategy 1.2A Timing (Year 1 - 2025)*

Describe if strategy 1.2A is achievable now, or if capacity building is needed for success.

Engaging with the new MIAAA, Red Lake Nation, and White Earth Nation will take time now and into the future. Building trust, fostering coordination, and making connections within tribal entities and communities takes time and continuing effort. American Indian history and culture explains why distrust and uneasy alliances with governmental entities can take years to address and may never be fully resolved. The vital themes of honoring Tribal sovereignty and building trust within Tribal communities will require capacity building now and into the foreseeable future on local, regional, state, and national levels. We will work to build capacity through relationships meetings, outreach and collaboration.

Strategy 1.2A AAA Mission (Year 1 - 2025)*

Describe how strategy 1.2A is aligned with the mission of the Area Agency on Aging.

Our Mission: Dancing Sky works with rural communities to help older adults stay in control of their choices. Our Vision: Together older adults and communities thrive Improving service to targeted populations across all Title III programs is vital to meet our agency's mission and vision, including tribal nations. Red Lake and White Earth Nations are areas that are highly rural and isolated with minimal service options. In addition, cultural and historical influences further complicate the comfort level of tribal elders in accessing needed services and supports. Access to service options delivered in a culturally competent way will only increase service utilization and increase the independence and choice for area elders and their caregivers.

Strategy 1.2A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 1.2A will be evaluated, include how success will be evaluated.

StrengthenThe long-term objective to "Strengthen coordination efforts with Indian Country, including Title III and Title VI coordination" will require ongoing reevaluation and reassessment depending on the success and timing of DSAAA tribal outreach efforts, as well as the tribe's reception to these efforts.

Objective 1.2 Additional Strategy (Year 1 - 2025)*

Objective 1.2: Strengthen coordination efforts with Indian Country, including Title III and Title VI coordination.

Does the AAA have a strategy 1.2B?

No

Objective 1.3 Strategy A (Year 1 - 2025)*

Goal 1: Advance equity and eliminate disparities, while empowering rural and diverse communities and respecting the sovereignty of Tribal Nations

Objective 1.3: Update policies, procedures, and public facing communication to include the expanded definition of greatest social need as defined in the Final Rule.

List the Area Agency on Aging strategy 1.3A below.

Dancing Sky's provider trainings will focus on empowering rural and diverse communities and understanding best practices in targeting to the expanded definition of the greatest social need as defined by the Final Rule (https://www.ecfr.gov/current/title-45/part-1321#p-1321.3(Greatest%20social%20need). Providers will also see a focus on greatest social need populations in DSAAA reporting, the DSAAA Title III Provider Manual, and the RFP process. New and existing providers will be educated on the basics on OAA and DSAAA at an Annual Provider Education Day as well as during virtual trainings throughout the year. Trainings will also focus on other educational topics including DEIA, targeting to greatest economic and social needs, and marketing of services so that those receiving Title III services better recognize the OAA as the source of the services they receive.
The DSAAA Facebook page and public facing presentations and publications will highlight OAA funding as a source of services, along with our work to reduce marginalized communities and target those with the greatest social and economic needs with the funding.

Strategy 1.3A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 1.3A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025 - September 2026

Strategy 1.3A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 1.3A is fulfilling. For each AAA role selected, an area for additional information will appear.

Administration
Development

Strategy 1.3A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 1.3A.

greatest

- DSAAA will host an Annual Provider Education Day that will highlight the expanded definition of greatest social need.
- DSAAA will update reporting documents, the Title III Provider Manual, and the RFP process to include the expanded definition of greatest social need.
- DSAAA will offer virtual training opportunities on a variety of topics that address the "greatest social needs".
- DSAAA Facebook will do targeted campaigns to highlight the OAA, Title III services, and the service providers.

Strategy 1.3A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 1.3A and set a method for collection.

- DSAAA tracks all outreach and training opportunities offered through a shared agency tracking spreadsheet.
- Updated Provider Manual, reporting documents, and RFP will be utilized. Grantee narrative quarterly reporting will indicate expanded definition.
- DSAAA Facebook posts.

Strategy 1.3A Timing (Year 1 - 2025)*

Describe if strategy 1.3A is achievable now, or if capacity building is needed for success.

Staff will work now and into the future to define the greatest social and economic needs through our policies and procedures. DSAAA will begin work to update our policies and procedures throughout the RFP process, Provider Manual, reporting documents, and provider trainings, as well as education to our grants subcommittee. Staff will update what we can at this time and continue to follow best practices as outlined by the final rule and guidance given by MBA staff.

Strategy 1.3A AAA Mission (Year 1 - 2025)*

Describe how strategy 1.3A is aligned with the mission of the Area Agency on Aging.

Strategy 1.3 is aligned with the mission of Dancing Sky as we serve highly rural and sparsely populated areas in Northwest Minnesota. Our mission is focused on working with rural communities to help older adults stay in control of their lives and choices.

Strategy 1.3A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 1.3A will be evaluated, include how success will be evaluated.

1.3 A will be an ongoing strategy as we learn more on the final rule and continue to build compliance through guidance given to the AAAs by MBA staff. Success will be monitored in evidence of updated materials such as the RFP process, Provider Manual, and other documents that will need updated language.
Success will be evaluated with increased knowledge and understanding of the greatest social and economic needs, as evidenced by targeting efforts and increased service numbers.

Objective 1.3 Additional Strategy (Year 1 - 2025)*

Goal 1: Advance equity and eliminate disparities, while empowering rural and diverse communities and respecting the sovereignty of Tribal Nations.

Objective 1.3: Update policies, procedures, and public facing communication to include the expanded definition of greatest social need as defined in the Final Rule.

Does the AAA have a strategy 1.3B?

No

Objective 1.1 Strategy A - Administration (Year 1 - 2025)

Objective 1.1 Strategy A - Administration (Year 1 - 2025)*

Administration – Maximize System Quality and Effectiveness

a. AAAs are managed effectively in a fiduciary and strategic sense—without which the other roles are not possible. AAAs promote transparency regarding decision-making. AAAs meet standards for staff qualifications and strive to produce consistently high-quality work (managed on limited/fixed-at-best funding). They maintain and expand collegial relationships with critical partners across their PSAs. Fiscal management responsibilities have grown in magnitude and complexity with the requirements associated with more OAA and other federal and state discretionary and soft money grants. Boards and Directors are dealing with the economic impact on the AAA itself.

b. Policies and Directions:

i. AAAs use management information systems to monitor client and service data, and to continuously improve the quality and effectiveness of their own activities and of the services they fund. They monitor provider performance and provide technical assistance regarding basic OAA compliance as well as service delivery improvements, new innovative models and potential partnerships.

ii. AAAs ensure ongoing high-quality administration via business planning and staff management (recruitment, retention and succession planning).

iii. AAAs strategically target (and coordinate within larger system) OAA and other dollars they administer:

1. Services targeted to persons who are "pre-eligible" for public programs, but who are at-risk both functionally and financially.

2. Strategic support services and service models that have a proven track (evidence-based) record in achieving intended outcomes. Reinforcing/strengthening focus of program development efforts.

3. Service payment models that facilitate enable consumer choice and purchasing control.

iv. AAAs understand existing long-term care resources in their regions, identify where gaps exist and work with partners to address the gaps in critical services.

v. AAAs seek administrative efficiencies through greater statewide consistency in forms and reports, maximizing staff and other resources to fulfill core responsibilities, and opportunities for multi-AAA collaboration.

How will strategy 1.1A fulfill the AAA Administration role as defined above?

- Updating and analyzing regional demographic data to adjust services to meet the needs of Title III targeted populations. Aligns with section b.i. and b.iv of Admin role.
- Utilize Title III service feedback (provider surveys, service recipient complaints) to address concerns and issues. Aligns with section b.i. and b.iv of Admin role.
- DSAAA will share translated NAPIS forms with all Title III registered service providers. Aligns with section b.i, b.iii, and b.v of Admin role.
- DSAAA will do targeted outreach through 6 cultural events and health fairs (White Earth and Red Lake Tribal Health Fairs, Pride events, and Friendship Festival cultural festival, etc.). b.i, b.iii, and b.v of Admin role.

Objective 1.1 Strategy A - Development (Year 1 - 2025)

Objective 1.1 Strategy A - Development (Year 1 - 2025)*

Development - Promote statewide availability of key community level supports.

a. A third role of the AAAs is to promote local availability of core home and community-based services (HCBS) and supports through consultation, technical assistance and working relationships with critical partners whose roles/missions complement those of AAAs, including HCBS providers, communities, funders and health care systems. In the absence of new or expanding service dollars in the foreseeable future for new services, or for extensive experimentation with pilots and demonstration programs, AAAs focus their service development on systems changes that redirect and redesign existing services toward targeted services/interventions (described above) and targeted populations:

(a) persons who are at functional/emotional risk of institutionalization and

(b) persons who are at financial risk of spending down into the public safety net. Ensuring service- and agency-sustainability in this economic climate will require smart business planning that taps multiple funding sources; market-driven approaches that offer private pay individuals with fee for service or other purchasing options (e.g., membership model); and technological solutions.

b. Policies and Directions:

i. AAAs promote community-based interventions (including but not limited to Communities for a Lifetime) that maximize the impact of natural supports and resources in the community such as family caregivers, neighbors/volunteers, peer supports; that preserve the person's dignity and autonomy in his/her own home; that help people to help themselves.

ii. AAAs work towards ensuring the statewide availability, consistency and quality of a set of core services:

(a) Long-Term Care Options Counseling.

(b) Nutrition Services,

(d) Caregiver Support and Services, and

(e) Health Promotion/Risk Reduction models that are evidence-based/-informed.

iii. AAAs will explore opportunities to provide regional financial and quality administration of the core set of services for managed care organizations and other funders.

iv. AAAs promote the use of person-centered service delivery approaches with OAA funds as well as other funding sources and private pay.

v. AAAs provide training and technical assistance to increase use of a risk management approach to support older adults and informal caregivers, including Live Well at Home. Risk management is focused on addressing caregiver stress or lack of informal caregiver; falls; memory loss; loss of physical function/autonomy and spend-down to poverty and measuring specific outcomes.

vi. AAAs provide ongoing training and fidelity assurance for evidence-based/-informed models.

For a complete list of policies and directions, see MBA Operations Manual B-7, Roles for the Area Agencies on Aging in MN.

How will strategy 1.1A fulfill the AAA Development role as defined above and in the MBA Operations Manual?

- Incorporate appreciation and awareness of the various cultures in our service area by expanding DEIA efforts internally and among service providers. Aligns with b.i, b.iv, & b.v of the Development role.
- Address language barriers by utilizing translation tools as requested. Aligns with b.i, b.iv, & b.v of Devlopment role.
- Offer accessibility (site accessibility for walkers, wheelchairs, scooters, hard of hearing, low vision/blind, individuals with sensory and/or cognitive issues, etc.) education, tools, and resources to providers so Title III services meet the needs of all older adults. Aligns with b.i, b.iv, & b.v of the Development role.

Strategy 1.1A PD&C Activities (Year 1 - 2025)*

Is strategy 1.1A related to PD&C activities and funding?

Yes

Strategy 1.1A PD&C Activities (Year 1 - 2025)

Strategy 1.1A PD&C Activities (Year 1 - 2025)*

List the proposed PD&C activity(s). For <u>each</u> proposed PD&C activity, indicate the proposed length.

Example: Revitalize congregate dining, January 1, 2025 - June 30, 2027.

- DEIA Provider Trainings. January 1, 2025 - December 31, 2027
- DSAAA will partner with Deaf and Hard of Hearing Service, Disability Services (Freedom Resource Center, Options), and/or State Services for the Blind to offer learning opportunities focused on accessibility tools and resources. Staff will research additional options for language translation services, like Facebook Translation and captioning for presentations. January 1, 2025 - December 31, 2027

Strategy 1.1A PD&C Activities Requirements (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, respond to the following questions:

1. How will the selected PD&C activity(s) leverage non-Older Americans Act funds and/or resources?
2. How will the PD&C activity(s) demonstrate collaboration among agencies?
3. How will the PD&C activity(s) improve service delivery or foster joint planning activities?

Example:

1. Revitalizing congregate dining will utilize a combination of PD&C funds and grant funds.

2. This activity will work to create new partnerships to revitalize congregate dining.

3. By finding additional congregate dining partners and providers, older adults will experience better service availability.

- DEIA Provider Trainings
  - 1. Utilizes a combination of PD&C funds and other state funding.
  - 2. Collaboration will be seen among DSAAA, educational trainers, and providers.
  - 3. Improves service delivery/foster joint planning through improved DEIA practices within the aging network.
- DSAAA will partner with Deaf and Hard of Hearing Service, Disability Services (Freedom Resource Center, Options), and/or State Services for the Blind to offer learning opportunities focused on accessibility tools and resources. Research additional options for translation services, like Facebook Translation and captioning for presentations.
  - 1. Utilizes a combination of PD&C funds and other state funded organizations.
  - 2. Collaboration will be seen among DSAAA and other organizations/services that focus on inclusion and accessibility.
  - 3. Improves service delivery to older adults and caregivers that need inclusion and accessibility services due to a language barrier or disability.

Strategy 1.1A PD&C Activities Staff Responsible (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, address the following questions:

- <u>Proposed Activity</u> - list each activity proposed above.
- <u>Staff Name</u> - list the staff responsible for this activity, be sure it aligns with the budget.
- <u>Staff Role</u> - list the role of the staff responsible (grant manager, finance staff, etc.)
- <u>Staff Responsibilities</u> - list what the staff responsible will be doing to achieve the selected strategy. Be sure these align with the listed activities above.

Example:

- *Revitalizing Congregate Dining -*
  - *Ellis Grey, Nutrition Grants Manager, responsible for outreach to potential partners and providers*

- DEIA Provider Trainings
  - Judi Weiss, Grants Manager, responsible for coordinating provider trainings.
  - Heather Pender, Aging Director, responsible for coordinating provider trainings.
- DSAAA will partner with Deaf and Hard of Hearing Service, Disability Services (Freedom Resource Center, Options), and/or State Services for the Blind to offer learning opportunities focused on accessibility tools and resources. Research additional options for language translation services, like Facebook Translation and captioning for presentations.

- Judi Weiss, Grants Manager, responsible for coordinating provider trainings & researching new models of translation.
- Heather Pender, Aging Director, responsible for coordinating provider trainings & researching new models of translation.

Objective 1.2 Strategy A - Administration (Year 1 - 2025)

Objective 1.2 Strategy A - Administration (Year 1 - 2025)*

Administration – Maximize System Quality and Effectiveness

a. AAAs are managed effectively in a fiduciary and strategic sense—without which the other roles are not possible. AAAs promote transparency regarding decision making. AAAs meet standards for staff qualifications and strive to produce consistently high-quality work (managed on limited/fixed-at-best funding). They maintain and expand collegial relationships with critical partners across their PSAs. Fiscal management responsibilities have grown in magnitude and complexity with the requirements associated with more OAA and other federal and state discretionary and soft money grants. Boards and Directors are dealing with the economic impact on the AAA itself.

b. Policies and Directions:

i. AAAs use management information systems to monitor client and service data, and to continuously improve the quality and effectiveness of their own activities and of the services they fund. They monitor provider performance and provide technical assistance regarding basic OAA compliance as well as service delivery improvements, new innovative models and potential partnerships.

ii. AAAs ensure ongoing high-quality administration via business planning and staff management (recruitment, retention and succession planning).

iii. AAAs strategically target (and coordinate within larger system) OAA and other dollars they administer:

1. Services targeted to persons who are "pre-eligible" for public programs, but who are at-risk both functionally and financially.

2. Strategic support services and service models that have a proven track (evidence-based) record in achieving intended outcomes. Reinforcing/strengthening focus of program development efforts.

3. Service payment models that facilitate enable consumer choice and purchasing control.

iv. AAAs understand existing long-term care resources in their regions, identify where gaps exist and work with partners to address the gaps in critical services.

v. AAAs seek administrative efficiencies through greater statewide consistency in forms and reports, maximizing staff and other resources to fulfill core responsibilities, and opportunities for multi-AAA collaboration.

How will strategy 1.2A fulfill the AAA Administration role as defined above?

- Foster introductions of DSAAA staff and Advisory Members to MIAAA staff through M4A meetings, state meetings, and email connections. Aligns with b.i, b.iii, & b.iv of Admin role.
- Recruit an Advisory Member that represents one of the tribal communities in our region. Aligns with b.i, b.iii, & b.iv of Admin role.
- DSAAA staff will attend and/or present at 3 Tribal Health Fairs or other events. Aligns with b.i, b.iii, & b.iv, of the Admin role.

Objective 1.2 Strategy A - Development (Year 1 - 2025)

Objective 1.2 Strategy A - Development (Year 1 - 2025)*

Development - Promote statewide availability of key community level supports.

a. A third role of the AAAs is to promote local availability of core home and community-based services (HCBS) and supports through consultation, technical assistance and working relationships with critical partners whose roles/missions complement those of AAAs, including HCBS providers, communities, funders and health care systems. In the absence of new or expanding service dollars in the foreseeable future for new services, or for extensive experimentation with pilots and demonstration programs, AAAs focus their service development on systems changes that redirect and redesign existing services toward targeted services/interventions (described above) and targeted populations:

(a) persons who are at functional/emotional risk of institutionalization and

(b) persons who are at financial risk of spending down into the public safety net. Ensuring service- and agency-sustainability in this economic climate will require smart business planning that taps multiple funding sources; market-driven approaches that offer private pay individuals with fee for service or other purchasing options (e.g., membership model); and technological solutions.

b. Policies and Directions:

i. AAAs promote community-based interventions (including but not limited to Communities for a Lifetime) that maximize the impact of natural supports and resources in the community such as family caregivers, neighbors/volunteers, peer supports; that preserve the person's dignity and autonomy in his/her own home; that help people to help themselves.

ii. AAAs work towards ensuring the statewide availability, consistency and quality of a set of core services:

(a) Long-Term Care Options Counseling.

(b) Nutrition Services,

(d) Caregiver Support and Services, and

(e) Health Promotion/Risk Reduction models that are evidence-based/-informed.

iii. AAAs will explore opportunities to provide regional financial and quality administration of the core set of services for managed care organizations and other funders.

iv. AAAs promote the use of person-centered service delivery approaches with OAA funds as well as other funding sources and private pay.

v. AAAs provide training and technical assistance to increase use of a risk management approach to support older adults and informal caregivers, including Live Well at Home. Risk management is focused on addressing caregiver stress or lack of informal caregiver; falls; memory loss; loss of physical function/autonomy and spend-down to poverty and measuring specific outcomes.

vi. AAAs provide ongoing training and fidelity assurance for evidence-based/-informed models.

For a complete list of policies and directions, see MBA Operations Manual B-7, Roles for the Area Agencies on Aging in MN.

How will strategy 1.2A fulfill the AAA Development role as defined above and in the MBA Operations Manual?

- Work towards the development of a process for Title III and Tile VI cross referrals in coordination with MIAAA and the tribal entities. Aligns with section a., b.i, b.ii, and b.iv of the Development Role.
- DSAAA will offer 1 training to increase American Indian Cultural Competency. Aligns with b.i, b.iv, & b.v of the Development role.

Strategy 1.2A PD&C Activities (Year 1 - 2025)*

<h4>Is

strategy 1.2A related to PD&C activities and funding?</h4>

Yes

Strategy 1.2A PD&C Activities (Year 1 - 2025)

Strategy 1.2A PD&C Activities (Year 1 - 2025)*

List the proposed PD&C activity(s). For <u>each</u> proposed PD&C activity, indicate the proposed length.

Example: Revitalize congregate dining, January 1, 2025 - June 30, 2027.

- Work towards the development of a process for Title III and Tile VI cross referrals in coordination with MIAAA and the tribal entities. January 1, 2025 - December 31st, 2028
- DSAAA will offer training to increase American Indian Cultural Competency among the aging service provider network. January 1, 2025 - December 31, 2025

Strategy 1.2A PD&C Activities Requirements (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, respond to the following questions:

1. How will the selected PD&C activity(s) leverage non-Older Americans Act funds and/or resources?

2. How will the PD&C activity(s) demonstrate collaboration among agencies?

3. How will the PD&C activity(s) improve service delivery or foster joint planning activities?

Example:

1. Revitalizing congregate dining will utilize a combination of PD&C funds and grant funds.

2. This activity will work to create new partnerships to revitalize congregate dining.

3. By finding additional congregate dining partners and providers, older adults will experience better service availability.

