

## DRAFT

# AREA AGENCY ON AGING 1-B (AAA 1-B) DRAFT FISCAL YEAR (FY) 2022 ANNUAL IMPLEMENTATION PLAN (AIP)

**The instructions for each section are included below in *italic text*. The AAA 1-B responses are in regular text below each set of instructions.**

### **COUNTY/LOCAL GOVERNMENT REVIEW**

*The Area Agency on Aging must send a letter, with delivery and signature confirmation, by no later than June 30, 2021, to the chairperson of each County Board of Commissioners within the Planning and Service Area (PSA), requesting their approval of the final AIP by August 2, 2021. For a PSA comprised of a single county or portion of the county, approval of the AIP is to be requested from each local unit of government. If the area agency does not receive a response from the county or local unit of government by August 2, 2021, the AIP is deemed passively approved. The area agency must notify their AASA-assigned field representative by August 6, 2021, whether their counties or local units of government formally approved, passively approved or disapproved the AIP.*

*The area agency may use electronic communication, including email and website-based documents, as an option for acquiring local government review and approval of the AIP. To employ this option, the area agency must do the following:*

- *Send a letter through the US Mail, with delivery and signature confirmation, to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the area agency's website. Instructions for how to view and print the document must be included.*
- *Offer to provide a printed copy of the AIP via US Mail, or an electronic copy via email, if requested.*
- *Be available to discuss the AIP with local government officials, if requested.*
- *Request email notification from the local unit of government of their approval of the AIP or their related concerns.*

### **Instructions**

*Describe the efforts made to distribute the AIP to, and gain support from, the appropriate county and/or local units of government.*

This section will be included in the final draft of the FY 2022 Annual Implementation Plan.

### **EXECUTIVE SUMMARY**

*Include a summary that describes the area agency and the implementation plan for this coming year including a brief description of the planning and service area, agency mission, vision, strengths, challenges, opportunities, and primary focus for FY 2022.*

#### Instructions

*Please include in the Executive Summary a brief description of the following: The planning and service area and any significant changes to the current area plan.*

- A. Any significant new priorities, plans or objectives set by the area agency for the use of Older Americans Act (OAA) and state funding during FY 2022. If there are no new activities or changes, note that in your response.*
- B. Include changes, if any, to the access, in-home and community-based services and supports provided within the plan.*
- C. Address the agency's response to the COVID-19 pandemic emergency, including a description of the challenges and continuing needs brought on by this emergency.*
- D. Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).*
- E. A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2022.*

### **PSA Description**

The Area Agency on Aging 1-B (AAA 1-B) is a non-profit organization that is responsible for planning and coordinating a network of services to approximately 29% of the state's adults who are older and/or disabled. About 780,000 persons age 60 and older reside in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties (SEMCOG 2045 Regional Forecast). It is the mission of the AAA 1-B to enhance the lives of older adults and adults with disabilities in the communities we serve. Our vision is independence and well-being for those we serve. We are dedicated to: 1) ensuring access to a network of long-term care services; 2) allocating federal and state funds for social and nutrition services; 3) advocating on issues of concern; 4) developing new older adult and independent living services; 5) coordinating activities with other public and private organizations; and 6) assessing needs of communities as well as older adults and adults with disabilities, creating connections with home and community-based long term care services. We prioritize activities that allow people to maintain their independence with dignity and place a special emphasis on assistance to frail, low income, disadvantaged, cultural/minority elders and adults with disabilities.

### **Plan Changes**

While there are no significant changes to in-home and community-based services and supports provided in the plan, the AAA 1-B anticipates that it will be necessary to focus significant resources to continue responding to the COVID-19 pandemic outbreak and recovery in FY 2022. The AAA 1-B plans to expand program offerings for Caregiver Education, Support and Training to include the Caregiver Coaching Program. An update to the AAA 1-B direct service waiver has been provided to include this program.

### **Contingency Planning for Potential Funding Reduction**

In the event any circumstance where authorization to spend is reduced or suspended, the AAA 1-B shall focus on ensuring that the health and welfare of the most vulnerable adults is protected.

The following considerations are made:

1. Services will be reduced or eliminated based on the 2019 Service Prioritization survey, which is based on a stakeholder opinion survey. Priority services are: Home Delivered Meals, Community Living Program Services (in-home personal care, homemaking, and respite), Information and Assistance and Home Injury Control.
2. Services with waitlists, recent funding increases or decreases or with alternative funding sources will be taken into consideration prior to determining any reductions.
3. Operationally, AAA 1-B shall retain a workforce that ensures critical operations are delivered.

Discretionary spending will be prioritized based on need to maintain critical operations.