- Work towards the development of a process for Title III and Tile VI cross referrals in coordination with MIAAA and the tribal entities.
    - 1. Title III and VI cross referrals will leverage PD&C funds.
    - 2. Collaboration between DSAAA and tribal entities.
    - 3. Coordination of Title III and Title VI funding and services will maximize outcomes for tribal elders.
- DSAAA will offer training to increase American Indian Cultural Competency among the aging service provider network.
    - 1. Training will leverage PD&C and other state funding.
    - 2. Collaboration will be seen among DSAAA, cultural trainers, and providers.
    - 3. Cultural knowledge and understanding among service providers will improve service delivery to tribal elders.

Strategy 1.2A PD&C Activities Staff Responsible (Year 1 - 2025)*

For each proposed PD&C activity above, address the following questions:

- Proposed Activity - list each activity proposed above.
- Staff Name - list the staff responsible for this activity, be sure it aligns with the budget.
- Staff Role - list the role of the staff responsible (grant manager, finance staff, etc.)
- Staff Responsibilities - list what the staff responsible will be doing to achieve the selected strategy. Be sure these align with the listed activities above.

Example:

- *Revitalizing Congregate Dining*
    - *Ellis Grey, Nutrition Grants Manager, responsible for outreach to potential partners and providers*

- Work towards the development of a process for Title III and Tile VI cross referrals in coordination with MIAAA and the tribal entities.
    - Judi Weiss, Grants Manager, responsible for cross referral process development and tribal relations.
    - Heather Pender, Aging Director, responsible for cross referral process development and tribal relations.
- DSAAA will offer training to increase American Indian Cultural Competency among the aging service provider network.
    - Judi Weiss, Grants Manager, responsible for coordination of service provider trainings.
    - Heather Pender, Aging Director, responsible for coordination of service provider trainings.

Objective 1.3 Strategy A - Administration (Year 1 - 2025)

Objective 1.3 Strategy A - Administration (Year 1 - 2025)*

Administration – Maximize System Quality and Effectiveness

a. AAAs are managed effectively in a fiduciary and strategic sense—without which the other roles are not possible. AAAs promote transparency regarding decision-making. AAAs meet standards for staff qualifications and strive to produce consistently high-quality work (managed on limited/fixed-at-best funding). They maintain and expand collegial relationships with critical partners across their PSAs. Fiscal management responsibilities have grown in magnitude and complexity with the requirements associated with more OAA and other federal and state discretionary and soft money grants. Boards and Directors are dealing with the economic impact on the AAA itself.

b. Policies and Directions:

i. AAAs use management information systems to monitor client and service data, and to continuously improve the quality and effectiveness of their own activities and of the services they fund. They monitor provider performance and provide technical assistance regarding basic OAA compliance as well as service delivery improvements, new innovative models and potential partnerships.

ii. AAAs ensure ongoing high-quality administration via business planning and staff management (recruitment, retention and succession planning).

iii. AAAs strategically target (and coordinate within larger system) OAA and other dollars they administer:

1. Services targeted to persons who are "pre-eligible" for public programs, but who are at-risk both functionally and financially.

2. Strategic support services and service models that have a proven track (evidence-based) record in achieving intended outcomes. Reinforcing/strengthening focus of program development efforts.

3. Service payment models that facilitate enable consumer choice and purchasing control.

iv. AAAs understand existing long-term care resources in their regions, identify where gaps exist and work with partners to address the gaps in critical services.

v. AAAs seek administrative efficiencies through greater statewide consistency in forms and reports, maximizing staff and other resources to fulfill core responsibilities, and opportunities for multi-AAA collaboration.

How will strategy 1.3A fulfill the AAA Administration role as defined above?

1. Title III Provider Education Day. Aligns with all Admin roles.
2. Virtual learning opportunities for Tille III Providers. Aligns with all Admin roles.
3. DSAAA Provider Manual, reporting documents, and RFP will be updated to reflect expanded definition of greatest social need. Aligns with all Admin roles.

Objective 1.3 Strategy A - Development (Year 1 - 2025)

Objective 1.3 Strategy A - Development (Year 1 - 2025)*

Development - Promote statewide availability of key community level supports.

a. A third role of the AAAs is to promote local availability of core home and community-based services (HCBS) and supports through consultation, technical assistance and working relationships with critical partners whose roles/missions complement those of AAAs, including HCBS providers, communities, funders and health care systems. In the absence of new or expanding service dollars in the foreseeable future for new services, or for extensive experimentation with pilots and demonstration programs, AAAs focus their service development on systems changes that redirect and redesign existing services toward targeted services/interventions (described above) and targeted populations:

(a) persons who are at functional/emotional risk of institutionalization and

(b) persons who are at financial risk of spending down into the public safety net. Ensuring service- and agency-sustainability in this economic climate will require smart business planning that taps multiple funding sources; market-driven approaches that offer private pay individuals with fee for service or other purchasing options (e.g., membership model); and technological solutions.

b. Policies and Directions:

i. AAAs promote community-based interventions (including but not limited to Communities for a Lifetime) that maximize the impact of natural supports and resources in the community such as family caregivers, neighbors/volunteers, peer supports; that preserve the person's dignity and autonomy in his/her own home; that help people to help themselves.

ii. AAAs work towards ensuring the statewide availability, consistency and quality of a set of core services:

(a) Long-Term Care Options Counseling.

(b) Nutrition Services,

(d) Caregiver Support and Services, and

(e) Health Promotion/Risk Reduction models that are evidence-based/-informed.

iii. AAAs will explore opportunities to provide regional financial and quality administration of the core set of services for managed care organizations and other funders.

iv. AAAs promote the use of person-centered service delivery approaches with OAA funds as well as other funding sources and private pay.

v. AAAs provide training and technical assistance to increase use of a risk management approach to support older adults and informal caregivers, including Live Well at Home. Risk management is focused on addressing caregiver stress or lack of informal caregiver; falls; memory loss; loss of physical function/autonomy and spend-down to poverty and measuring specific outcomes.

vi. AAAs provide ongoing training and fidelity assurance for evidence-based/-informed models.

For a complete list of policies and directions, see MBA Operations Manual B-7, Roles for the Area Agencies on Aging in MN.

How will strategy 1.3A fulfill the AAA Development role as defined above and in the MBA Operations Manual?

DSAAA Facebook campaign will highlight the OAA and targeted recipients of the funding, along with highlights of Title III funded programs in the DSAAA PSA. Aligns with b.i, b.ii, b.iv, and b.v. of the Development role.

Strategy 1.3A PD&C Activities (Year 1 - 2025)*

<h4>Is

strategy 1.3A related to PD&C activities and funding?</h4>

Yes

Strategy 1.3A PD&C Activities (Year 1 - 2025)

Strategy 1.3A PD&C Activities (Year 1 - 2025)*

List the proposed PD&C activity(s). For <u>each</u> proposed PD&C activity, indicate the proposed length.

Example: Revitalize congregate dining, January 1, 2025 - June 30, 2027.

DSAAA Facebook campaign will highlight the OAA and targeted recipients of the funding, along with highlights of Title III funded programs in the DSAAA PSA. January 1, 2025 - December 31, 2026.

Strategy 1.3A PD&C Activities Requirements (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, respond to the following questions:

1. How will the selected PD&C activity(s) leverage non-Older Americans Act funds and/or resources?
2. How will the PD&C activity(s) demonstrate collaboration among agencies?
3. How will the PD&C activity(s) improve service delivery or foster joint planning activities?

Example:

1. Revitalizing congregate dining will utilize a combination of PD&C funds and grant funds.

2. This activity will work to create new partnerships to revitalize congregate dining.

3. By finding additional congregate dining partners and providers, older adults will experience better service availability.

- DSAAA Facebook Campaign will utilize a combination of PD&C and other state funding.
- Collaboration: The Facebook Campaign will highlight area Title III providers.

- Increased knowledge and understanding of targeted populations and increased marketing of providers will increase service utilization by those with the greatest social need.

Strategy 1.3A PD&C Activities Staff Responsible (Year 1 - 2025)*

For each proposed PD&C activity above, address the following questions:

- Proposed Activity - list each activity proposed above.
- Staff Name - list the staff responsible for this activity, be sure it aligns with the budget.
- Staff Role - list the role of the staff responsible (grant manager, finance staff, etc.)
- Staff Responsibilities - list what the staff responsible will be doing to achieve the selected strategy. Be sure these align with the listed activities above.

Example:

- *Revitalizing Congregate Dining*
    - *Ellis Grey, Nutrition Grants Manager, responsible for outreach to potential partners and providers*

Facebook Campaign:

- Judi Weiss, Grants Manager, responsible for creating Facebook content regarding greatest social need definitions and Title III provider marketing.
- Val Mattison, Program Developer, responsible for posting of Facebook content for DSAAA.

Section A-5: Goal 2 (Year 1 - 2025)

Goal 2: Make aging in community truly possible for all Minnesotans.

Objective 2.1: Support options that promote independence and community connection.

Objective 2.2: Develop and implement a plan to rebalance administrative capacity across all Older Americans Act services and respond to changing state and federal funding.

Objective 2.3: Maximize staffing capacity to answer incoming calls for people looking for resources.

Objective 2.4: Increase internal referrals to Return to Community.

Objective 2.1 Strategy A (Year 1 - 2025)*

Goal 2: Make aging in community truly possible for all Minnesotans.

Objective 2.1: Support options that promote independence and community connection.

List the Area Agency on Aging strategy 2.1A below.

viewingDancing Sky works to support many options that promote independence and community connection. Through grant funding we are working with local communities to meet the needs of older adults and their caregivers. We also focus on services that can benefits and support solo adults aging in the community. We have funded several grocery stores in highly rural areas for grocery delivery, supporting access to healthy food delivered to their door. Through current funding, we target important services such as transportation, chore and homemaker services, caregiver support, and other vital services that keep people independent in their community of choice.

We continue to meet with our nutrition providers quarterly and discuss needs and progress. They have had success in meal sites hosting evidenced based classes, presentations, events, and other creative solution such as evening meals in select areas. Innovative solutions to building community connection are supported by Dancing Sky staff.
Dancing Sky staff have supported "viewing parties" going out and setting up technology for a group to watch a prerecorded or live learning opportunity. Some have included a potluck component or snacks.
Through our access role administering the SLL we continue to offer connection through various training and learning opportunities, including Medicare 101 monthly. Staff also continue to respond to request for presentations on various topics including but not limited to Medicare, Scams, Fraud, Waste and Abuse. Staff target presentations to those in greatest social and economic need. Resource Coordinators offer yearly education to nursing homes as well as many other locations such as clinics, hospitals, hospices and assisted livings. Resources coordinator teams continue to prioritize referrals working with consumers where they are at to discharge or remain in their community of choice.
DSAAA staff have committed to the development of Digital Connection Committees in our region in collaboration with the MN Office of Broadband Development. The goal of these committees is to create "digital inclusion" so that all have access to technology as well as the tools and resources to utilize technology. The work will begin in a targeted area and expand to other parts of our region as we develop best practices and replicable resources.

Strategy 2.1A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 2.1A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025- September 2026

Strategy 2.1A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 2.1A.

DSAAA Staff will continue to be involved in community networking groups, through active participation, attendance, and support through offering our assistance in areas of expertise.
SLL staff will continue robust outreach campaigns.
SLL staff will continue to educate on the valuable services, education on how to make a referral, and the ongoing follow up and support offered through the services.

SLL staff will continue to meet the demands of outreach presentations as well as targeting efforts to meet community need.
DSAAA will utilize tools and resources from the MN Office of Broadband Development to create a Didital Connections Committee.

Strategy 2.1A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 2.1A is fulfilling. For each AAA role selected, an area for additional information will appear.

Access
Development

Strategy 2.1A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 2.1A and set a method for collection.

SLL staff will continue to follow procedure on logging and tracking outreach events and presentations in Ispring. Staff will submit the survey forms from presentations as required.
Leadership will have access to pull reporting numbers on presentation and attendance for outreach and education presentations and will do so routinely.

DSAAA grants management team will continue to seek opportunities for funding streams that promote community connection and independence. We will continue to support any current grantees with technical assistance and support they need for successful completion of the funding.
1.Annual review of demographic data will be completed along with yearly Area Plan.
2. Client Tracking tool
3. Genesys
4.Peer Place Data

Internal tracking and reporting of the Digital Connection Committee work.

Strategy 2.1A Timing (Year 1 - 2025)*

Describe if strategy 2.1A is achievable now, or if capacity building is needed for success.

Continued capacity building will be ongoing for independence and community connection. Support for our grantees and SLL staff through strong funding streams will ensure success of projects and promote connection in communities. DSAAA staff are doing the best we can to promote independent and community connection now. Increased funding over the last several years has helped DSAAA region expand on services

and supports that target independent living.
Digital Connected Committees will take time to build capacity and develop action plans.

Strategy 2.1A AAA Mission (Year 1 - 2025)*

Describe how strategy 2.1A is aligned with the mission of the Area Agency on Aging.

Strategy 2.1 is directly aligned with our mission to help older adult and communities thrive. We have a strong commitment to strong community infrastructure around older adults remaining in their community of choice with robust service options.

Strategy 2.1A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 2.1A will be evaluated, include how success will be evaluated.

Dancing Sky Staff will monitor and track outreach events throughout the year. Success will be measured by taking part in new and existing events that focus on targeting efforts.
Staff will participate in outreach events that are on a variety of topics including but not limited to Medicare, Fraud, Waste and abuse and other topics. Success for presentations will be measured by participant satisfaction surveys and targeting efforts to reach underserved, Medicare special programs, new to Medicare, and Low-income eligible beneficiaries. Staff will continue to offer monthly virtual Medicare 101; success will be measured by continued partnership with Arrowhead AAA as well as increased retention of participants throughout the year.
Digital Connection Committees will take ongoing work and development, and so success will be measured overtime.

Objective 2.1 Additional Strategy (Year 1 - 2025)*

Objective 2.1: Support options that promote independence and community connection.

Does the AAA have a strategy 2.1B?

No

Objective 2.2 Strategy A (Year 1 - 2025)*

Goal 2: Make aging in community truly possible for all Minnesotans.

Objective 2.2: Develop and implement a plan to rebalance administrative capacity across all Older Americans Act services and respond to changing state and federal funding.

List the Area Agency on Aging strategy 2.2A below.

Dancing Sky staff have worked hard to balance our budgets and meet the growing administrative capacity needs. We are working internally to develop a plan regarding staff duties and roles between finance and grants management. Our hope is to streamline our process between teams and create efficiencies. Dancing Sky has worked hard to implement several efficiencies with the grants management platform Smart Simple. Staff have worked to develop the system in a manor that will work internally and externally for our grantees. Early 2024 we developed a plan for our grant manger to work with our current grantees on various training

that can help them better understand their funding and grant reporting. These trainings have been offered virtually and have included topics such as reporting, true program cost, and tracking registered and unregistered services. Educational topics such as these will be offered yearly and as needed with grantees.

Strategy 2.2A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 2.2A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025 - September 2026

Strategy 2.2A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 2.2A is fulfilling. For each AAA role selected, an area for additional information will appear.

Administration

Strategy 2.2A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 2.2A.

chartStaff will continue to monitor budgets and spending. Leadership teams meet quarterly at a minimum to discuss finances and spending. Leadership team meets quarterly to review grantee numbers and progress. Department heads are also monitoring monthly program spending.
Staff will continue to support our grantees with ongoing training, education, and routine grantee monitoring. Utilization of the Smart Simple, Peer Place and Grant Utility systems will help staff monitor grantees progress as well as other program updates. As we look to our final build outs with the platform Smart Simple, we will have a system that can be utilized by multiple staff and maintain paperwork and reporting that our team is completing but storing in a different location. Having a system that will maintain a grantee "chart" will make maintaining and sharing record keeping easier.

Strategy 2.2A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 2.2A and set a method for collection.

- Quarterly meetings and reporting.
- Monthly expenditure spending tracking.
- Routine data pulling from reporting systems. Such as Peer Place, Smart Simple, and Grant Unity.

Strategy 2.2A Timing (Year 1 - 2025)*

Describe if strategy 2.2A is achievable now, or if capacity building is needed for success.

At this time and looking ahead we have built a plan around monitoring and workload. We are planning that Smart Simple will bring several efficiencies internally and externally with our partners. With the drastic reduction of funding with ARPA and IFF in 2025, we are anticipating that our contracts and overall awards will decrease. We will not have the total funds to award out resulting in less grantees and contracts. We are in the final phases of our build-out of the Smart Simple grants management system that will support administrative functions and efficiencies. We have already seen progress in provider tracking and reporting.

Strategy 2.2A AAA Mission (Year 1 - 2025)*

Describe how strategy 2.2A is aligned with the mission of the Area Agency on Aging.

At Dancing Sky, we can achieve our mission to help rural older adults stay in control of their lives by being good stewards of our funding and resources by minimizing overhead costs and maximizing staff output.

Strategy 2.2A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 2.2A will be evaluated, include how success will be evaluated.

- Leadership will meet quarterly to review and discuss budgets.
- Smart Simple will be fully functional and utilized internally and externally with grantees.
- Grantees will have training and will be utilizing the functions to improve reporting timelines and data integrity.
- Internal operations will be adapted to meet the changing state and federal regulations through internal processes and updates made to grantee handbook.

Objective 2.2 Additional Strategy (Year 1 - 2025)*

Objective 2.2: Develop and implement a plan to rebalance administrative capacity across all Older Americans Act services and respond to changing state and federal funding.

Does the AAA have a strategy 2.2B?

No

Objective 2.3 Strategy A (Year 1 - 2025)*

Goal 2: Make aging in community truly possible for all Minnesotans.

Objective 2.3: Maximize staffing capacity to answer incoming calls for people looking for resources.

List the Area Agency on Aging strategy 2.3A below.

Maintaining Dancing Sky staffing levels to take incoming calls is a main focus. We have worked hard to recruit quality staff . We have had success in hiring two contracted staff to support with incoming calls. Over this last year the contracted staff have worked for a longer time than normal. Normally we have contracted staff that support during OEP. This year related to volume they worked almost all year at minimum hours. Management have extra coverage over lunch breaks and coverage during the busy periods. This has provided additional coverage along with support with increased volume. Having two contracted staff has provided greater flexibility in our needs. We will continue to support a contracted staff model during OEP in the future. We work hard to fill any vacancies should they arise. Staff have been offered flexible hours to support later end of day calls. Currently most staff have 8-4:30 hours but stay to finish calls as needed.
Our Senior LinkAge management team has worked hard to reduce staff meeting times, in person events, and limit time away from the phones. They have also worked hard to learn and utilize the new work force management system. We are still under funded to meet the minimum standard requested by the state. Additional funds would be needed to hire a person to get us to the minimum standard.

Strategy 2.3A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 2.3A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025 - September 2026

Strategy 2.3A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 2.3A.

- Staff meeting times are reduced. In person events/obligations are limited or completed by management team.
- Vacations and time off are approved based on staffing numbers.
- Utilizing work force management system effectively.
- Success with contracted staff to support in call volume.
- Trying to align budgets to meet minimum staffing standards.

Strategy 2.3A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 2.3A is fulfilling. For each AAA role selected, an area for additional information will appear.

Access

Strategy 2.3A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 2.3A and set a method for collection.

- Management staff will utilize the workforce management system to balance and maximize staff taking calls.
- Staff will utilize the Genesys data and live call data to plan accordingly.
- SLL management team will support with calls during increased volume times and fill in time of staffing gaps internally at the agency.
- DSAAA management team will follow best practices and direction from the MBA team.

Strategy 2.3A Timing (Year 1 - 2025)*

Describe if strategy 2.3A is achievable now, or if capacity building is needed for success.

We are doing the best we can with staffing standards and recommendations. Our staff have worked hard to achieve the recommendations set forth. Increased funding for staffing would make things more easily achievable. Increasing staffing would allow for greater flexibility to meet standards when unplanned events happen. We currently do not have enough funding to meet the minimum staff for the Resource Specialist team. We have built capacity and found success in utilizing contracted staffing, currently we have two. These contracted positions have allowed for additional support in answering calls by filling in during the busy times and supporting when staff are out. We would envision continuing this model at DSAAA as long as we are able because of the success it has proven.

Strategy 2.3A AAA Mission (Year 1 - 2025)*

Describe how strategy 2.3A is aligned with the mission of the Area Agency on Aging.

Maximizing call volume for those contacting the Senior LinkAge Line looking for resources align with Dancing Sky's mission to support rural, older adults stay in control of their choices by providing them access to valuable resources and guidance on systems, as well as other needs they have.

Strategy 2.3A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 2.3A will be evaluated, include how success will be evaluated.

DSAAA will monitor call volume quarterly. We will measure success by maintaining our internal goal of minimum of 3 phone staff on daily.
We will monitor success by maintaining staffing capacity and reaching the minimum staffing standard for Resources Specialists if funds increase.

Objective 2.3 Additional Strategy (Year 1 - 2025)*

Objective 2.3: Maximize staffing capacity to answer incoming calls for people looking for resources.

Does the AAA have a strategy 2.3B?

No

Objective 2.4 Strategy A (Year 1 - 2025)*

Goal 2: Make aging in community truly possible for all Minnesotans.

Objective 2.4: Increase internal referrals to Return to Community.

List the Area Agency on Aging strategy 2.4A below.

Management team will work with staff to increase referrals to the Return to Community service.
Internally staff will arrange an outreach plan that involves meeting with community stakeholders, including but not limited to hospitals, nursing homes, home health, counties, HCBS providers and other community organizations.
Staff will promote the Return to Community service at booths and health fairs.
Staff will continue to provide in person meeting and resources to every nursing home within our planning and service area at least once a year.

Strategy 2.4A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 2.4A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025 - September 2026

Strategy 2.4A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 2.4A is fulfilling. For each AAA role selected, an area for additional information will appear.

Access

Strategy 2.4A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 2.4A.

Detailed map and check list of nursing home visits completed within the year.
Detailed outreach to other targeted steakholders.
Stocking the booth and health fair boxes with appropriate materials - providing talking points to staff supporting outreach events.
Routine monitoring through internal tracking sheets and utilization of the SLL tracking tools to monitor referrals and various forms of sign on rates.

Strategy 2.4A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 2.4A and set a method for collection.

Internal tracking sheet to monitor outreach targeted to Skilled nursing facilities.
Routine monitoring through internal tracking sheets and utilization of the SLL tracking tools to monitor referrals and various forms of sign on rates.
Promotion of Return to Community for those callers needing more support or ongoing support.

Strategy 2.4A Timing (Year 1 - 2025)*

Describe if strategy 2.4A is achievable now, or if capacity building is needed for success.

Increasing referrals to Return to Community services is something that is achievable now, staff will continue to promote and work on capacity building on referrals. At Dancing Sky, we have a strong team; however, things like our large, rural planning and service area can pose challenges to referrals. Since Covid we have seen a decrease in facility admissions and discharge staffing. Staff will promote additional referrals as much as possible, focusing on getting clients to sign on for services and support.

Strategy 2.4A AAA Mission (Year 1 - 2025)*

Describe how strategy 2.4A is aligned with the mission of the Area Agency on Aging.

Increasing referrals to Return to Community service is a great way for clients and their families to get additional support and follow up free of cost. This service provides great planning and preparation to consumers and clients to live in the location of their choice. Return to Community staff are directly carrying out the mission and vison of Dancing Sky, supporting rural older adults stay in control of their choices.

Strategy 2.4A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 2.4A will be evaluated, include how success will be evaluated.

Increased referrals to Return to Community will be evaluated on an ongoing basis, with success seen in any increases in the utilization of the service.

Objective 2.4 Additional Strategy (Year 1 - 2025)*

Objective 2.4: Increase internal referrals to Return to Community.

Does the AAA have a strategy 2.4B?

No

Objective 2.1 Strategy A - Access (Year 1 - 2025)

Objective 2.1 Strategy A - Access (Year 1 - 2025)*

Access - Link people to information.

a. Each AAA will strengthen and expand its role as the central point of access to information and services for and about older persons, their families and informal caregivers, the agencies and organizations that serve them, and their communities. A core component of this service is to provide information about benefits, service options and community resources for older persons, their families, and informal caregivers and to assist them in making informed choices. AAAs will work towards increasing the depth of assistance that they are able to provide regarding long-term care options.

b. The AAAs will maintain their credibility with key health care, long-term care and community partners by providing high quality assistance to older adults in navigating the long-term care system, understanding the full range of service options and accessing health and long-term care benefits. The AAAs will continue to build the unique value-added components of their access system to prepare for coordination opportunities including those offered through federal and state health reform. These components include a robust technology infrastructure, a comprehensive service database, statewide availability and consistent quality of Senior LinkAge Line®.

c. Policies and Directions:

i. AAAs educate and advocate for older adults and informal caregivers.

ii. AAAs provide Senior Linkage Line® and Long-Term Care Options Counseling as a direct service.

iii. AAAs ensure the quality and integrity of the www.minnesotahelp.info database.

iv. AAAs utilize emerging information/access and communication tools: technologies, materials, and methods.

v. AAAs will embed new innovations that are adopted as evidence-based practices into the long-term care options counseling service. (For example, this may include the Live Well at Home Rapid Screen® tool for targeting high-risk persons and offering risk management information that includes direct assistance linking to LWAH providers and evidence-based programs proven to stabilize risk factors) into communications with older adults and family caregivers, as appropriate.

vi. AAAs experiment with more in-depth information and assistance approaches with specific target groups (Veterans, private pay individuals) in order to explore potential future roles for AAAs.

vii. AAAs develop referral networks, protocols and community access/outreach sites with key development partners that expand the reach of the MinnesotaHelp Network and increase service coordination.

viii. AAAs partner with health and long-term care providers to improve care transitions for older adults and their informal caregivers.

How will strategy 2.1A fulfill the AAA Access role, as defined above?

Strategy 2.1A fulfills all Access role sections through outreach, networking, referral, and education activities.

Objective 2.1 Strategy A - Development (Year 1 - 2025)

Objective 2.1 Strategy A - Development (2025)*

Development - Promote statewide availability of key community level supports.

a. A third role of the AAAs is to promote local availability of core home and community-based services (HCBS) and supports through consultation, technical assistance and working relationships with critical partners whose roles/missions complement those of AAAs, including HCBS providers, communities, funders and health care systems. In the absence of new or expanding service dollars in the foreseeable future for new services, or for extensive experimentation with pilots and demonstration programs, AAAs focus their service development on systems changes that redirect and redesign existing services toward targeted services/interventions (described above) and targeted populations:

(a) persons who are at functional/emotional risk of institutionalization and

(b) persons who are at financial risk of spending down into the public safety net. Ensuring service- and agency-sustainability in this economic climate will require smart business planning that taps multiple funding sources; market-driven approaches that offer private pay individuals with fee for service or other purchasing options (e.g., membership model); and technological solutions.

b. Policies and Directions:

i. AAAs promote community-based interventions (including but not limited to Communities for a Lifetime) that maximize the impact of natural supports and resources in the community such as family caregivers, neighbors/volunteers, peer supports; that preserve the person's dignity and autonomy in his/her own home; that help people to help themselves.

ii. AAAs work towards ensuring the statewide availability, consistency and quality of a set of core services:

(a) Long-Term Care Options Counseling.

(b) Nutrition Services,

(d) Caregiver Support and Services, and

(e) Health Promotion/Risk Reduction models that are evidence-based/-informed.

iii. AAAs will explore opportunities to provide regional financial and quality administration of the core set of services for managed care organizations and other funders.

iv. AAAs promote the use of person-centered service delivery approaches with OAA funds as well as other funding sources and private pay.

v. AAAs provide training and technical assistance to increase use of a risk management approach to support older adults and informal caregivers, including Live Well at Home. Risk management is focused on addressing caregiver stress or lack of informal caregiver; falls; memory loss; loss of physical function/autonomy and spend-down to poverty and measuring specific outcomes.

vi. AAAs provide ongoing training and fidelity assurance for evidence-based/-informed models.

For a complete list of policies and directions, see MBA Operations Manual B-7, Roles for the Area Agencies on Aging in MN.

How will strategy 2.1A fulfill the AAA Development role as defined above and in the MBA Operations Manual?

The development of Digital Connection Committees will fulfill sections a, b.i, b.ii, b.iii, bi.v, and b.v as technology use can provide opportunities that increase the utilization of telehealth, creates social connections, connects caregivers to support groups, etc.

Strategy 2.1A PD&C Activities (Year 1 - 2025)*

Is strategy 2.1A related to PD&C activities and funding?

Yes

Strategy 2.1A PD&C Activities (Year 1 - 2025)

Strategy 2.1A PD&C Activities (Year 1 - 2025)*

List the proposed PD&C activity(s). For <u>each</u> proposed PD&C activity, indicate the proposed length.

Example: Revitalize congregate dining, January 1, 2025 - June 30, 2027.

Develop Digital Connection Committees with in the DSAAA service area. January 1, 2025 - December 31, 2028.

Strategy 2.1A PD&C Activities Requirements (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, respond to the following questions:

1. How will the selected PD&C activity(s) leverage non-Older Americans Act funds and/or resources?

2. How will the PD&C activity(s) demonstrate collaboration among agencies?

3. How will the PD&C activity(s) improve service delivery or foster joint planning activities?

Example:

1. Revitalizing congregate dining will utilize a combination of PD&C funds and grant funds.

2. This activity will work to create new partnerships to revitalize congregate dining.

3. By finding additional congregate dining partners and providers, older adults will experience better service availability.

Digital Connection Committees:

- Utilize a combination of PD&C, Age Friendly, and other state grants.
- Partnerships will be developed with the MN Office of Broadband Development and the individuals and entities that make up the Committees.
- Service delivery will be improved by having more technology access and use by older adults in our region ad joint planning will take place within the committees.

Strategy 2.1A PD&C Activities Staff Responsible (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, address the following questions:

- <u>Proposed Activity</u> - list each activity proposed above.
- <u>Staff Name</u> - list the staff responsible for this activity, be sure it aligns with the budget.
- <u>Staff Role</u> - list the role of the staff responsible (grant manager, finance staff, etc.)
- <u>Staff Responsibilities</u> - list what the staff responsible will be doing to achieve the selected strategy. Be sure these align with the listed activities above.

Example:

- *Revitalizing Congregate Dining*
    - *Ellis Grey, Nutrition Grants Manager, responsible for outreach to potential partners and providers*

- Developing Digital Connection Committees:
    - Stephanie Aasness, Program Developer, responsible for the initial organizing activities around Committee development.

Objective 2.3 Strategy A - Access (Year 1 - 2025)

Objective 2.3 Strategy A – Access (Year 1 - 2025)*

Access - Link people to information.

a. Each AAA will strengthen and expand its role as the central point of access to information and services for and about older persons, their families and informal caregivers, the agencies and organizations that serve them, and their communities. A core component of this service is to provide information about benefits, service options and community resources for older persons, their families, and informal caregivers and to assist them in making informed choices. AAAs will work towards increasing the depth of assistance that they are able to provide regarding long-term care options.

b. The AAAs will maintain their credibility with key health care, long-term care and community partners by providing high quality assistance to older adults in navigating the long-term care system, understanding the full range of service options and accessing health and long-term care benefits. The AAAs will continue to build the unique value-added components of their access system to prepare for coordination opportunities including those offered through federal and state health reform. These components include a robust technology infrastructure, a comprehensive service database, statewide availability and consistent quality of Senior LinkAge Line®.

c. Policies and Directions:

i. AAAs educate and advocate for older adults and informal caregivers.

ii. AAAs provide Senior Linkage Line® and Long-Term Care Options Counseling as a direct service.

iii. AAAs ensure the quality and integrity of the www.minnesotahelp.info database.

iv. AAAs utilize emerging information/access and communication tools: technologies, materials, and methods.

v. AAAs will embed new innovations that are adopted as evidence-based practices into the long-term care options counseling service. (For example, this may include the Live Well at Home Rapid Screen® tool for targeting high-risk persons and offering risk management information that includes direct assistance linking to LWAH providers and evidence-based programs proven to stabilize risk factors) into communications with older adults and family caregivers, as appropriate.

vi. AAAs experiment with more in-depth information and assistance approaches with specific target groups (Veterans, private pay individuals) in order to explore potential future roles for AAAs.

vii. AAAs develop referral networks, protocols and community access/outreach sites with key development partners that expand the reach of the MinnesotaHelp Network and increase service coordination.

viii. AAAs partner with health and long-term care providers to improve care transitions for older adults and their informal caregivers.

How will strategy 2.3A fulfill the AAA Access role, as defined above?

Dancing Sky works to fulfill the access role to the best of our ability. We utilize the current definitions, protocol, and follow standards set fourth by the MBA management teams. This fill sections a., b., c. of the Access Role.

Objective 2.4 Strategy A - Access (Year 1 - 2025)

Objective 2.4 Strategy A – Access (Year 1 - 2025)*

Access - Link people to information.

a. Each AAA will strengthen and expand its role as the central point of access to information and services for and about older persons, their families and informal caregivers, the agencies and organizations that serve them, and their communities. A core component of this service is to provide information about benefits, service options and community resources for older persons, their families, and informal caregivers and to assist them in making informed choices. AAAs will work towards increasing the depth of assistance that they are able to provide regarding long-term care options.

b. The AAAs will maintain their credibility with key health care, long-term care and community partners by providing high quality assistance to older adults in navigating the long-term care system, understanding the full range of service options and accessing health and long-term care benefits. The AAAs will continue to build the unique value-added components of their access system to prepare for coordination opportunities including those offered through federal and state health reform. These components include a robust technology infrastructure, a comprehensive service database, statewide availability and consistent quality of Senior LinkAge Line®.

c. Policies and Directions:

i. AAAs educate and advocate for older adults and informal caregivers.

ii. AAAs provide Senior Linkage Line® and Long-Term Care Options Counseling as a direct service.

iii. AAAs ensure the quality and integrity of the www.minnesotahelp.info database.

iv. AAAs utilize emerging information/access and communication tools: technologies, materials, and methods.

v. AAAs will embed new innovations that are adopted as evidence-based practices into the long-term care options counseling service. (For example, this may include the Live Well at Home Rapid Screen® tool for targeting high-risk persons and offering risk management information that includes direct assistance linking to LWAH providers and evidence-based programs proven to stabilize risk factors) into communications with older adults and family caregivers, as appropriate.

vi. AAAs experiment with more in-depth information and assistance approaches with specific target groups (Veterans, private pay individuals) in order to explore potential future roles for AAAs.

vii. AAAs develop referral networks, protocols and community access/outreach sites with key development partners that expand the reach of the MinnesotaHelp Network and increase service coordination.

viii. AAAs partner with health and long-term care providers to improve care transitions for older adults and their informal caregivers.

How will strategy 2.4A fulfill the AAA Access role, as defined above?

Increasing internal referrals to the Return to Community Service will fulfill sections a., b., c. of the Access Role.

Section A-5: Goal 3 (Year 1 - 2025)

Goal 3: Support families, friends, and neighbors in sustaining their caregiving roles.

Objective 3.1: Increase Caregiver Consultation capacity.

Objective 3.1 Strategy A (Year 1 - 2025)*

Goal 3: Support families, friends, and neighbors in sustaining their caregiving roles.

Objective 3.1: Increase Caregiver Consultation capacity.

List the Area Agency on Aging strategy 3.1A below.

Informal caregivers often do not recognize the value and need for support until they have reached their capacity to care and/or an emergency situation occurs. In order to address the need for caregivers to have services and supports ready when they need them the most, DSAAA will work to create and maintain a pool of well-trained and compassionate Caregiver Consultants. Currently, DSAAA offers 1-2 Caregiver Consultant trainings per year in our region. As we transition to the new Caregiver Consulting training protocols that are being designed by the state, the hope is that the bulk of this training curriculum will be on-demand and online, thus reducing the burden of travel and the wait for a training that our providers often experience now.
DSAAA will share resources on additional trainings that may benefit Consultants as a way to increase knowledge and learning on the multitude of topics (dementia, chronic conditions, disability, mental health, etc.) that may be required as they serve a diverse population of caregivers (cultural, LGBTQ, low income, rural, isolated, advanced age, etc.). DSAAA will also connect new Consultants with established Consultants for mentoring and advice and host a Caregiver Consultant virtual office hours 2-3 times per year to allow for technical assistance, potential funding sources, support, networking, collaboration, and problem solving for Caregiver Consultants in the DSAAA service area.

Strategy 3.1A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 3.1A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025 - September 2026

Strategy 3.1A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 3.1A.

- Transition to new Caregiver Consulting training protocols once fully designated by the state.
- Share resources on additional trainings/events that may result in expanded learning, additional funding sources, and/or referral sources for Consultants, including Trualta.
- Connect newly trained Consultants with established Consultants for mentoring and advice.

- Plan and convene a Caregiver Consultant virtual office hours 2-3 times per year to allow for technical assistance, support, networking, collaboration, and problem solving for Caregiver Consultants in the DSAAA service area.

Strategy 3.1A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 3.1A is fulfilling. For each AAA role selected, an area for additional information will appear.

Development

Strategy 3.1A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 3.1A and set a method for collection.

- State Caregiver Consulting training protocols fully implemented by DSAAA.
- Increased Caregiver Consultant utilization - Peer Place & Increased Caregiver engagement through Trualta.
- Two- three virtual Office Hours per year offered to Caregiver Consultants in the DSAAA service area. DSAAA tracks all outreach and training opportunities offered through a shared agency tracking spreadsheet.

Strategy 3.1A Timing (Year 1 - 2025)*

Describe if strategy 3.1A is achievable now, or if capacity building is needed for success.

Increasing the capacity of Caregiver Consultants will require time and effort now and into the future as ARPA funds sunset and the new IFF affects Title IIIE funding levels across our service area. As a result, ongoing technical assistance to find additional funding sources and create strong sustainability plans is needed as we do not have a large pool of providers to work with in our highly rural service area. If a provider can no longer provide a service, it means the service often ends. LWAH funding can assist as providers start up services or expand them but is not intended as a long-term solution. Receiving enough referrals from the counties to justify the time, cost, and effort of becoming a MHCP is challenging as Caregiver Services often are not tapped into as supportive service.

Strategy 3.1A AAA Mission (Year 1 - 2025)*

Describe how strategy 3.1A is aligned with the mission of the Area Agency on Aging.

Our Mission: Dancing Sky works with rural communities to help older adults stay in control of their choices. Our Vision: Together older adults and communities thrive. Improving services and supports to caregivers is vital in meeting our mission and vision, as without the support and care of friends and family, many older adults would risk their safety and independence. Caregivers, without services and support risk burnout, poor physical and mental health outcomes, or even premature death. The Caregiver Consultants are crucial in providing this needed support to meet caregivers' needs and ultimately help older adults stay independent and live in their chosen communities.

Strategy 3.1A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 3.1A will be evaluated, include how success will be evaluated.

Increasing capacity of Caregiver Consultants will be an ongoing strategy of DSAAA as we continue to find ways to support friend, family, and neighbor caregivers now and into the future. DSAAA will continue to monitor utilization rates and satisfaction surveys of the Caregiver Consultants in our region and gauge success upon data indicating that our measures are trending upwards. Success can also be measured by quantitative measures as found in the Title III provider quarterly narratives, as sometimes the numbers do not show the full impact of a service.

Objective 3.1 Additional Strategy (Year 1 - 2025)*

Objective 3.1: Increase Caregiver Consultation capacity.

Does the AAA have a strategy 3.1B?

No

Objective 3.1 Strategy A - Development (Year 1 - 2025)

Objective 3.1 Strategy A - Development (Year 1 - 2025)*

Development - Promote statewide availability of key community level supports.

a. A third role of the AAAs is to promote local availability of core home and community-based services (HCBS) and supports through consultation, technical assistance and working relationships with critical partners whose roles/missions complement those of AAAs, including HCBS providers, communities, funders and health care systems. In the absence of new or expanding service dollars in the foreseeable future for new services, or for extensive experimentation with pilots and demonstration programs, AAAs focus their service development on systems changes that redirect and redesign existing services toward targeted services/interventions (described above) and targeted populations:

(a) persons who are at functional/emotional risk of institutionalization and

(b) persons who are at financial risk of spending down into the public safety net. Ensuring service- and agency-sustainability in this economic climate will require smart business planning that taps multiple funding sources; market-driven approaches that offer private pay individuals with fee for service or other purchasing options (e.g., membership model); and technological solutions.

b. Policies and Directions:

i. AAAs promote community-based interventions (including but not limited to Communities for a Lifetime) that maximize the impact of natural supports and resources in the community such as family caregivers, neighbors/volunteers, peer supports; that preserve the person's dignity and autonomy in his/her own home; that help people to help themselves.

ii. AAAs work towards ensuring the statewide availability, consistency and quality of a set of core services:

(a) Long-Term Care Options Counseling.

(b) Nutrition Services,

(d) Caregiver Support and Services, and

(e) Health Promotion/Risk Reduction models that are evidence-based/informed.

iii. AAAs will explore opportunities to provide regional financial and quality administration of the core set of services for managed care organizations and other funders.

iv. AAAs promote the use of person-centered service delivery approaches with OAA funds as well as other funding sources and private pay.

v. AAAs provide training and technical assistance to increase use of a risk management approach to support older adults and informal caregivers, including Live Well at Home. Risk management is focused on addressing caregiver stress or lack of informal caregiver; falls; memory loss; loss of physical function/autonomy and spend-down to poverty and measuring specific outcomes.

vi. AAAs provide ongoing training and fidelity assurance for evidence-based/informed models.

For a complete list of policies and directions, see MBA Operations Manual B-7, Roles for the Area Agencies on Aging in MN.

How will strategy 3.1A fulfill the AAA Development role as defined above and in the MBA Operations Manual?

1. Transition to new Caregiver Consulting training protocols once fully designated by the state. Aligns with bi, bii, biv, bv, and bvi of the Development Role.
2. Share resources on additional trainings/events that may result in expanded learning, funding sources, and/or referral sources for consultants, including Trualta. Aligns with bi, bii, biv, bv, and bvi of the Development Role.
3. Connect newly trained Consultants with established Consultants for mentoring and advice. Aligns with bi, bii, biv, bv, and bvi of the Development Role.
4. Plan and convene a Caregiver Consultant virtual office hours 2-3 times per year to allow for technical assistance, support, networking, collaboration, and problem solving for Caregiver Consultants in the DSAAA service area. Aligns with bi, bii, biv, bv, and bvi of the Development Role.

Strategy 3.1A PD&C Activities (Year 1 - 2025)*

Is strategy 3.1A related to PD&C activities and funding?

Yes

Strategy 3.1A PD&C Activities (Year 1 - 2025)

Strategy 3.1A PD&C Activities (Year 1 - 2025)*

List the proposed PD&C activity(s). For <u>each</u> proposed PD&C activity, indicate the proposed length.

Example: Revitalize congregate dining, January 1, 2025 - June 30, 2027.

- Provide technical assistance to Caregiver Support Services as they seek to find other funding sources due to the sunsetting of ARPA funding and the effects of the IFF as they shrink the Title IIIE funding for the DSAAA region.
- Increase the understanding and utilization of Caregiver Consultation and other caregiver supportive services (Respite, support groups, Trualta, etc.) in the DSAAA PSA for caregivers, as well as for service providers as they see the needs in their own clientele. January 1, 2025 - December 31st, 2028.

Strategy 3.1A PD&C Activities Requirements (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, respond to the following questions:

1. How will the selected PD&C activity(s) leverage non-Older Americans Act funds and/or resources?

2. How will the PD&C activity(s) demonstrate collaboration among agencies?

3. How will the PD&C activity(s) improve service delivery or foster joint planning activities?

Example:

1. Revitalizing congregate dining will utilize a combination of PD&C funds and grant funds.

2. This activity will work to create new partnerships to revitalize congregate dining.

3. By finding additional congregate dining partners and providers, older adults will experience better service availability.

- How will the selected PD&C activity(s) leverage non-Older Americans Act funds and/or resources? 1. Providing technical assistance to Caregiver Support Serivces will utilize PD&C funds, as well as other funding sources that service providers can tap into (LWAH, MBA Dementia grant, foundation grants, etc.). 2. Increasing the utilization of Caregiver Consultation and other caregiver supportive services will utilize PD&C funds.
- How will the PD&C activity(s) demonstrate collaboration among agencies? 1. Providers will learn about service gaps and seek collaboration opportunities among provider networks to fill the gaps. 2. DSAAA will seek to increase understanding of the types of caregiver supportive services, the timing of those services, and the potential for cross referrals among various service providers. Chore & Homemaker, Home Mod, Energy Assistance, Community Action Agencies, Nutrition Providers, Hospice, Home Care, etc. as they see the need for a caregiver to receive some support should have enough knowledge and familiarity with programs to make those referrals.
- How will the PD&C activity(s) improve service delivery or foster joint planning activities? .1. New providers may fill gaps in Caregiver Support Services as they understand the range of services needed and the funding sources available. 2. Service delivery will be improved for caregivers as they better understand the services and the timing for utilizing those services, as well as receive resources on caregiver services from a wide range of providers.

Strategy 3.1A PD&C Activities Staff Responsible (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, address the following questions:

- <u>Proposed Activity</u> - list each activity proposed above.
- <u>Staff Name</u> - list the staff responsible for this activity, be sure it aligns with the budget.
- <u>Staff Role</u> - list the role of the staff responsible (grant manager, finance staff, etc.)
- <u>Staff Responsibilities</u> - list what the staff responsible will be doing to achieve the selected strategy. Be sure these align with the listed activities above.

Example:

- *Revitalizing Congregate Dining*
    - *Ellis Grey, Nutrition Grants Manager, responsible for outreach to potential partners and providers*

Proposed Activity: Provide technical assistance to Caregiver Support Services.

- Staff Name & Role: Stephanie Aasness, Program Developer and Val Mattison, Program Developer
- Staff Responsibilities: Outreach to current and potential providers of caregiver support services (webinars, provider meetings, emails, etc.)

Proposed Activity: Increase the understanding and utilization of Caregiver Consultation and other caregiver supportive services.

- Staff Name & Role: Judi Weiss, Grants Manager; Stephanie Aasness, Program Developer; and Val Mattison, Program Developer
- Staff Responsibilities: Marketing of caregiver services to caregivers and providers of other services (Facebook, events, provider meetings, etc.)

Section A-5: Goal 4 (Year 1 - 2025)

Goal 4: Promote and support healthy aging for all Minnesotans.

Objective 4.1: Modernize programs to increase efficiencies to reduce administrative burden.

Objective 4.2: Increase access to services and programs that support overall health and wellness.

Objective 4.1 Strategy A (Year 1 - 2025)*

Goal 4: Promote and support healthy aging for all Minnesotans.

<u>Objective 4.1</u>: Modernize programs to increase efficiencies to reduce administrative burden.

List the Area Agency on Aging strategy 4.1A below.

We have made changes to the grants management system Smart Simple. We have been using the system the last 2 years and this year we utilized funds for system expansion to help our staff internally, support our grants review committee, and support with easier application and renewal processes for grantees.
The use and modernization of smart simple, will help with record keeping, documentation, reporting, and monitoring or our grantees.
With Smart Simple we will be able to streamline our review of grantee applications and subcommittee processes.
We will be able to reduce printing costs, create efficiencies in the administration burden of organizing the applications, as well as reporting efficiencies.

DSAAA will utilize staff to assist with the role of nutrition site assessments and check-ins with the intention of reducing administrative burden and allowing for additional marketing of AAA services, presentations, and collaborations. By utilizing staff in close proximity to the sites we can reduce staff time and travel to preserve administrative budget.

The use of Zoom and other virtual options has greatly increased the connection with providers and the state, while decreasing travel burden (mileage, travel time). Continued and expanded use of the platforms will be employed by our staff.

DSAAA will work with nutrition providers to smoothly transition from a system made up largely of paper documentation and regular postal delivery to a system utilizing Bar Code Scanner technology to modernize service delivery.

Strategy 4.1A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 4.1A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025 - September 2026

Strategy 4.1A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 4.1A is fulfilling. For each AAA role selected, an area for additional information will appear.

Administration

Strategy 4.1A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 4.1A.

- Maximize the function of Smart Simple through system build-out and learning.
- Utilize staff to assist with nutrition site assessments and check-ins based on proximity in the 21-county PSA.
- Utilize Zoom and other virtual options to increase connection with providers for check-ins, trainings, financial reconciliation, and close outs to maximize staff and provider time and efficiency, while reducing costs (travel time and mileage).
- Assist providers in the roll out of Bar Code Scanners for nutrition to modernize data collection.

Strategy 4.1A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 4.1A and set a method for collection.

- Increased utilization of Smart Simple platform for grant applications, reporting, and grants review processes will be seen in the platform.
- Site assessment tracking.
- Increased interaction with providers through Zoom and other virtual platforms will be measured through internal tracking of grant check-ins, trainings, financial reconciliations, and close outs.
- Bar Code Scanner site roll out and utilization.

Strategy 4.1A Timing (Year 1 - 2025)*

Describe if strategy 4.1A is achievable now, or if capacity building is needed for success.

The Smart Simple platform is still being built out and staff still have much learning about how to fully implement and utilize the system before completely rolling it out to our providers and Grants Review Committee.
Zoom and other virtual platforms are currently being utilized and so expansion to usage for additional provider contacts will be achievable now and into the future.
Bar Code Scanners will need capacity building as the nutrition providers roll out the technology with the assistance of DSAAA.

Strategy 4.1A AAA Mission (Year 1 - 2025)*

Describe how strategy 4.1A is aligned with the mission of the Area Agency on Aging.

Our Mission: Dancing Sky works with rural communities to help older adults stay in control of their choices.
Any work that can modernize and reduce administrative burden will align with our mission as we create

rural communities where older adults, and their caregivers, are fully supported to stay independent and healthy for as long as possible.

Strategy 4.1A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 4.1A will be evaluated, include how success will be evaluated.

Smart Simple as a tool to increase efficiency will be evaluated over the next few years by our staff, providers, and Grant Review Committee as we see improved processes and reduced administrative burden. Zoom and other virtual platforms have already increased efficiencies and reduced administrative burden, and this success will only continue.
Bar Code Scanner success will be fully evaluated when all sites are converted to the technology.

Objective 4.1 Additional Strategy (Year 1 - 2025)*

Objective 4.1: Modernize programs to increase efficiencies to reduce administrative burden.

Does the AAA have a strategy 4.1B?

No

Objective 4.2 Strategy A (Year 1 - 2025)*

Goal 4: Promote and support healthy aging for all Minnesotans.

Objective 4.2: Increase access to services and programs that support overall health and wellness.

List the Area Agency on Aging strategy 4.2A below.

DSAAA will support Title III funded Evidence-Based Program Classes as well as Medication Managment Services to improve health and wellness outcomes for older adults in our planning and service area.

1. Efforts will target small communities that have limited access to YMCAs or other exercise facilities for the Evidence-Based Classes in an effort to reduce falls and improve the overall health of older adults in our service area, especially in rural areas. PEARLS will be supported as a program to reduce depression in older adults and will be delivered in-person, virtually, or via the telephone to allow for greater availability by addressing transportation issues for providers and clients.
2. Increased utilization of Medication Management Services will address pharmacological issues such as medication errors, duplications, interactions, falls, side effects, and non-compliance which will improve the overall health and wellness of older adults in our region.

Strategy 4.2A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 4.2A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025 - September 2026

Strategy 4.2A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 4.2A is fulfilling. For each AAA role selected, an area for additional information will appear.

Development

Strategy 4.2A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 4.2A.

1. Evidence-Based Programs:
    - DSAAA Master Trainers will provide 1 Matter of Balance Leader Training and 1 Leader Refresher Training.
    - DSAAA staff will partner with other organizations (Sanford, AmeriCorps Seniors, Western Kentucky University (Bingocize), Arthritis Foundation (Walk with Ease), Juniper, etc.) to find trainings in other Evidence-Based Programs including SAIL, Bingocize, Living Well Programs, Walk with Ease, and any others that communities are interested in offering.
    - Ongoing technical assistance to organizations offering the Evidence-Based Programs such as locating funding sources (Title IIID, LWAH, foundational, partnerships, etc.), and marketing assistance.
2. Medication Management:
    - Ongoing technical assistance and marketing assistance for Medication Managment Program.
    - Targeted outreach to Return to Community Service clients, Title III funded agency clients, HRA and HUD supported housing, and mental health programs.

Strategy 4.2A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 4.2A and set a method for collection.

1. Evidence-Based Programs:
    - # of Leader and Refresher Trainings
    - # of new Leaders of Evidence-Based programs
    - # of EBP classes offered
    - # of EBP participants
2. Medication Management
    - # of Medication Management participants

Strategy 4.2A Timing (Year 1 - 2025)*

Describe if strategy 4.2A is achievable now, or if capacity building is needed for success.

This strategy will require ongoing capacity building, especially given that the potential for agencies to offer the EBP is declining with increased workloads, less staffing, staff turnover, and shrinking budgets. The sunsetting of the ARPA funding and the implementation of the new IFF will have significant impact on the capacity of agencies to offer the Evidence-Based Programs and Medication Managment services, requiring innovative approaches to funding and supporting theses services at a time when the demand is high and the need for interventions to improve the health and wellness of older adults is vital.

Strategy 4.2A AAA Mission (Year 1 - 2025)*

Describe how strategy 4.2A is aligned with the mission of the Area Agency on Aging.

Our Mission: Dancing Sky works with rural communities to help older adults stay in control of their choices.
Focusing on the health and wellness of our area's older adults is vital to meet our agency's mission. Older adults are able to maintain independence much longer when they can manage their chronic conditions, prevent falls, and maintain their overall physical health; and Evidence-Based programs and Medication Management sessions are two proven ways to do these things. These programs also have social, emotional, and financial benefits as well, such as improving mental health, creating informal safety check-in networks, preventing falls, and mitigating medication errors. Many individuals lack access to exercise and wellness classes due to transportation and lack of options for older adults, especially in rural areas. DSAAA focuses the EBPs in these rural areas, allowing access for older adults, including those that may not have the resources to pay for other class options.

Strategy 4.2A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 4.2A will be evaluated, include how success will be evaluated.

The Evidence-Based programs are already researched and proven to have significant impact on those participating. Reducing the fear of falls and the number of falls; increasing strength, mobility, flexibility, and balance; improving mood and socialization levels; and improving chronic condition management are all proven benefits of the programs. Success will be ongoing and seen in supporting providers as they offer these vital health and wellness classes to the targeted populations in our service area.

Objective 4.2 Additional Strategy (Year 1 - 2025)*

Objective 4.2: Increase access to services and programs that support overall health and wellness.

Does the AAA have a strategy 4.2B?

Yes

Objective 4.1 Strategy A - Administration (Year 1 - 2025)

Objective 4.1 Strategy A – Administration (Year 1 - 2025)*

Administration – Maximize System Quality and Effectiveness

a. AAAs are managed effectively in a fiduciary and strategic sense—without which the other roles are not possible. AAAs promote transparency regarding decisionmaking. AAAs meet standards for staff qualifications and strive to produce consistently high-quality work (managed on limited/fixed-at-best funding). They maintain and expand collegial relationships with critical partners across their PSAs. Fiscal management responsibilities have grown in magnitude and complexity with the requirements associated with more OAA and other federal and state discretionary and soft money grants. Boards and Directors are dealing with the economic impact on the AAA itself.

b. Policies and Directions:

i. AAAs use management information systems to monitor client and service data, and to continuously improve the quality and effectiveness of their own activities and of the services they fund. They monitor provider performance and provide technical assistance regarding basic OAA compliance as well as service delivery improvements, new innovative models and potential partnerships.

ii. AAAs ensure ongoing high-quality administration via business planning and staff management (recruitment, retention and succession planning).

iii. AAAs strategically target (and coordinate within larger system) OAA and other dollars they administer:

1. Services targeted to persons who are "pre-eligible" for public programs, but who are at-risk both functionally and financially.

2. Strategic support services and service models that have a proven track (evidence-based) record in achieving intended outcomes. Reinforcing/strengthening focus of program development efforts.

3. Service payment models that facilitate enable consumer choice and purchasing control.

iv. AAAs understand existing long-term care resources in their regions, identify where gaps exist and work with partners to address the gaps in critical services.

v. AAAs seek administrative efficiencies through greater statewide consistency in forms and reports, maximizing staff and other resources to fulfill core responsibilities, and opportunities for multi-AAA collaboration.

How will strategy 4.1A fulfill the AAA Administration role as defined above?

The use of Smart Simple, virtual meeting platforms, and Bar Code Scanner technology will fulfill b.i, b.ii, and b.v of the Administrative role.

Objective 4.2 Strategy A - Development (Year 1 - 2025)

Objective 4.2 Strategy A – Development (Year 1 - 2025)*

Development - Promote statewide availability of key community level supports.

a. A third role of the AAAs is to promote local availability of core home and community-based services (HCBS) and supports through consultation, technical assistance and working relationships with critical partners whose roles/missions complement those of AAAs, including HCBS providers, communities, funders and health care systems. In the absence of new or expanding service dollars in the foreseeable future for new services, or for extensive experimentation with pilots and demonstration programs, AAAs focus their service development on systems changes that redirect and redesign existing services toward targeted services/interventions (described above) and targeted populations:

(a) persons who are at functional/emotional risk of institutionalization and

(b) persons who are at financial risk of spending down into the public safety net. Ensuring service- and agency-sustainability in this economic climate will require smart business planning that taps multiple funding sources; market-driven approaches that offer private pay individuals with fee for service or other purchasing options (e.g., membership model); and technological solutions.

b. Policies and Directions:

i. AAAs promote community-based interventions (including but not limited to Communities for a Lifetime) that maximize the impact of natural supports and resources in the community such as family caregivers, neighbors/volunteers, peer supports; that preserve the person's dignity and autonomy in his/her own home; that help people to help themselves.

ii. AAAs work towards ensuring the statewide availability, consistency and quality of a set of core services:

(a) Long-Term Care Options Counseling.

(b) Nutrition Services,

(d) Caregiver Support and Services, and

(e) Health Promotion/Risk Reduction models that are evidence-based/informed.

iii. AAAs will explore opportunities to provide regional financial and quality administration of the core set of services for managed care organizations and other funders.

iv. AAAs promote the use of person-centered service delivery approaches with OAA funds as well as other funding sources and private pay.

v. AAAs provide training and technical assistance to increase use of a risk management approach to support older adults and informal caregivers, including Live Well at Home. Risk management is focused on addressing caregiver stress or lack of informal caregiver; falls; memory loss; loss of physical function/autonomy and spend-down to poverty and measuring specific outcomes.

vi. AAAs provide ongoing training and fidelity assurance for evidence-based/informed models.

For a complete list of policies and directions, see MBA Operations Manual B-7, Roles for the Area Agencies on Aging in MN.

How will strategy 4.2A fulfill the AAA Development role as defined above and in the MBA Operations Manual?

Supporting the Evidence-Based Programs and Medication Managment in the DSAAA region will fulfill sections b.i, b.ii, b. iii, b.iv,b.v, and b.vi.

Strategy 4.2A PD&C Activities (Year 1 - 2025)*

Is strategy 4.2A related to PD&C activities and funding?

Yes

Strategy 4.2A PD&C Activities (Year 1 - 2025)

Strategy 4.2A PD&C Activities (Year 1 - 2025)*

List the proposed PD&C activity(s). For <u>each</u> proposed PD&C activity, indicate the proposed length.

Example: Revitalize congregate dining, January 1, 2025 - June 30, 2027.

Build capacity of the Evidence-Based Programs and Medication Management, specifically targeting rural areas. January 1, 2025 - December 31st, 2028.

Strategy 4.2A PD&C Activities Requirements (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, respond to the following questions:

1. How will the selected PD&C activity(s) leverage non-Older Americans Act funds and/or resources?

2. How will the PD&C activity(s) demonstrate collaboration among agencies?

3. How will the PD&C activity(s) improve service delivery or foster joint planning activities?

Example:

1. Revitalizing congregate dining will utilize a combination of PD&C funds and grant funds.

2. This activity will work to create new partnerships to revitalize congregate dining.

3. By finding additional congregate dining partners and providers, older adults will experience better service availability.

1. Building capacity of the EBPs and Med Managment will utilize a combination of PD&C funds and other state and local grant funds.
2. Building capacity of the EBPs and Med Management will create new partnerships with new organizations willing to offer EBPs and Med Managment, as well as volunteer leaders, host sites for the programs, and programs offering leader trainings.

3. Increased numbers of EBPs and Med Managment sessions will improve the overall health and wellness of older adults taking part.

Strategy 4.2A PD&C Activities Staff Responsible (Year 1 - 2025)*

For each proposed PD&C activity above, address the following questions:

- Proposed Activity - list each activity proposed above.
- Staff Name - list the staff responsible for this activity, be sure it aligns with the budget.
- Staff Role - list the role of the staff responsible (grant manager, finance staff, etc.)
- Staff Responsibilities - list what the staff responsible will be doing to achieve the selected strategy. Be sure these align with the listed activities above.

Example:

- Revitalizing Congregate Dining
    - Ellis Grey, Nutrition Grants Manager, responsible for outreach to potential partners and providers

Building capacity of Evidence-Based Programs and Medication Management services.
Staff:

- Amy Dallmann, Devlopment Team Supervisor - responsible for ongoing technical assistance, training, and fidelity monitoring of EBPs.
- Val Mattison, Program Developer - responsible for ongoing technical assistance, training, and fidelity monitoring of EBPs.
- Judi Weiss, Grants Manager - responsible for increasing utilization of Medication Management services.

Objective 4.2 Strategy B (Year 1 - 2025)

Objective 4.2 Strategy B (Year 1 - 2025)*

Goal 4: Promote and support healthy aging for all Minnesotans.

Objective 4.2: Increase access to services and programs that support overall health and wellness.

List the Area Agency on Aging strategy 4.2B below.

NowDancing Sky Development and Leadership staff completed a GOSM brainstorming session in April of 2024 to prepare for the creation of our 2025-2028 Area Plan. A service area need that was repeatedly identified was for more education, understanding, and resource development around dementia.
Often the medical community is reluctant to give a diagnosis of any type of dementia and even when a diagnosis is made, they often lack the tools and resources to refer people to for even the most basic information. Recent requests in our service area around dementia awareness have included basic info on the

types of dementia, basic communication tips, early warning signs, a "Now What?" session for those with the diagnosis and their caregivers, and info on how to plan for the future. The DSAAA region does not have a strong presence of other organizations offering this type of education and many living with dementia and their caregivers do not have the interest or ability to utilize online resources. Increasing access to dementia education and resources will support the overall health and wellness of our region as the numbers of those affected directly by dementia climbs and the ripple effect across families, systems, and communities is felt. DSAAA will utilize Dementia Friends Info Sessions, Virtual Dementia Tours, Dementia Friendly Community Initiatives, and other educational events to increase awareness and understanding around those living with dementia and the support needed for their caregivers. We will provide education around future planning on topics such as POAs, Advance Care Planning, and End of Life Planning through partnerships with Legal Services as well as Advance Care Planning and Hospice organizations. Our hope is to create communities that are equipped to deal with dementia and its widespread effects into the future.
Our staff will also participate on the Memory Keepers Board and the Community Advisory Committee for the Center for Community Engaged Rural Dementia and Alzheimer's Research known as CERDAR, which partners with the University of Minnesota Duluth Medical School, Tribal Communities, Arrowhead Area Agency on Aging, Northwoods Caregivers, Alzheimer's Association, and local health systems to address the disparities that older adults and caregivers experiencing Alzheimer's and Dementia in rural and indigenous tribal communities often encounter.

Strategy 4.2B Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 4.2B.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025 - June 2026

Strategy 4.2B AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 4.2B is fulfilling. For each AAA role selected, an area for additional information will appear.

Development

Strategy 4.2B Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 4.2B.

- Increase community-wide understanding and knowledge of dementia by making Dementia Friends and Dementia Friend Champions.
- Increase compassion and expertise in dementia care for caregivers, public sectors (local and regional government, transportation, health care systems, schools, first responders), local businesses, and the general public by offering Virtual Dementia Tours (VDTs).
- Incorporate Dementia Friendly components into new and existing initiatives with local communities, especially focusing on highly rural areas that lack any other type of resources for dementia.
- Staff participation on Memeory Keepers and CERDAR Local Advisory Committee.

Strategy 4.2B Data (Year 1 - 2025)*

Define the data to accomplish strategy 4.2B.

- DSAAA internal tracking document of Dementia Friends and Virtual Dementia Tours.
- DSAAA internal reporting on initiatives including those focused on Dementia Friendly.
- DSAAA internal tracking of staff Memory Keepers and CERDAR participation.

Strategy 4.2B Timing (Year 1 - 2025)*

Describe if strategy 4.2B is achievable now, or if capacity building is needed for success.

The Dementia-focused strategy is largely achievable now, but ultimately the goal is to shift some of the work to the community level by training Dementia Friends Champions that can offer the Dementia Friends Info Sessions, as well as through the expansion of the Virtual Dementia Tour by encouraging organizations to become trained to offer the Tour in their own communities. This expansion of efforts to the local levels will take more time and capacity to buildout.

Strategy 4.2B AAA Mission (Year 1 - 2025)*

Describe how strategy 4.2B is aligned with the mission of the Area Agency on Aging.

Our Mission: Dancing Sky works with rural communities to help older adults stay in control of their choices.
Those living with dementia and their caregivers are often left without resources and support within their communities, and this is only more prevalent in rural areas.
Offering education, resources, and community understanding and support will increase the likelihood that older adults in our region will be independent longer and stay more in control of their lives, within the community of their choice.

Strategy 4.2B Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 4.2B will be evaluated, include how success will be evaluated.

Success for the dementia-focused strategy will be ongoing and measured by the number of resources, educational opportunities, and connections we make with those living with dementia, their caregivers, and the communities we partner with.

Objective 4.2 Strategy B - Development (Year 1 - 2025)

Objective 4.2 Strategy B – Development (Year 1 - 2025)*

Development - Promote statewide availability of key community level supports.

a. A third role of the AAAs is to promote local availability of core home and community-based services (HCBS) and supports through consultation, technical assistance and working relationships with critical partners whose roles/missions complement those of AAAs, including HCBS providers, communities, funders and health care systems. In the absence of new or expanding service dollars in the foreseeable future for new services, or for extensive experimentation with pilots and demonstration programs, AAAs focus their service development on systems changes that redirect and redesign existing services toward targeted services/interventions (described above) and targeted populations:

(a) persons who are at functional/emotional risk of institutionalization and

(b) persons who are at financial risk of spending down into the public safety net. Ensuring service- and agency-sustainability in this economic climate will require smart business planning that taps multiple funding sources; market-driven approaches that offer private pay individuals with fee for service or other purchasing options (e.g., membership model); and technological solutions.

b. Policies and Directions:

i. AAAs promote community-based interventions (including but not limited to Communities for a Lifetime) that maximize the impact of natural supports and resources in the community such as family caregivers, neighbors/volunteers, peer supports; that preserve the person's dignity and autonomy in his/her own home; that help people to help themselves.

ii. AAAs work towards ensuring the statewide availability, consistency and quality of a set of core services:

(a) Long-Term Care Options Counseling.

(b) Nutrition Services,

(d) Caregiver Support and Services, and

(e) Health Promotion/Risk Reduction models that are evidence-based/informed.

iii. AAAs will explore opportunities to provide regional financial and quality administration of the core set of services for managed care organizations and other funders.

iv. AAAs promote the use of person-centered service delivery approaches with OAA funds as well as other funding sources and private pay.

v. AAAs provide training and technical assistance to increase use of a risk management approach to support older adults and informal caregivers, including Live Well at Home. Risk management is focused on addressing caregiver stress or lack of informal caregiver; falls; memory loss; loss of physical function/autonomy and spend-down to poverty and measuring specific outcomes.

vi. AAAs provide ongoing training and fidelity assurance for evidence-based/informed models.

For a complete list of policies and directions, see MBA Operations Manual B-7, Roles for the Area Agencies on Aging in MN.

How will strategy 4.2B fulfill the AAA Development role as defined above and in the MBA Operations Manual?

The dementia-focused strategy fulfills sections a., b.i, b.ii, b.iv, and b.v. of the Development Role.

Strategy 4.2B PD&C Activities (Year 1 - 2025)*

Is strategy 4.2B related to PD&C activities and funding?

Yes

Strategy 4.2B PD&C Activities (Year 1 - 2025)

Strategy 4.2B PD&C Activities (Year 1 - 2025)*

List the proposed PD&C activity(s). For <u>each</u> proposed PD&C activity, indicate the proposed length.

Example: Revitalize congregate dining, January 1, 2025 - June 30, 2027.

Dementia education and resources: January 1, 2025 - December 31, 2028.

Strategy 4.2BA PD&C Activities Requirements (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, respond to the following questions:

1. How will the selected PD&C activity(s) leverage non-Older Americans Act funds and/or resources?

2. How will the PD&C activity(s) demonstrate collaboration among agencies?

3. How will the PD&C activity(s) improve service delivery or foster joint planning activities?

Example:

1. Revitalizing congregate dining will utilize a combination of PD&C funds and grant funds.

2. This activity will work to create new partnerships to revitalize congregate dining.

3. By finding additional congregate dining partners and providers, older adults will experience better service availability.

- Dementia Friends Info Session, Dementia Friend Champion Trainings and Virtual Dementia Tours:

1. Will leverage PD&C funds and Age Friendly funding.
2. Collaboration will be seen between DSAAA, service clubs, churches, aging service providers, business owners, health systems, local government, schools, first responders, etc.
3. Service delivery to those living with dementia and their caregivers will be improved due to greater understanding, knowledge, and inclusion by the public sector and community wide.

- Dementia Friendly Community activities:

1. Will leverage PD&C funds as well as other local funding.

2. Collaboration will be seen among DSAAA, service providers, public and private sector entities, including local government (city and county).

3. Service delivery to those living with dementia and their caregivers will be improved due to greater understanding, knowledge, and inclusion by the public sector and private sectors, as well as community wide. This activity will also foster joint planning activities.

Strategy 4.2B PD&C Activities Staff Responsible (Year 1 - 2025)*

For <u>each</u> proposed PD&C activity above, address the following questions:

- <u>Proposed Activity</u> - list each activity proposed above.
- <u>Staff Name</u> - list the staff responsible for this activity, be sure it aligns with the budget.
- <u>Staff Role</u> - list the role of the staff responsible (grant manager, finance staff, etc.)
- <u>Staff Responsibilities</u> - list what the staff responsible will be doing to achieve the selected strategy. Be sure these align with the listed activities above.

Example:

- *Revitalizing Congregate Dining*
    - *Ellis Grey, Nutrition Grants Manager, responsible for outreach to potential partners and providers*

- Dementia Friends Info Sessions, Dementia Friend Champion Trainings, and Virtual Dementia Tours:
    - Amy Dallmann, Devlopment Team Supervisor - responsible for offering Dementia Friends Info Sessions and Virtual Dementia Tours.
    - Val Mattison, Program Developer - responsible for offering Dementia Friends Info Sessions and Virtual Dementia Tours.
    - Stephanie Aasness, Program Developer - responsible for offering Dementia Friends Info Sessions, Champion Trainings, and Virtual Dementia Tours.
    - Judi Weiss, Grants Manager - responsible for offering Virtual Dementia Tours.
- Dementia Friendly Community activities:
    - Amy Dallmann, Devlopment Team Supervisor - responsible for Dementia Friendly Community activities.
    - Val Mattison, Program Developer - responsible for Dementia Friendly Community activities.
    - Stephanie Aasness, Program Developer - responsible for Dementia Friendly Community activities.
    - Judi Weiss, Grants Manager - responsible for Dementia Friendly Community activities.

Section A-5: Goal 5 (Year 1 - 2025)

Goal 5: Dismantle ageism and promote older adult rights, autonomy, and protection.

Objective 5.1: Advance efforts of legal services through increasing outreach and education.

Objective 5.1 Strategy A (Year 1 - Year 1)*

Goal 5: Dismantle ageism and promote older adult rights, autonomy, and protection.

Objective 5.1: Advance efforts of legal services through increasing outreach and education.

List the Area Agency on Aging strategy 5.1A below.

Dancing Sky has historically funded our legal services developer at a higher rate than the required minimum. This increased funding over the last several years has allowed for the provider to build a stable foundation for services in our planning and service area.
Our legal services provider hosts several outreach clinics, webinars, they have staff serving on Multidisciplinary teams and conduct multiple outreach events and support clients in hard-to-reach areas via the Justice bus. Dancing Sky staff will work with our provider to target outreach efforts to areas of importance and underserved populations.
Dancing Sky Staff will continue to promote and educate on the legal kiosks and availability within our planning and service area.
We have partnered with the justice bus in many of our communities and connected them to various community outreach events. We had two very successful events in both Roseau and Baudette where the justice bus was on site.
Dancing Sky will partner and support the legal risk tool as more information becomes available for a roll out process in our PSA.

Strategy 5.1A Est. Start/End Date (Year 1 - 2025)*

List the estimated start and end dates for strategy 5.1A.

Note: this is a 4-year Area Plan.

Example: July 2025 - September 2026

July 2025- September 2026

Strategy 5.1A AAA Role (Year 1 - 2025)*

Administration – Maximize system quality and effectiveness.

Access - Link people to information.

Development - Promote statewide availability of key community level supports.

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

For more details see MBA Operations Manual, B-7 Roles for the Area Agencies on Aging in MN.

Select which AAA role strategy 5.1A is fulfilling. For each AAA role selected, an area for additional information will appear.

Advocacy

Strategy 5.1A Action Steps (Year 1 - 2025)*

Define the action steps to accomplish strategy 5.1A.

- Webinars with legal services that include special focus on targeting such as, preventing evictions, homelessness, guardianships, POA and Advance Care Planning, and emergency planning around legal documents.
- Promotion of the multiple local outreach clinics happening in our planning and service areas.
- Dancing Sky staff will share our legal service providers training, newsletters, and other promotional information through our email connections as well as Facebook Page.
- DSAAA will partner with Legal Services to target presentations at senior centers, low-income housing units, and other OAA targeted client sites.

Strategy 5.1A Timing (Year 1 - 2025)*

Describe if strategy 5.1A is achievable now, or if capacity building is needed for success.

Dancing Sky continues to support our legal services provider as they are doing valuable work within our planning and service area. They have demonstrated their capacity and importance. To maintain their reach and coverage in our 21-county planning and service area, funding will need to remain the same or increase. We can encourage continued targeting and virtual training opportunities. With the large, highly rural region serving people in person becomes a challenge on shrinking budgets.

Strategy 5.1A Data (Year 1 - 2025)*

Define what data will be used to measure strategy 5.1A and set a method for collection.

Staff will monitor and collect information from Peer Place.
Staff will continue to share and flyers used for outreach events.
Staff will track and support specific areas of education and targeting.

Strategy 5.1A AAA Mission (Year 1 - 2025)*

Describe how strategy 5.1A is aligned with the mission of the Area Agency on Aging.

At Dancing Sky our mission is to work with rural communities to help older adults thrive, our legal services provider is aligned with the mission and understands the complexity of serving older adults in rural communities. Together in our partnership we support each other and the older adults we serve. We value the legal services ability to reach hard to serve communities.

Strategy 5.1A Evaluation (Year 1 - 2025)*

Define a deadline when the success of strategy 5.1A will be evaluated, include how success will be evaluated.

Success will be defined in strategy 5.1A through continued evaluation of outreach and education. We will also monitor increased learning opportunities and focus on growth in participants as well as targeting areas.

Objective 5.1 Additional Strategy (Year 1 - 2025)*

Objective 5.1: Advance efforts of legal services through increasing outreach and education.

Does the AAA have a strategy 5.1B?

No

Objective 5.1 Strategy A - Advocacy (Year 1 - 2025)

Objective 5.1 Strategy A - Advocacy (Year 1 - 2025)*

Advocacy – Promote policies that reflect the needs and interests of older Minnesotans.

a. A fourth role of the AAAs is to promote policies at the state and local levels that fairly reflect the needs and interests of older Minnesotans, so that older people and their families are well-served. AAAs are expected to "serve as the advocate and focal point for older individuals within the community" by commenting on policies, programs, and community actions that affect older adults (Title III, Section 306(a)(6)). The AAAs provide advocacy in a number of ways:

(1) One to one advocacy includes work with individual older adults to help them access needed services or address barriers, and to empower them to advocate on their own behalf.

(2) Systems advocacy includes removing barriers or improving access for an entire group of individuals.

(3) Policy advocacy includes impacting guidelines and policies at the federal and state levels that affect older adults, educating policy makers about the impact of current policies, and proposing solutions to remedy a situation.

b. Policies and Directions:

i. While an access service, information and assistance as delivered by the AAAs is also an example of advocacy. Through this service, individuals receive objective information early on, potentially avoiding costly and complicated problems that would necessitate more intensive advocacy at a later point.

ii. AAAs provide stakeholders with research information and data about trends in aging and the needs of older Minnesotans, which is then used to shape policy and programs.

iii. Either individually or collaboratively, AAAs engage in the legislative process by monitoring and commenting on legislation that impacts older adults, and by providing testimony to the legislature about issues of interest to older Minnesotans.

iv. AAAs draw attention to critical issues affecting older adults and present information and potential solutions to policymakers. The AAAs write letters and provide testimony regarding specific bills.

v. AAAs work in communities to understand local needs and provide support to develop and enhance services. As the original home and community-based services act, the OAA provides the foundation for this unique type of advocacy.

vi. AAAs fund legal services through OAA Title III-B. Each area agency must designate at least 5% of the Title III-B funding allocation toward legal services.

How will strategy 5.1A fulfill the AAA Advocacy role, as defined above?

1. Dancing Sky values the Advocacy role and takes the duties as outlined seriously. Leadership teams regularly monitor and track specific areas of importance to the AAA. Dancing Sky works collaboratively with M4A members in tracking monitoring and advocacy efforts. Dancing Sky has historically funded legal services at a greater than 5% rate through Title III B funding. As we look to the future shrinking funds will likely result in Dancing Sky meeting the minimum requirement. Through our Title III funding we have built capacity to serve highly rural communities through programs such as grocery delivery, transportation, Information and assistance, Homemaker and home modification services as well as utilizing sentence to serve programs for chore services. Through these approaches we have been able to provide sustainability in older adults

remining in their homes. Aligns with vi, a(1), a(2).

2. Dancing Sky staff will conduct routine needs assessment as a way to gather valuable community information on community needs within our planning and services area. Dancing Sky will utilize this information as a way to engage the legislative process and advocacy efforts. Aligns with b(v.)

3. Dancing Sky will have a goal of hosting round table discussions with policy makers including constituents to share valuable feedback. Aligns with b(i.) b(v.) b(iii.)
4. Dancing Sky leadership team will continue to send letters of support or opposition for relevant topics affecting aging policy. Including active participation on the Volunteer Driver Coalition and State Nutrition Coalition. Aligns with b(iii) a(3)
5.Dancing Sky will leadership team members will set up meeting with local policy makers to discuss and advocate on a local level. Aligns with b(iii)
6. Dancing sky will promote advocacy efforts through social media, engaging stakeholders, drafting and or sharing talking points and templated letters. Aligns with b(iii)
7.Dancing Sky will continue to share a year in review or annual report documenting the services we are providing and the advocacy efforts needed. Aligns with b(i)

Section B: Assurances (Year 1 - 2025)

Note: As the Older Americans Act Final Rule deadline for implementation approaches, appendices will be modified, and new signatures will be required.

B-1: Assurances under the Older Americans Act Amendments of 2020 (Years 1-4, 2025-2028)*

Review the Older Americans Act Amendments of 2020, SEC. 306 Area Plans, then respond to each question below.

By checking this box, I assure I have reviewed SEC. 306.
By checking this box, I assure the AAA will abide by SEC. 306.

B-2: NAPIS Standards and Assurances (Years 1-4, 2025-2028)*

Review Appendix B-2: NAPIS Standards and Assurances, then respond to each question below.

By checking this box, I assure I have reviewed the NAPIS Standards and Assurances.
By checking this box, I assure the AAA will abide by the NAPIS Standards and Assurances.

B-3: Non-Conflict of Interest (Year 1 - 2025)*

Review Appendix B-3: Non-Conflict of Interest, then respond to each question below. If the AAA has an organizational or potential conflict of interest, additional information will be required.

By checking this box, I assure I have reviewed the Non-Conflict of Interest assurance.
By checking this box, I assure that the AAA will abide by the Non-Conflict of Interest Assurance.

B-4: 2025 Standards and Assurances for the Senior LinkAge Line (Years 1-4, 2025-2028)*

Review Appendix B-4: 2025 Standards and Assurances for the Senior LinkAge Line, then respond to each question below.

By checking this box, I assure I have reviewed the 2025 SLL Standards and Assurances.
By checking this box, I assure the AAA will abide by the 2025 SLL Standards and Assurances.

B-5: Assurances for Disaster/Pandemic Planning, Implementation, and Recovery (Years 1-4, 2025-2028)*

Review Appendix B-5: Assurances for Disaster/Pandemic Planning, Implementation, and Recovery, then respond to each question below.

By checking this box, I assure I have reviewed B-5: Assurances for Disaster/Pandemic Planning
By checking this box, I assure the AAA will abide by B-5: Assurances for Disaster/Pandemic Planning

B-6: AAA Senior LinkAge Line Business Continuity Plan (Years 1-4, 2025-2028)*

Review Appendix B-6: AAA Senior LinkAge Line Business Continuity Plan, then respond to each question below.

By checking this box, I assure I have reviewed B-6: AAA Senior LinkAge Line Business Continuity Plan
By checking this box, I assure the AAA will abide by B-6: AAA SLL Business Continuity Plan

B-7: Area Agency on Aging Organizational Chart (Year 1 - 2025)*

Upload the AAA Organizational Chart below. Print must be 12 pt Tahoma. Include a date on each chart to indicate when the information was last updated.

DSAAA_OrgChart_AreaPlan_2025_V1.docx

B-8: AAA Advisory Committee(s) Structures and Membership

1321.63 Area agency advisory council

(a) *Functions of council.* The area agency shall establish an advisory council. The council shall carry out advisory functions which further the area agency's mission of developing and coordinating community-based systems of services for all older individuals and family and older relative caregivers specific to each planning and service area. The council shall advise the agency relative to:

(1) Developing and administering the area plan;

(2) Ensuring the plan is available to older individuals, family caregivers, service providers, and the general public;

(3) Conducting public hearings;

(4) Representing the interests of older individuals and family caregivers; and

(5) Reviewing and commenting on community policies, programs and actions which affect older individuals and family caregivers with the intent of assuring maximum coordination and responsiveness to older individuals and family caregivers.

(b) *Composition of council.* The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need. The advisory council shall be made up of:

(1) More than 50 percent older individuals, including minority individuals who are participants or who are eligible to participate in programs under this part, with efforts to include individuals identified as in greatest economic need and individuals identified as in greatest social need in § 1321.65(b)(2);

(2) Representatives of older individuals;

(3) Family caregivers, which may include older relative caregivers;

(4) Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);

(5) Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, long-term care ombudsman, and other service providers;

(6) Persons with leadership experience in the private and voluntary sectors;

(7) Local elected officials;

(8) The general public; and

(9) As available:

(i) Representatives from Indian Tribes, Pueblos, or Tribal aging programs; and

(ii) Older relative caregivers, including kin and grandparent caregivers of children or adults age 18 to 59 with a disability.

(c) *Review by advisory council.* The area agency shall submit the area plan and amendments for review and comment to the advisory council before it is transmitted to the State agency for approval.

(d) *Conflicts of interest*. The advisory council shall not operate as a board of directors for the area agency. Individuals may not serve on both the advisory council and the board of directors for the same entity.

B-8: AAA Advisory Committee(s) Structures and Membership (Year 1 - 2025)

1321.63 Area agency advisory council.

(b) *Composition of council.* The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need. The advisory council shall be made up of:

(1) More than 50 percent older individuals, including minority individuals who are participants or who are eligible to participate in programs under this part, with efforts to include individuals identified as in greatest economic need and individuals identified as in greatest social need in § 1321.65(b)(2);

Complete the table below.

Total Council Membership (include vacancies)	Total Council Membership Vacancies	Number of Council Members Age 60 and Older
33	4	13

B-8: AAA Advisory Committee(s) Structures and Membership (Year 1 - 2025)

1321.63 Area agency advisory council.

(b) *Composition of council.* The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need. The advisory council shall be made up of:

(1) More than 50 percent older individuals, including minority individuals who are participants or who are eligible to participate in programs under this part, with efforts to include individuals identified as in greatest economic need and individuals identified as in greatest social need in § 1321.65(b)(2);

Complete the table below.

Race/Ethnicity	Number on Advisory Council
Asian/Pacific Islander	0

Black or African American	0
Hispanic (any race)	0
Native American/Alaskan Native	0
White	29
Other	0
Total Council Membership	29

B-8: AAA Advisory Committee(s) Structures and Membership (Year 1 - 2025)

(b) *Composition of council.* The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need. The advisory council shall be made up of:

(1) More than 50 percent older individuals, including minority individuals who are participants or who are eligible to participate in programs under this part, with efforts to include individuals identified as in greatest economic need and individuals identified as in greatest social need in § 1321.65(b)(2);

(2) Representatives of older individuals;

(3) Family caregivers, which may include older relative caregivers;

(4) Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);

(5) Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, long-term care ombudsman, and other service providers;

(6) Persons with leadership experience in the private and voluntary sectors;

(7) Local elected officials;

(8) The general public; and

(9) As available:

(i) Representatives from Indian Tribes, Pueblos, or Tribal aging programs; and

(ii) Older relative caregivers, including kin and grandparent caregivers of children or adults age 18 to 59 with a disability.

Complete the table below.

Member Representation	Number on Advisory Council
Older Individuals	13
Family Caregivers	10
Health Care Provider Organizations, including providers of veteran's health care (if appropriate)	5

Service Providers	0
Persons with leadership experience in the private and voluntary sectors	2
Local elected officials	21
The general public	0
Indian Tribes, Pueblos, or Tribal aging programs	1
Older relative caregivers	1

B-8: AAA Advisory Committee(s) Structures and Membership (Year 1 - 2025)

Complete the table below.

Member Name	Member Title	60 or older?	Term Expires	Notes
David Meyer	Becker Co	No	01/01/2027	Commissioner
John Carlson	Beltrami CO	No	01/01/2027	Commissioner
David Ebinger	Clay Co	Yes	01/01/2025	Law enforcement /Commissioner
John Nelson	Clearwater Co	Yes	01/01/2025	Commissioner
Jerry Rapp	Douglas Co	Yes	01/01/2028	Commissioner

Bill LaValley	Grant Co	No	01/01/2026	Commissioner
Tom Krueger	Hubbard Co	Yes	01/01/2027	Commissioner
Theresia Gillie	Kittson Co	No	01/01/2027	Commissioner
Cody Hasbargen	Lake of the Woods Co	No	08/12/2024	Commissioner
Karen Ahmann	Mahnomen	No	01/01/2027	Commissioner
Jim Duckstad	Marshall Co	No	01/01/2027	Commissioner
Jessie Lee	Norman Co	Yes	01/01/2027	Commissioner
Bob Lahman	Otter Tail Co	Yes	01/01/2027	Commissioner
Dave Sorenson	Pennington	No	01/01/2025	Commissioner
Paul Reese	Polk Co	No	01/01/2028	Medical Field

B-8: AAA Advisory Committee Membership 2 (Year 1 - 2025)*

Does the AAA need additional rows to add board members?

Yes

B-8: AAA Advisory Committee(s) Structures and Membership (Year 1 - 2025)*

1321.63 Area Agency Advisory Council.

(c) *Review by advisory council*. The area agency shall submit the area plan and amendments for review and comment to the advisory council before it is transmitted to the State agency for approval.

By checking this box, I assure the AAA Advisory Council has reviewed this Area Plan.

B-8: AAA Advisory Committee(s) Structures and Membership (Year 1 - 2025)

1321.63 Area Agency Advisory Council.

(d) *Conflicts of interest*. The advisory council shall not operate as a board of directors for the area agency. Individuals may not serve on both the advisory council and the board of directors for the same entity.

By checking this box, I assure that the AAA Advisory Council is not a board of directors.

B-8: AAA Advisory Committee(s) Structure and Membership (Year 1 -2025)

If you selected 'Other' in response to the previous question on the Area Agency Advisory Council's conflict of interest, provide an explanation for your current Advisory Council composition and your plan to bring the Advisory Council into compliance with current counflict of interest policies.

B-9: Non-Area Plan Revenue (Year 1 - 2025)

Complete the table below. If selecting "other" under Source of Funding, be sure to list what other is under the Description of Activity.

Source of Funding	Amount of Funding	Time Period (mm/yyyy - mm/yyyy)	Description of Activity
State	$250,000.00	07/2024 - 06/2025	Eldercare Development Partnership
State	$48,387.00	07/2024 - 06/2026	Age Friendly TAP
Federal	$420,000.00	01/2024- 06/2025	Adult Protection WRAPS

B-9: Non-Area Plan Revenue (Year 1 - 2025)*

Does the AAA need additional rows to add Non-Area Plan Revenue?

No

B-10: Public Hearing (Years 1-4, 2025-2028)*

1321.65 Submission of an area plan and plan amendments to the State agency for approval.

(4) Public participation specifying mechanisms to obtain the periodic views of older individuals, family caregivers, service providers, and the public with a focus on those in greatest economic need and greatest social need, including:

(i) A reasonable minimum time period (at least 30 calendar days, unless a waiver is provided by the State agency during an emergency or when a time sensitive action is otherwise necessary) for public review and comment on area plans and area plan amendments; and

(ii) Ensuring the documents noted in (b)(4)(i) of this section and final area plans and amendments are accessible in a public location, as well as available in print by request.

MBA Operations Manual Section C-1 Area Plan on Aging

3. The AAA must hold at least one area-wide public hearing on the proposed Area Plan and on all annual amendments to the Area Plan and:

a. Give at least two weeks advance public notice to older individuals, public officials, and other interested parties of the times, dates, and locations of the public hearing(s);

b. Hold the public hearing(s) at a time and location which permits older individuals, public officials, and other interested parties reasonable opportunity to participate;

c. Assure that complete copies of the proposed Area Plan including the full budget are available for review at the AAA office and at the public hearing(s). Executive summaries of the major components and proposed amendments must also be available prior to the public hearing; and

d. Involve the Advisory Council in a meaningful way and the public in review and comment on the Area Plan.

Respond to the following questions below.

1. List the details of the public hearing, include times, dates, locations, materials available and attendance.

2. Describe topics discussed or raised at the public hearing.

3. Describe how the Advisory Council was involved in the review of the Area Plan.

Dancing Sky AAA held a public hearing on July 22nd at 2pm in Warren at our main office.
This year we brought and had available the 2019 funding plan as we are looking at funding closer to our 2019 numbers along with tentative allocations for 2025. We also brought our tentative allocations for 2025 and proposed transfers.
The Aging Director started the zoom and in person meeting with no one in attendance and the meeting was adjourned at 2:20pm.
We post our public hearing notice in several locations including on our website and in local papers, we also share with providers and board members. Printed copies are given to all members and anyone wanting to receive in print format is given a bound copy.
Our Advisory Council is involved in several ways, we discussed the new format of the Area Plan and duration of the 4-year plan. We discuss and involve the advisory on the format and questions we asked for on our needs assessment. Our advisory is involved in offering feedback and suggesting goals for our work.

B-11: Certificate Regarding Lobbying (Year 1 - 2025)

CERTIFICATION REGARDING LOBBYING

For State of Minnesota Contracts and Grants over $100,000

The undersigned certifies, to the best of their knowledge and belief that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Organization Name	NWRDC- Dancing Sky AAA

Name and Title of Official Signing for Organization	Gary Kiesow
Signature of Official (by typing my name I am signing)	Gary Kiesow
Date	08/06/2024

Appendix B-12 & B-13: Affirmative Action and Workforce Certification (Year 1 - 2025)

If applicable, complete relevant forms on the Apply for a Workforce Certificate page. Upload the Workforce Certificate below.

NA for DSAAA

Appendix B-14: E-Verify Certification Form (Years 1-4, 2025 - 2028)*

Download Appendix B-14: E-Verify Certification Form, complete, and upload below.

CY2025_2028AreaPlan_AppendixB14_EVerify signed.pdf

Appendix B-15: Disclosure of Funding Form (Year 1 - 2025)*

Download Appendix B-15: Disclosure of Funding Form, complete, and upload below.

CY2025_2028AreaPlan_Appendix B-15 Disclosure of Funding Form.pdf

Appendix B-16: Title III-E Caregiver Consultant Standards (Years 1-4, 2025-2028)*

Review Appendix B-16: Title III-E Caregiver Consultant Standards, then respond to the questions below.

By checking this box, I assure I have reviewed the Title III-E Caregiver Consultant Standards
By checking this box, I assure the AAA will abide by the Title III-E Caregiver Consultant Standards

Appendix B-17: Waiver Requests (Year 1 - 2025)*

Download Appendix B-17: Waiver Requests, complete, and upload below.

CY2025_2028AreaPlan_AppendixB17_WaiverRequests.pdf

Appendix B-18: Out-of-State Travel Requests (Year 1 - 2025)*

Download Appendix B-18: Out-of-State Travel Requests, compete, and upload below.

Final- CY2025_2028AreaPlan_AppendixB18_OutofStateTravelRequests Rev 1.3.pdf

Appendix B-19: Signature Authority for Area Plans, Grants, and Contracts (Year 1 - 2025)*

Download Appendix B-19: Signature Authority for Area Plans, Grants, and Contracts, complete, and upload below.

CY2025_2028AreaPlan_AppendixB19_SignatureAuthority.pdf

Appendix B-20: AAA Contract Template (Years 1-4, 2025-2028)*

Download and review Appendix B-20: AAA Contract Template, then respond to the question below.

By checking this box, I assure I have reviewed the AAA Contract Template

Appendix B-21: Tribal Nation Contract Template (Years 1-4, 2025-2028)*

Download and review Appendix B-21: Tribal Nation Contract Template, then respond to the question below.

By checking this box, I assure I have reviewed the Tribal Nation Contract Template

Appendix B-22: Legal Services Program Requirements (Years 1-4, 2025-2028)*

Download and review Appendix B-22: Legal Services Program Requirements. Then respond to the questions below.

By checking this box, I have reviewed IM #04-24.
By checking this box, I assure the AAA will abide by IM #04-24.

B-8: AAA Advisory Committee 2 (Year 1 - 2025)

B-8: AAA Advisory Committee Membership 2 (Year 1 - 2025)

Complete the table below.

Member Name	Member Title	60 or Older?	Term Expires	Notes
Larry Lindor	Pope Co	Yes	01/01/2025	Commissioner

Ronald Weiss	Red Lake Co	Yes	01/01/2025	Commissioner
Glenda Phillipe	Roseau Co	Yes	01/01/2027	Commissioner
Patricia Lesmeister-Nelson	Stevens Co	Yes	01/01/2027	Commissioner
Jarrel Olson	Traverse Co	Yes	01/01/2027	Commissioner
Dennis Larson	Wilkin Co	Yes	01/01/2026	Commissioner
Tammy Carlsrud	Mahnomen Co	No	01/01/2029	Health Care
Michelle Fischer	Otter Tail Co	No	01/01/2029	Public Health
Dale Rollie	Clay Co	Yes	01/01/2029	Older Adult Rep
Bryan McCoy	Beltrami Co	No	01/01/2029	Tribal Partner
Amy Ballard	Lake of the Woods Co	No	01/01/2029	Social Services
Tonya Clem	Becker Co	No	01/01/2029	Assisted Living/ Health care
Dr. Sue Humpers - Ginther	Clay	No	01/01/2029	Gerontology

Section C: Budget (Year 1 - 2025)

1321.27 Content of State Plan

(1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;

(2) Program development and coordination activities must only be expended as a cost of State plan administration, area plan administration, and/or Title III, part B supportive services;

(3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and

(4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older individuals and family caregivers in the planning and service area.

MBA Operations Manual C-9 Program Development and Coordination

a. MBA may allow AAAs to use up to 25% of its new Title III B allotment for PD&C activities in its region; additional amounts may be allowed with a waiver. PD&C activities shall have a "positive and direct impact on the enhancement of services to older persons."

b. MBA shall review and awards annually PD&C funds as a part of the Area Plan process.

c. MBA, when awarding funds, shall use the following definitions:

i. In general, Program Development activities are:

1. Time limited, generally 2-3 years in length

2. Work that is tied to identified service(s) or service delivery gap(s), based on demographic trends or AAA assessment of needs or issues, and identified in the Area Plan; and

3. Gaps that are appropriately addressed by AAA leadership through work with other agencies or businesses that develop a service or system that will fill the identified gap.

ii. Coordination activities are agency liaison functions, coordination and education/technical assistance activities designed to strengthen job knowledge and skills of providers of aging services or public education activities.

iii. PD&C activities shall:

1. Leverage non-OAA funds/resources

2. Demonstrate collaboration among agencies; and

3. Improve service delivery or foster joint planning activities.

d. PD&C outcomes included in the Area Plan shall reflect roles and outcomes found in the MBA Strategic Plan, MBA position statement on roles of AAAs, or Area Plan format. Outcomes and related activities shall have specific targeted measures or products with time lines. A line item budget shall also be included.

Additional information available in the MBA Operations Manual.

Program Development & Coordination Amount (Year 1 - 2025)

Complete the table below to indicate the amount of Program Development and Coordination (PD&C) funding the Area Agency on Aging is requesting.

CY 2025 Title III-B Allocation	% requested of PD&C (up to 25%)	PD&C Amount Requested
$500,874.00	25	$125,218.00

Section C: Budget (Year 1 - 2025)*

Download the Section C: Budget - Year 1, 2025. Complete the budget and reupload below.

Note: the above budget is only for year 1 of the 4-year Area Plan.

CY2025_2028AreaPlan_SectionC_Year1_8.15.24.xlsx

Cost Allocation Plan (Year 1 - 2025)

If applicable, upload the Cost Allocation Plan below.

Indirect Cost Rate (Year 1 - 2025)

If applicable, upload the Indirect Cost Rate below.

File Attachment Summary

Applicant File Uploads

- CY2025_2028AreaPlan_SnapshotServices.xlsx
- DSAAA_OrgChart_AreaPlan_2025_V1.docx
- CY2025_2028AreaPlan_AppendixB14_EVerify signed.pdf
- CY2025_2028AreaPlan_Appendix B-15 Disclosure of Funding Form.pdf
- CY2025_2028AreaPlan_AppendixB17_WaiverRequests.pdf
- Final- CY2025_2028AreaPlan_AppendixB18_OutofStateTravelRequests Rev 1.3.pdf
- CY2025_2028AreaPlan_AppendixB19_SignatureAuthority.pdf
- CY2025_2028AreaPlan_SectionC_Year1_8.15.24.xlsx

Instructions

Snapshot of Services

1321.65(5) Submission of an area plan and plan amendments to the State agency for approva

(5) The services, including a definition of each type of service; the number of individuals to be served; th number of units to be provided; and corresponding expenditures proposed to be provided with funds u Act and related local public sources under the area plan;

1. Complete the table on sheet 1321.65(5). Utilize IM #02-21 Final OAA Service Definitions for definitior service units.

*****To add additional rows, right click on the row number, select "insert", and a row will be inserted above selected. Be sure to enter additional rows above the TOTAL row.

******Delete any unused rows by right clicking on the row number and selecting "delete".

al.
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ns including e the row

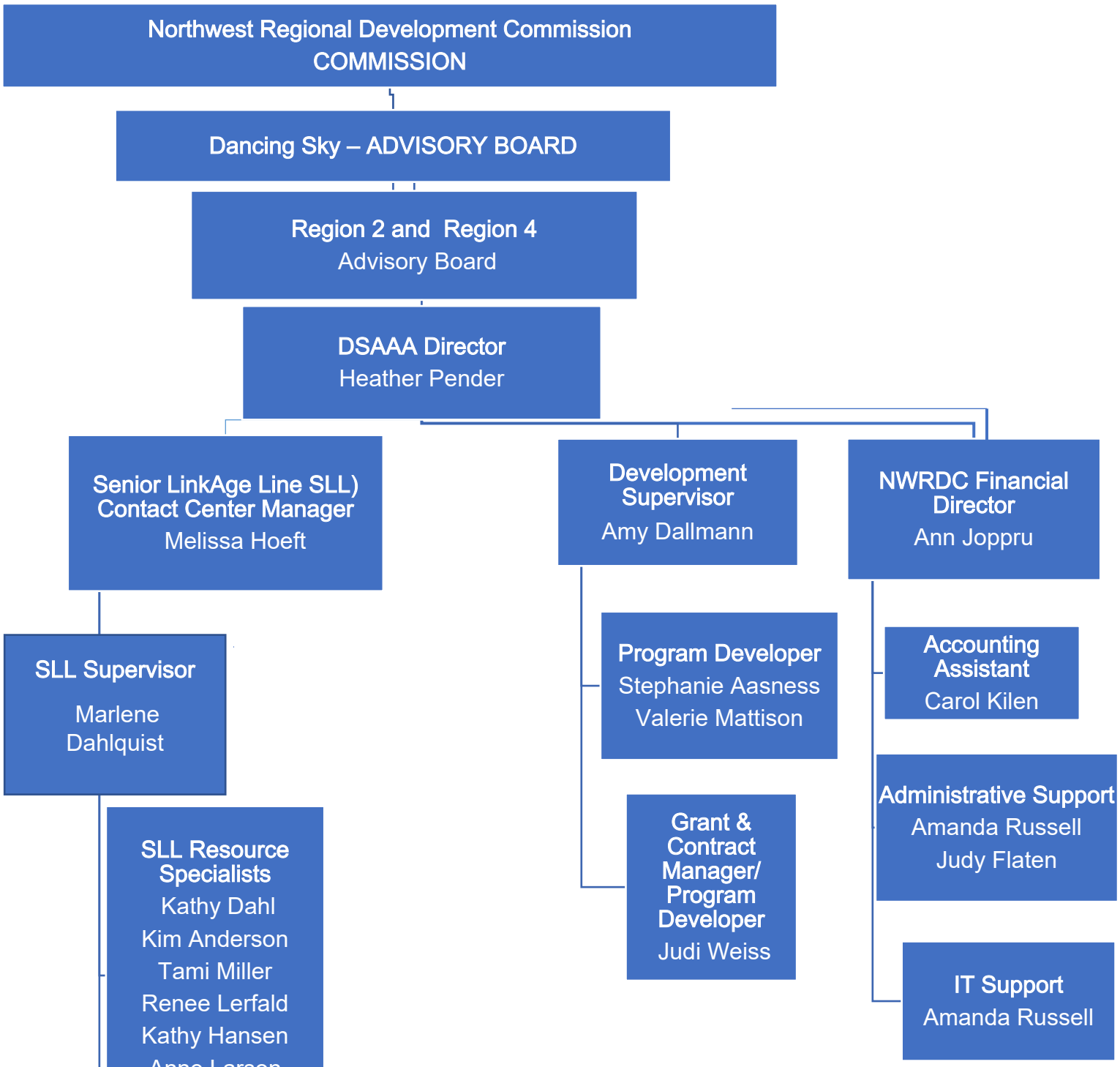
Title III Service	Proposed # Persons Served
III-B Assisted Transportation	61.00
III-B Chore	192.00
III-B Consumable Supplies	15.00
III-B Home Modification	17.00
III-B Homemaker	58.00
III-B Information and Assistance	2211.00
III-B Legal Assistance	179.00
III-B Legal Education	150.00
III-C1 Congregate Meals	5444.00
III-C2 Home Delivered Meals	5035.00
III-D Evidence Based Health Promotion	260.00
III-E Caregiver Assistance - Information and Assistance	64.00
III-E Caregiver Counseling	287.00
III-E Caregiver Respite In Home	74.00
III-E Caregiver Respite Out of Home Day	24.00
III-E Caregiver Support Groups	91.00
III-E Caregiver Training	100.00
III-D Health Promotion: Non Evidence-based	67.00
TOTAL	

Proposed # Units	Proposed Expenditures	Proposed # of Contracts
1598.00	$ 59,631.00	3.00
1096.00	$ 46,497.00	4.00
424.00	$ 22,733.00	1.00
129.00	$ 16,504.00	1.00
882.00	$ 59,677.00	4.00
2439.00	$ 125,495.00	7.00
475.00	$ 2,035.00	1.00
5.00	$ 50,000.00	1.00
115000.00	$ 598,199.00	1.00
329050.00	$ 1,593,571.00	1.00
50.00	$ 43,226.00	19.00
100.00	$ 12,000.00	1.00
1371.00	$ 94,817.00	6.00
1875.00	$ 70,332.00	5.00
1272.00	$ 54,667.00	4.00
131.00	$ 36,690.00	4.00
53.00	$ 14,250.00	2.00
60.00	$ 7,685.00	1.00
456010.00	$ 2,908,009.00	

DO NOT EDIT

Title III Service

III-B Adult Day Care/Adult Day Health
III-B Assisted Transportation
III-B Chore
III-B Consultation
III-B Consumable Supplies
III-B Counseling
III-B Education/Training
III-B Guardianship
III-B Home Modification
III-B Homemaker
III-B Information and Assistance
III-B Legal Assistance
III-B Legal Education
III-B Nutrition Education
III-B Outreach
III-B Personal Care
III-B Self-Directed Supportive Services
III-B Special Access
III-B Technology
III-B Telephone Reassurance
III-B Transportation
III-B Visiting
III-C1 Congregate Meals
III-C1/C2 Nutrition Counseling
III-C2 Home Delivered Meals
III-D Evidence Based Health Promotion
III-D Health Promotion: Non Evidence-based
III-E Caregiver Assistance - Information and Assistance
III-E Caregiver Counseling
III-E Caregiver Public Information Services
III-E Caregiver Respite
III-E Caregiver Respite In Home
III-E Caregiver Respite Other Respite
III-E Caregiver Respite Out of Home Day
III-E Caregiver Respite Out of Home Overnight
III-E Caregiver Support Groups
III-E Caregiver Training
III-E Self-Directed Caregiver Support Services
III-E Supplemental Services


Northwest Regional Development Commission
COMMISSION
Dancing Sky – ADVISORY BOARD
Region 2 and Region 4
Advisory Board
DSAAA Director
Heather Pender
Senior LinkAge Line SLL) Contact Center Manager
Melissa Hoeft
Development Supervisor
Amy Dallmann
NWRDC Financial Director
Ann Joppru
SLL Supervisor
Marlene Dahlquist
Program Developer
Stephanie Aasness
Valerie Mattison
Accounting Assistant
Carol Kilen
Grant & Contract Manager/ Program Developer
Judi Weiss
Administrative Support
Amanda Russell
Judy Flaten
SLL Resource Specialists
Kathy Dahl
Kim Anderson
Tami Miller
Renee Lerfald
Kathy Hansen
Anne Larson
Patrick Amiot
IT Support
Amanda Russell
SLL Resource Coordinators
Nancy Sandahl-Finstrom
Jane Stumbo
Mary Krueger
Tanya Hagen
Kristen Anderson

7/12/2024

Appendix B-14: E-Verify Certification Form

Effective July 21, 2011, state law mandates that contracts "for services valued in excess of $50,000 must require certification from the vendor and any subcontractors that, as of the date services on behalf of the state of Minnesota will be performed, the vendor and all subcontractors have implemented or are in the process of implementing the federal E-Verify program for all newly hired employees in the United States who will perform work on behalf of the state of Minnesota."

E-Verify is a federal system established by the Department of Homeland Security to determine the immigration and work-eligibility status of prospective employees. Detailed E-Verify program information for employers can be found at http://www.dhs.gov/e-verify.

By signing relevant solicitation responses and contracts, a vendor is certifying compliance with the statutory requirement with respect to its own business.

Additionally, prior to the initiation of services, a vendor must obtain written certification from all subcontractors who will participate in the performance of the contract. The certification below has been prepared for prime contractors to use for this purpose. All subcontractor certifications must be kept on file with the contract vendor and made available to the state upon request.

CERTIFICATION (In accordance with Minn. Stat. §16C.075)

By the date of the performance of services, the company shown below will have implemented or will be in the process of implementing the E-Verify program for all newly hired employees in the United States who will perform work on behalf of the State of Minnesota. I certify that the company shown below is in compliance with the above statement and that I am authorized to sign on its behalf.

Name of Organization: NWRDC/ DSAAA

Authorized Signature: _____

Printed Name: Gary Kiesow

Title: Board Chair

Date: 8/6/2024

Telephone Number: (218) 689-3048

Email Address: gary.kiesow@co.marshall.mn.us

MINNESOTA
BOARD ON AGING

DHS-7018-ENG 8-23

Disclosure of Funding Form – Grant RFP

Per the Federal Funding Accountability and Transparency Act of 2006 "Transparency Act" or "FFATA" (Public Law 109-282), all entities and organizations receiving federal funds are required to report full disclosure of funding (United States Code, title 31, chapter 61, section 6101).

The purpose of FFATA is to provide every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards to be made available to the public through a single, searchable website. Federal awards include grants, sub-grants, loans, awards and delivery orders.

To comply with the federal statute, the Minnesota Department of Human Services is required to obtain and report the grantee's Unique Entity Identifier (UEI); determine if grantee meets specific requirements that would require additional reporting items; and collect additional information on executive compensation if required. Respond by answering the following questions:

UNIQUE ENTITY IDENTIFIER (required)	GRANTEE NAME
UGD9JGAMWL23	Northwest Regional Development Commission

In the preceding fiscal year:

1. Did you receive 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?
   (X) Yes ( ) No
2. Are those revenues greater than $25 million or more annually?
   ( ) Yes (X) No
3. Does the public not have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C 78m(a), 78(d)) or section 6104 of the Internal Revenue Code of 1986?
   ( ) Yes (X) No

If you answer "yes" to all of the top questions, provide the following information:

1. Project Description (should capture the overall purpose of the award)

2. Place of performance (including congressional district)

3. Name and compensation of top five executives

ADA Advisory

For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 651-431-3612, or use your preferred relay service. ADA1 (2-18)

Appendix B-17: Waiver Requests

Waiver Request #1 Contract with For-Profit

Funding Stream: OAA Title III B

Funding Amount:

Did AAA governing board approve submission of the waiver request? ◉ Yes ○ No

Provide detail on the service that is impacted:

Grocery Delivery funded in 2023-2024 area plan. This provider supported grocery delivery to two highly rural areas in Dancing Sky planning and service area.

Describe the functions that will be performed by the AAA that support the waiver request:

Dancing Sky staff will assist with supporting technical assistance as needed, staff will monitor quarterly reporting, provide robust learning opportunities to this provider and others through our provider day training.

Impact on services for older adults:

Older Adult in our planning and service area residing int he two communities will have access to fresh food delivered to their homes. This has been a great support benefiting those older adult living with in city limits that can no longer drive, the grocery delivery has supported their independence as well.

Waiver Request #2 Provide Direct Service

Funding Stream: ARPA Federal Funds

Funding Amount: $420,000

Did AAA governing board approve submission of the waiver request? ◉ ○

Provide detail on the service that is impacted:

Dancing Sky through Pilot has provided funds for direct services to clients through adult protection and the Minnesota WRAPS services.

Describe the functions that will be performed by the AAA that support the waiver request:

Dancing Sky staff have piloted the project with other AAA's supporting funds to direct service for vulnerable adults through a variety of solution based work.

Impact on services for older adults:

Older Adults in our 21 county planning and service area have assess to funds that can help reduce or stop their risk of being a vulnerable adult. Funding has been used to support housing, clean and provide safer environments, home modifications, prevent eviction and many other needed supports.

Waiver Request #3 Provide Senior LinkAge Line

Funding Stream: State

Funding Amount: $154,785

Did AAA governing board approve submission of the waiver request? ◯ ◯

Provide detail on the service that is impacted:

Resources Specialist take state wide calls, supporting older adults with a variety of needed services.

Describe the functions that will be performed by the AAA that support the waiver request:

The Resource Specialist continue to take state wide calls, Supporting Older Adults with navigation of services, Long Term Care Options, assisting with low or free prescription drug costs, Health Insurance counseling, and Medicare Education.

Impact on services for older adults:

Older adults in our planning and service area as well as throughout the state, have access to supportive and in depth resources. Support service help older adults stay in control of their choices and remain in communities of choice. Our services help ensure the best possible outcomes for those we serve.

Waiver Request #4 Exceed Transfer Limit

Funding Stream: Federal

Funding Amount: $230,000

Did AAA governing board approve submission of the waiver request? ◉ ○

Provide detail on the service that is impacted:

Transfer of funds from C1 congregate dining to C2 home delivered.

Describe the functions that will be performed by the AAA that support the waiver request:

Dancing Sky will continue support both congregate ad HDM, with emphasis on supporting congregate services in our planning and service area.

Impact on services for older adults:

Dancing Sky has seen an increase in the number of home delivered meals. We will continue to focus on the importance congregate dining.

Waiver Request #5 Contract with For-Profit

Funding Stream:

Funding Amount:

Did AAA governing board approve submission of the waiver request? ◯ ◯

Provide detail on the service that is impacted:

Describe the functions that will be performed by the AAA that support the waiver request:

Impact on services for older adults:

Waiver Request #6 Contract with For-Profit

Funding Stream:

Funding Amount:

Did AAA governing board approve submission of the waiver request? ◯ ◯

Provide detail on the service that is impacted:

Describe the functions that will be performed by the AAA that support the waiver request:

Impact on services for older adults:

Waiver Request #7 Contract with For-Profit

Funding Stream:

Funding Amount:

Did AAA governing board approve submission of the waiver request? ◯ ◯

Provide detail on the service that is impacted:

Describe the functions that will be performed by the AAA that support the waiver request:

Impact on services for older adults:

MINNESOTA
BOARD ON AGING

Appendix B-18: Out-of-State Travel Request

AAA/MBA Authorization for Out-of-State Travel

AAAs must receive prior approval for out-of-state travel if the AAA wants the MBA to reimburse any of the expenses for the trip. This form and the applicable budget must be submitted for each out-of-state trip to mba.areaplan@state.mn.us at least 30 days before travel begins.

NAME(S)	TITLE	PHONE NUMBER
Heather Pender	Director	218-850-8579
DEPARTURE DATE	**RETURN DATE**	**DATE OF REQUEST**
10/26/2025	10/28/2025	08/15/2024

NAME OF EVENT – SPONSORED BY
Us Aging Regional Meeting

LOCATION, DATE(S), AND TIME(S) OF EVENT
Chicago

MODE OF TRAVEL

☒ Air ☐ Private Automobile ☐ Rail ☐ Bus ☐ Other

Justification of Trip (Complete questions on 2nd page of this request and attach a copy of conference agenda)	**Itemized cost of trip:**	
	1. Air Fare (round trip)	$ 700.00
	2. Lodging	
AAA EMPLOYEE / DATE	2 Nights at $ 250.00 Per night	$ 500.00
AAA DIRECTOR: Heather / DATE	3. MEALS: 4 (# of meals) up to $43 per day, except for high cost metro area $50	$ 0.00
MBA AUTHORIZATION (FOR MBA USE) / DATE	4. Registration fee	$ 400.00
	5. Other (specify): car services	$ 100.00
	TOTAL ESTIMATED COST:	$ 1,700.00
	Approved for an amount not to exceed:	

Not approved because:
(FOR MBA USE)

Justification of trip

(Explain in detail)

1. Why is the request for a meeting or training session essential to the conduct of the AAA's business?
2. What would be the ramification to the AAA if the travel did not occur?
3. Is participation in this meeting or training session available through video conference or conference call? If yes, explain why this is not being utilized.
4. Is the documentation for meeting or training session request sufficient?
5. If the public or another agency reviewed the documentation, would they conclude that the trip was essential? If yes, why is it essential?
6. What steps have been taken to ensure the costs associated with this travel request have been kept to a minimum?
7. What reports and/or workshops will be generated as a result of this trip?
8. When an outside organization (defined as third party) agrees to pay all or a portion of an employee's travel expenses, designate how payment will be processed (choose one): ○ The third party will pay vendors directly (e.g. travel agency (airfare) and or lodging facility. ◉ AAA will incur the expense and be reimbursed by third party. ○ Employee will first incur expenses and be reimbursed by third party.
9. If more than one person is traveling, please provide justification to support more than one staff person in attendance at the meeting/conference.

AAA/MBA Authorization for Out-of-State Travel

AAAs must receive prior approval for out-of-state travel if the AAA wants the MBA to reimburse any of the expenses for the trip. This form and the applicable budget must be submitted for each out-of-state trip to mba.areaplan@state.mn.us at least 30 days before travel begins.

<table>
<tr><td>NAME(S)</td><td>TITLE</td><td>PHONE NUMBER</td></tr>
<tr><td>DEPARTURE DATE</td><td>RETURN DATE</td><td>DATE OF REQUEST</td></tr>
<tr><td colspan="3">NAME OF EVENT – SPONSORED BY</td></tr>
<tr><td colspan="3">LOCATION, DATE(S), AND TIME(S) OF EVENT</td></tr>
<tr><td colspan="3">MODE OF TRAVEL

☐ Air ☐ Private Automobile ☐ Rail ☐ Bus ☐ Other</td></tr>
<tr><td colspan="2">Justification of Trip

(Complete questions on 2nd page of this request and attach a copy of conference agenda)</td><td>Itemized cost of trip:

1. Air Fare (round trip)

2. Lodging</td></tr>
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Appendix B-19: Signature Authority for Area Plans, Grants, and Contracts

Date: 8/5/2024

This form will be used to designate signature authority for this organization for all grants and contracts offered by the Minnesota Board on Aging until superseded.

Name of Grantee Organization: Northwest Regional Dev. Commission / DSAAA Address of Grantee Organization: 109 Sounth Minnesota Street Warren Mn 56762

Types of Transactions:

1. Area Plan and Grant Applications
2. Notification of Grant Award
3. Payment Request
4. Quarterly Report
5. Financial Report
6. Other Official Documents

Signature: _____

Typed Name and Title: Gary Kiesow Board Chair

Transactions Authorized: 1,2

Signature: _____

Typed Name and Title: Warren Strandell Board Vice

Transactions Authorized: 1,2

Signature: _____

Typed Name and Title: Darla Waldner Exuative

Transactions Authorized: 3,4,5

Signature: _____

Typed Name and Title: Heather Pender Aging Director

Transactions Authorized: 1,3,4

MINNESOTA BOARD ON AGING

SUMMARY BUDGET
AREA PLAN YEAR 2025

use MBA's most recent 2025 allocation table to complete this section

(submission date)
Date: 8/15/2024

Area Agency: **Dancing Sky**

Exhibit C-1

A. PROGRAM RESOURCES	III-A AREA PLAN ADMIN	III-B PROGRAM DEVEL	III-B SUPPORTIVE SERVICES	III-C1 CONGREGATE NUTRITION	% TRANS-FERRED	III-C2 HOME DELIV NUTRITION	% TRANS-FERRED	III-D PREVENTIVE HEALTH	III-E NFCSP	TITLE III SUBTOTALS
1 New Obligational Authority Allocated to AAA	$258,265		$520,342	$828,199		$561,728		$43,226	$282,754	$2,494,514
2 Transfers Between Funds Made at the AAA Level			$0	($230,000)	-28%	$230,000	41%			
3 Transfers Between AAAs	$0	$0	$0	$0		$0		$0	$0	$0
4 Deduct- III-B Supp Service to Program Development		$130,085	($130,085)							$0
5 New Obligational Authority After Transfers	$258,265	$130,085	$390,257	$598,199		$791 728		$43,226	$282,754	$2,494,514
6 TOTAL AVAILABLE	$258 265	$130 085	$390,257	$598,199		$791,728		$43,226	$282,754	$2,494,514

B. PROGRAM BUDGET TITLE III	III-A AREA PLAN ADMIN	III-B PROGRAM DEVEL	III-B SUPPORTIVE SERVICES	III-C1 CONGREGATE NUTRITION	III-C2 HOME DELIV NUTRITION	III-D PREVENTIVE HEALTH	III-E NFCSP	TITLE III SUBTOTALS
7 Amount Budgeted for Area Agency Administration	$258,265	$130,085						$388,350
8 Amount Budgeted for Area Agency Direct Service			$0				$0	$0
9 Amount Budgeted for Direct Service			$390,257	$598,199	$791,728	$43,226	$282,754	$2,106,164
10 TOTAL BUDGETED	$258,265	$130,085	$390,257	$598,199	$791,728	$43,226	$282,754	$2,494,514

C. PROGRAM RESOURCES AND PROGRAM BUDGET- NUTRITION SERVICES	STATE NUTR. ADMIN (one-time) (GRANTS ADMINISTRATION)	STATE NUTR. ADMIN (one-time) 5% CHECK	STATE NUTR. (one-time) ALLOCATION	STATE CONG. MEALS	STATE HOME DELIV. MEALS	STATE NUTRITION TOTAL**	FEDERAL NSIP	NON-TITLE III NUTRITION SUBTOTAL
1 New Obligational Authority Allocated to AAA	$14,760	5%	$295,199	$0	$282,479	$577,678	$238,925	$816,603

*Must be supported by updated allocation tables

***make sure that the State Nutrition total does not exceed the entire year's allocation*

SUMMARY BUDGET
AREA PLAN YEAR 2025

Date: 8/15/2024

Exhibit C-1

Area Agency: **Dancing Sky**

D. PROGRAM RESOURCES AND PROGRAM BUDGET -- INFORMATION AND ASSISTANCE PROGRAM	STATE INFO. & ASSIST.	STATE PRESCRIP. ASSIST. PROG.	STATE LONG-TERM CARE COUNSELING	STATE RETURN TO COMMUNITY	FEDERAL SHIP	FEDERAL SMP	FEDERAL MIPPA	III-E FOR AAA DIRECT SERVICE	INFO. & ASSIST. SUBTOTAL
1 New Obligational Authority Allocated to AAA	$154,785	$198,518	$154,785	$700,000	$75,619	$48,667	$119,674	$0	$1,452,048
2 Transfers Between AAAs	$0	$0	$0	$0	N/A	N/A	N/A	N/A	$0
3 New Obligational Authority Budgeted After Transfers	$154,785	$198,518	$154,785	$700,000	$75,619	$48,667	$119,674	$0	$1,452,048
4 TOTAL BUDGETED	$154,785	$198,518	$154,785	$700,000	$75,619	$48,667	$119,674	$0	$1,452,048

E. TOTAL PROGRAM BUDGET - Amount budgeted	STATE SLL	FEDERAL SLL	REGULAR TITLE III	ARP TITLE III	GRAND TOTAL
1 Amount Budgeted for Area Agency Administration			$388,350	$0	$388,350
2 Amount Budgeted for Area Agency Direct Service	$1,208,088	$243,960			$1,452,048
3 Amount Budgeted for Grants/Contracts					$2,922,767
4 ARP Funds Budgeted for Grants/Contracts					$0
5 Placeholder					$0
6 Placeholder					$0
7 Placeholder					$0
8 TOTAL BUDGETED					$4,763,165

F. ALS State Funding	ALS SUB-TOTALS

MINNESOTA BOARD ON AGING

AAA ADMINISTRATIVE BUDGET SUMMARY
AREA PLAN YEAR 2025
FUNDS FROM C-1 SUMMARY BUDGET

Date: 8/15/2024

Exhibit C-2

Area Agency: **Dancing Sky**

COST CATEGORIES	III-A Area Plan Admin.	III-B* Program Development	TOTAL	25% Match Required CASH	25% Match Required IN-KIND
AAA Personnel (list each name & hours) to correspond with C7-1					
Employee 1005, 2080 hrs @ $45.81	$70,913	$24,370	$95,283	$17,728	$0
Employee 1028, 2080 hrs @ $32.39	$43,433	$23,935	$67,368	$10,858	$0
Employee 1041, 326 hrs @ $38.27	$3,827	$8,649	$12,476	$957	$0
Employee 1002, 175 hrs @ $29.72 & 425 EDP Match Hours @ $29.72	$0	$17,831	$17,831	$0	$12,630
Employee 1059,232 hrs @ $31.88 & 447 EDP Match Hours @ $31.88	$0	$21,650	$21,650	$0	$14,255
Employee 1070, 1077 hrs @ $44.62	$48,051	$0	$48,051	$12,013	$0
	$0	$0	$0	$0	$0
volunteers	$0	$0	$0	$0	$0
Subtotal Salary	$166,223	$96,435	$262,658	$41,556	$26,885
Fringe Benefits @ 40.25	$66,905	$38,815	$105,720	$16,726	$10,821
Subtotal	$233,128	$135,250	$368,378	$58,282	$37,706
Travel	$24,514	$9,963	$34,477	$6,129	$0
Equipment	$0	$0	$0	$0	$0
Supplies	$7,250	$2,650	$9,900	$1,813	$0
Contractual	$13,398	$0	$13,398	$3,350	$0
Other	$31,094	$5,296	$36,390	$7,774	0
TOTAL DIRECT COST	$309,384	$153,159	$462,543	$77,346	$37,706
INDIRECT COST 15%**	$34,969	$20,287	$55,257	$8,742	$5,656
TOTAL COST	$344,353	$173,446	$517,800	$86,088	$43,362
INCOME	$0	$0	$0	$0	$0
NET COST	$344,353	$173,446	$517,800		
FEDERAL SHARE	$258,265	$130,085	$388,350	86088	43362
MATCHING SHARE	$86,088	$43,362	$129,450		$0

*** PD&C limited to no more than 25% of new III-B allocation** **($0)**

**** Submit copy of most recent indirect cost rate.**

AAA ADMINISTRATIVE BUDGET - EXPLANATION
COMPUTATION OF COST CATEGORIES
AREA PLAN YEAR 2025

Date:

Area Agency:
Dancing Sky

Cost Category - round up to nearest whole $	Area Plan Administration		Program Development & Coordination
AAA Personnel - summary			
6842 hrs @ $38.39	$166,223		$96,435
Fringe benefits @ 40.25%	$66,905		$38,815
Fringe benefits - summary	$0		$0
Total Personnel and Fringe	$233,128		$135,250
Travel *Out of state Travel - Flights (1 staff x $940 per flight), Hotel (2 nights @$500), Meals for 1 staff $360, and Tax, Uber, etc. $200*	2500		
Staff Travel-Mileage 34321 @ $.67 per mile	$14,204		$8,163
Staff Meals and Lodging	$3,500		$1,800
Advisory Committee Travel-Mileage 4940 @ $.67 per mile	$3,310		$0
Committee Meals and Lodging	$1,000		$0
Total Travel	$24,514		$9,963
Equipment -- unit cost $5000 or greater			
BE DETAILED	$0		$0
	$0		$0
	$0		$0
	$0		$0
Total Equipment	$0		$0
Supplies -- unit cost <$5000			
PeerPlace License(s) (use current amount)	$750		$0
Paper, Folders, Toner, Letterhead, envelopes, Miscellaneous	$3,000		$1,000
Computer Replacements - Done every 4 years	$3,500		$1,650
	$0		$0
	$0		$0
Total Supplies	$7,250		$2,650
Contractual -- BE DETAILED (i.e., contract purpose & amount)			
Audit/Professional/Legal Fees	$10,398		$0
HR Consultant	$3,000		$0
	$0		$0
Total Contractual	$13,398		$0
Other -- BE DETAILED			
Office Space - 1344 square feet @ $6.39 per foot	$8,594		$0
Postage	$2,500		$1,100
Phone/Internet/Cell phones	$2,500		$600
Printing/Copying	$3,500		$1,724
Memberships	$5,000		$0
Software maintenance/Smart Simple	$6,500		$0
Dues/Subcriptions	$300		$0
Staff Development	$0		$1,122
Registrations	$2,000		$750
Annual Zoom subscription	$200		$0
Total Other	$31,094		$5,296
Indirect Costs			
* Submit most recent indirect cost rate	$0		$0
15% of Personnel and Fringe	$34,969		$20,287
Total Indirect Costs	$34,969		$20,287
TOTAL COST	$344,353		$173,446

AAA ADMINISTRATIVE BUDGET- NONFEDERAL SHARE
ESTIMATED CONTRIBUTION OF AREA AGENCY
AREA PLAN YEAR 2025

Date: 8/15/2024

Area Agency:
Dancing Sky

Exhibit C-2
Page 3 of 3

MATCH SOURCE - minimum of 25%	
A. Cash (list source and amount)	**AMOUNT**
County Support	$66,163
NWRDC Local Levy	$19,925
	$0
	$0
	$0
	$0
	$0
SUBTOTAL	$86,088
B. Grantee Incurred Costs (list source and amount)	
	$0
	$0
	$0
	$0
	$0
	$0
	$0
SUBTOTAL	$0
C. Third-Party In-Kind (list type and valuation)	
Eldercare Development Partnership	$43,362
	$0
	$0
	$0
	$0
	$0
	$0
SUBTOTAL	$43,362
TOTAL	$129,450

INCOME SOURCE (not used as match)	
(List source and amount)	**AMOUNT**
	$0
	$0
	$0
	$0
TOTAL	$0

AAA DIRECT SERVICE BUDGET
AREA PLAN YEAR 2025 Senior LinkAge Line
COMPUTATION OF COST CATEGORIES

Service: [name service]

Area A en : Dancing S

Date: 8/15/2024

Exhibit C-3

COST CATEGORIES	Rate of Pay	Total hours	Total cost	FUNDS FROM C1-2 SUMMARY BUDGET	CASH	IN-KIND
AAA direct service staff and rima title						
Senior LinkA e Line resource coordinator Tier 1	$ 26.87	2080	$ 55,881	$ 55,881	$0	$0
Senior LinkA e Line resource s ecialist Tier 1	$ 30.94	1664	$ 51,476	$ 51,476	$0	$0
Senior LinkA e Line resource s ecialist Tier 1	$ 27.57	2080	$ 57,348	$ 57,348	$0	$0
Senior LinkA e Line resource s cialist Tier 1	$ 27.77	2080	$ 57,764	$ 57,764	$0	$0
Senior LinkA e Line contact center mana er	$ 36.76	2080	$ 76,459	$ 76,459	$0	$0
Senior LinkA e Line resource coordinator Tier 1	$ 33.43	2080	$ 69,533	$ 69,533	$0	$0
Senior LinkA e Line resource s ecialist Tier 1	$ 30.08	2080	$ 62,573	$ 62,573	$0	$0
Senior LinkA e Line resource s ecialist Tier 1	$ 28.29	1456	$ 41,187	$ 41,187	$0	$0
Senior LinkA e Line resource s cialist Tier 1	$ 27.57	2080	$ 57,348	$ 57,348	$0	$0
Senior LinkA e Line resource coordinator Tier 1	$ 30.28	1456	$ 44,094	$ 44,094	$0	$0
Senior LinkA e Line resource coordination su e	$ 31.67	2080	$ 65,874	$ 65,874	$0	$0
Senior LinkA e Line resource coordinator Tier 1	$ 32.01	2080	$ 66,590	$ 66,590	$0	$0
Senior LinkA e Line resource s ecialist Tier 1	$ 29.48	2080	$ 61,324	$ 61,324	$0	$0
Senior LinkAge Line resource s ecialist Tier 1	$ 30.00	1664	$ 49,920	$ 49,920	$0	$0
Subtotal Personnel			$ 817,369	$817,369	$0	$0
FRINGE BENEFITS						
Frin e benefits @ 40.25% inge			$ 328,991.18	$ 328,991.18	$0	
Total Personnel Fr Benefits			$ 1,146,360.57	$1,146,361	$0	$0
MISCELLANEOUS						
Travel						
E ui ment > $500			$52,000	$52,000	$0	$0
Su lies including osta e					$0	$0
Contractual - Lan ua e line			$18,186	$18,186	$0	$0
Other: bl , finance, HR , IT			$11,583	$11,583	$0	$0
Communication and outreach			$42,544	$42,544	$0	$0
Subscri tions, retreats, trainin , conferences			$6,920	$6,920	$0	$0
			$2,500	$2,500	$0	$0
Subtotal Miscellaneous			$ 133,733	$0	$0	$0
TOTAL DIRECT COSTS			$ 1,280,094	$133,733	$0	$0
INDIRECT COST* *15% of Sala and Frin e*			$ 171,954	$1 280 094		
Total All Costs			1,452 048	$1,452,048 171 954	$0	$0
CASH REVENUES - list fundin sources						
Federal Title III-B 15% Match Re uired				$0	REQ. MIN. MATCH $0	
State Funds						
Federal Title III-E 25% Match Re uired			$ 1,208,088	$ 1,208,088		
SHIP					$0	TOTAL MIN. MATCH
SMP			$ 75,619	$ 75,619.00		
MIPPA			$ 48,667	$ 48,667.00		
Partici ant Contributions			$ 119,674	$ 119,674.00		
OTA CASH REVENUES			$ 1 452,048	$ - 1.452 048	$0	$0

AAA DIRECT SERVICE BUDGET
AREA PLAN YEAR 2025 SENIOR LINKAGE LINE
COMPUTATION OF COST CATEGORIES

Date: 8/15/2024

Area Agency: Dancing Sky

Exhibit C-3

Page 2 of 3

Cost Category	round up to nearest whole $	
AAA Personnel - summary		
	$817,369	
	$0	
	$0	
Total Personnel	$817,369	
AAA Fringe - summary		
40.25% Fringe	$ 328,991.18	
Travel *(must separate travel for in-state and out-of-state; out-of-state travel requires submission of form Appendix B19 from Sec. B)*		
60447 miles @.67 cents per mile	$40,500	
SeniorLinkage - Presenations, Tranings, Client Assistance Health Fairs 8,955 miles @ .67 per mile	$6,000	
27 Nights Motel, Meals	$4,500	
Volunteer Mileage	$1,000	
Total Travel	$52,000	
Equipment - unit cost $5000 or greater		
BE DETAILED	$0	
	$0	
	$0	
	$0	
Total Equipment	$0	
Supplies - unit cost <$5000 & including postage, cell phones, copies, headsets, laptops.		
Cumputer Replacements (4) - done every 4 years	$9,000	
Headsets, Folders, Toner, Letterhead, Envelopes, Miscellaneous	$3,081	
Postage - Mailing to Seniors, Newsletters, Information	$6,105	
	$0	
Total Supplies	$18,186	
Contractual- language line, audits		
Program Portion of the Audit	$3,450	
Dale Rollie Contract Services	$8,133	
	$0	
	$0	
Total Contractual	$11,583	
Subscriptions, retreats, training, conferences		
Staff Development - Strength then Finders Discovery Session & Other	$2,500	
	$0	
	$0	
	$0	
Total Subscriptions, retreats, training, conferences	$2,500	
Communication and Outreach		
Volunteer Advertising - MBA approved ad	$500	
SLL Newsletter - printed internally & mailed to seniors in our area	$1,800	
Other Aging Outreach - health fairs, pride events, tribe events etc.	$500	
Marketing , trainings and other	$4,120	
Total Communication and outreach	$6,920	
Other - building, finance, HR, IT, utilities, cost allocation plan, background checks, internet		
Copies - Information Materials, Newsletter, PAP Mailings	$8,474	
6 Verizon Cell Phones 6 Hotspots @ $440.00 per month	$5,280	
11 WAH office internets @ $50 per month each	$6,000	
Building Space, Utilities	$17,590	
Language Line Services ($100 per month)	$1,200	
Background Checks	$200	
Insurance	$3,800	
Total Other	$42,544	
Indirect Costs*		
15% of Salaries + Fringe	$171,954	
Total Indirect	$171,954	
TOTAL COST	$1,452,048	

11/17/2023

DIRECT SERVICE BUDGET - NONFEDERAL SHARE
ESTIMATED CONTRIBUTION OF AREA AGENCY
AREA PLAN YEAR 2025

Date: 8/15/2024

Area Agency: **Dancing Sky**

Exhibit C-3

Page 3 of 3

MATCH SOURCE - see C3-1 for match requirements	
A. Cash (list source and amount)	**AMOUNT**
	$0
	$0
	$0
	$0
	$0
	$0
SUBTOTAL	$0
B. Grantee Incurred Costs (list source and amount)	
	$0
	$0
	$0
	$0
	$0
	$0
SUBTOTAL	$0
C. Third-Party In-Kind (list type and valuation)	
	$0
	$0
	$0
	$0
	$0
	$0
SUBTOTAL	$0
TOTAL MATCH	$0
INCOME SOURCE (not used as match)	
(List source and amount)	**AMOUNT**
	$0
	$0
	$0
	$0
TOTAL	$0

SERVICE DELIVERY BUDGET
AREA PLAN 2025

AREA PLAN 2025 SERVICE DELIVERY BUDGET

1. Services must conform with MBA approved services--see IM #10-13 (or most recent updated IM as provided by MBA) and Section D-1 of the Operations Manual; and 2. the percentage of III-B funds budgeted for these 3 areas must be at least 5% each and together (Line 4) must be at least 40% of the New Obligational Authority, or the AAA must submit a waiver request (see Section B of the area plan) and receive a waiver from MBA.

2. IM #02-22 requires the AAA to fund Legal Services (legal assistance and legal education) at a minimum 10 percent of its Title III-B Total Obligational Authority.

Date: 8/15/2024

Exhibit C-4
Page 1 of 3

Area Agency:
Dancing Sky

A. **SUPPORTIVE SERVICES: Total Resources Available.** (Exhibit C-1, Line A.5&6, III-B Column)	*New Obl. Authority*	390,257
	Direct Service Statewide Unobligated Redistribution Previous Year	
	Direct Service AAA Re-Obligated Previous Year	-
	Total III-B Available	390,257
1. Access Services		
a. Information and Assistance provided by AAA	$0	
b. Information and Assistance through subrecipients	$125,495	
c. Outreach	$0	
d. Transportation	$0	
e. Assisted Transportation	$59,631	
TOTAL ACCESS SERVICES	$185,126	
2. In-Home Services		
a. Chore	$46,497	
b. Homemaker	$59,677	
c. Personal Care	$0	
d. Telephone Reassurance	$0	
e. Visiting	$0	
TOTAL IN-HOME SERVICES	$106,174	
3. Legal Assistance (see cell C7 of this page for minimum funding requirements)	$50,000	
4. SUBTOTAL - PRIORITY SERV. (Access, In-Home & Legal Asst.)	$341,300	
B. SUPPORTIVE SERVICES: New Obligational Authority. (Exhibit C-1, Line A.5, III-B Column)		
1. Total Access Services (Sum of Lines A.1.a. through A.1.e.)	$185,126	
- Percentage Budgeted for Access Services (Line B.1./Line B.)	47%	
2. Total In-Home Services (Sum of lines A.2.a. through A.2.e.)	$106,174	
- Percentage Budgeted for In-Home Services (Line B.2./Line B.)	27%	
3. Total Legal Assistance (Line A.3.)	$50,000	
- Percentage Budgeted for Legal Assistance (Line B.3./Line B.)	13%	
4. Total Percentage Budgeted for Priority Services (Line A.4./Line B.)	87%	

AREA PLAN 2025 SERVICE DELIVERY BUDGET

Date: 8/15/2024

Area Agency: **Dancing Sky**

Exhibit C-4
Page 2 of 3

C.	**SUPPORTIVE SERVICES: Continued.** 1. Other Services (list)		
	a. Legal Education (see cell C7 of previous page for minimum funding requirements) [*required if Legal Assistance is funded*]	$2,035	
	b. Home Modification	$16,504	
	c. Respite	$0	
	d. Education/Training	$0	
	e. Special Access	$0	
	f. Guardianship	$0	
	g. Technology	$0	
	h. Consultation	$0	
	i. Adult Day Care/Adult Day Health	$0	
	j. Counseling (not nutrition)	$0	
	k. Consumable Supplies	$22,733	
	l. Health Promotion - non-evidence based	$7,685	
	m. Self-Directed Supportive Services	$0	
	2. SUBTOTAL - NON-PRIORITY SERVICES (Sum of lines C.1.a. - C.1.m.)	$48,957	
	TOTAL - SUPPORTIVE SERVICES Sum of Exhibit C4-1 (A.4) and Exhibit C4-2 (C.3)	(III-B)	$390,257
D.	**CONGREGATE NUTRITION: Total Resources Available**	*New C1 Obl.Authority*	$598,199
		Direct Service Statewide Unobligated Redistribution Previous Year	$0
		Direct Service AAA Re-Obligated Previous Year	#REF!
		Total C1 Available	$598,199
	Congregate Dining	*Title III*	$598,199
	Nutrition Counseling	*Title III*	$0
	Total Budgeted Congregate Meals	*Title III*	$598,199
	Exhibit C-1 Page 2, Line C.1	(All State Nutrition)	$0
	Exhibit C-1 Page 2, Line C.1	(Federal NSIP)	$0
E.	**HOME-DELIVERED MEALS: Total Resources Available**	*New C2 Obl.Authority*	$791,728
		Direct Service Statewide Unobligated Redistribution Previous Year	$0
		Direct Service AAA Re-Obligated Previous Year	#REF!
		Total C2 Available	$791,728
	Home-delivered Meals	*Title III*	$791,728
	Nutrition Counseling	*Title III*	$0
	Total Budgeted Home-Delivered Meals	*Title III*	$791,728
	Exhibit C-1 Page 2, Line C.1	(All State Nutrition)	$562,918
	Exhibit C-1 Page 2, Line C.1	(Federal NSIP)	$238,925

AREA PLAN 2025 SERVICE DELIVERY BUDGET

Area Agency: **Dancing Sky**

Date: 8/15/2024

Exhibit C-4
Page 3 of 3

G. INFORMATION AND ASSISTANCE FUNDING (Excluding TIIIB-SS & TIIIE-FC)		
State Information & Assistance	$154,785	
State Prescription Assistance Program	$198,518	
State Long-Term Care Consultation	$154,785	
State Return to Community	$700,000	
TOTAL - INFORMATION & ASSISTANCE FUNDING (non-title III):	(State I&A)	$1,208,088
H. PREVENTIVE HEALTH	*New Obl. Authority*	$43,226
Services must conform with MBA IM #21-14 OAA Title III-D Evidence Based Requirements	*Direct Service Statewide Unobligated Redistribution Previous Year*	$0
	Direct Service AAA Re-Obligated Previous Year	#REF!
(Exhibit C-1, Page 1 of 3 Line B.10, III-D Column)	*Total III-D Available*	$43,226
a. Evidence-Based Health Promotion Program (*autosum of a1-a3*)	$43,226	
a1. Falls Prevention	$16,613	
a2. Chronic Disease Self-Management Education (*CDSME*)	$16,613	
a3. Other [Pearls]	$10,000	
TOTAL - PREVENTIVE HEALTH SERVICES	(III-D)	$43,226
I. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM	*New Obl. Authority*	$282,754
	Direct Service Statewide Unobligated Redistribution Previous Year	$0
	Direct Service AAA Re-Obligated Previous Year	#REF!
(Exhibit C-1, Page 1 of 3, Line B.10 III-E NFCS Column)	*Total III-E Available*	$282,754
a. Caregiver Assistance - Information and Assistance	$12,000	
b. Caregiver Public Information Services	$0	
c. Caregiver Counseling	$94,817	
d. Caregiver Training and Education	$14,250	
e. Caregiver Support Groups	$36,690	
f. Respite - In-home	$70,330	
g. Respite - Out-of-home Day	$54,667	
h. Respite - Out-of-home Overnight	$0	
i. Respite - Other Respite	$0	
j. Supplemental Services	$0	
k. Self-Directed -- Caregiver Support Services	$0	
l. AAA Direct Service (through the Senior LinkAge Line®)	$0	
TOTAL - NFSCP PROGRAM	(III-E)	$282,754
J. AMYOTROPHIC LATERAL SCLEROSIS (ALS) STATE FUNDING	*New Obl. Authority*	$0
	Direct Service Statewide Unobligated Redistribution Previous Year	$0
	Direct Service AAA Re-Obligated Previous Year	$0
(Exhibit C-1, Page 2 of 3, Line E.3 ALS State Funding column)	*Total ALS Available*	$0
J. TOTAL DIRECT SERVICE FUNDS AVAILABLE (Exhibit C1-2, E.4. Amount Budgeted for Grants/Contracts)		$2,922,767