### **Advocacy Efforts**

The AAA 1-B advocacy efforts to extend the premium pay increase for direct care workers were successful. In March 2021 the direct care worker premium pay rate increase was extended until the end of FY 2021 and increased by \$.25 per hour. Congress approved increased funds for Older Americans Act services provided by the aging network to support emergency response to the COVID-19 pandemic in a December 2020 COVID-19 supplemental appropriation and the 2021 American Rescue Plan.

The AAA 1-B created a Legislative Platform for the 2021-2022 legislative session with input from the AAA 1-B Advisory Council and Board of Directors. The platform includes information about fourteen priority advocacy issues for the agency. In FY 2022 the AAA 1-B will continue to provide leadership to the statewide Silver Key Coalition, advocate in support of the MI Choice Medicaid Waiver Program, and work to address the direct care workforce shortage by advancing policies that attract and retain workers.

### **COVID-19**

Region 1-B continues to be highly impacted by COVID-19. A summary of key challenges and operational changes, including ongoing needs, is provided below.

### **ONGOING NEEDS**

**VACCINATIONS-** The AAA 1-B has worked to connect older adults, caregivers, and direct care workers with information about the COVID-19 vaccine. Vaccination information is updated daily and is available from the AAA 1-B Resource Center, website, and social media platforms. All AAA 1-B in-home service participants were contacted to provide support to register for vaccine appointments. The AAA 1-B is collaborating with all six

county health departments in the region to ensure homebound older adults have access to in-home vaccinations.

**DIRECT CARE WORKFORCE-** Region 1-B continues to experience severe shortages in the direct care workforce due to COVID-19. Fear of contracting COVID-19, lack of childcare options, and the ability to earn more collecting unemployment than if they continued to work led to a shortage of workers. Premium pay was implemented for direct care workers providing approved services from March 2020 through September 2021.

**SOCIAL ISOLATION-** Social isolation has been a challenge throughout the COVID-19 pandemic as older adults have followed quarantine and social distancing guidelines and reduced contact with people outside of their households. Social distancing requirements necessitated the closure of many programs that seniors rely on, including adult day centers, congregate meal sites, and senior centers. In addition to these closures, many other facilities, including assisted living facilities, licensed care facilities, and nursing homes prohibited outside visitors, further limiting socialization. Social isolation has many negative health implications and can be especially difficult for individuals with dementia. Social Isolation in congregate living settings is being addressed through several initiatives:

- Use of AASA No Wrong Door grant funds to provide devices that address social isolation to select residents in 29 targeted nursing homes, and MI Choice and Community Living Program participants. The devices include Amazon ECHO Shows, Super Ear sound augmentation devices, robotic pets, Simple Music Players, and comfort dolls.
- A private/public partnership with Oakland County, Amazon and American House Senior Living Residences to connect quarantined residents virtually with family and friends utilizing ECHO Show devices.

**TAX PREPARATION –** The AAA 1-B identified an unmet need for tax preparation assistance during the 2021 tax season. Providers that typically offer tax preparation programs were operating at a reduced capacity due to COVID-19 restrictions and a shortage of volunteers. Demand for tax preparation was high, with some seniors needing to file if they had an issue receiving federal stimulus payments and others who rely on filing the Michigan home heating credit to receive enhanced food benefits. The AAA 1-B advocated with federal and state officials to extend the tax deadline and increase awareness of the need for tax preparation assistance.

**DIGITAL DIVIDE-** Difficulty using and obtaining technology is a significant challenge for older adults during the pandemic. Seniors without internet access face added difficulties signing up for vaccines, obtaining health care, and had fewer outlets to combat isolation during quarantine.

**ACCESS TO CARE/CARE REFUSAL-** In Region 1-B, some older adults have declined to seek care and canceled appointments out of fear of contracting the virus. This placed some older adults at risk who otherwise depend on in-home services. This issue was especially prevalent in the early phases of the pandemic; the agency has seen requests from participants to reinstate services that they had previously cancelled.

**SHARING INFORMATION-** The AAA 1-B staff continue to provide virtual presentations on agency programs and services for seniors and family caregivers. In early 2021 the AAA 1-B hosted four successful webinars reaching over 1,000 caregivers and older adults. Topics have included a caregiver services panel discussion, elder care coordination, COVID-19 vaccine, and effective communication strategies for individuals with Alzheimer's. The AAA 1-B has earned several successful media placements, including articles and television coverage on social isolation, alternatives to nursing home care, and distribution of food boxes and masks.

### **OPERATIONAL UPDATES**

**PARTNERSHIPS-** The AAA 1-B secured grant funding from United Way for Southeastern Michigan to stabilize older adult households in Macomb and Oakland counties. In partnership with Interfaith Volunteer Caregivers, Lakeshore Legal Aid, and OLHSA, older adults in Macomb and Oakland counties were provided food and housing assistance for needs related to COVID-19 induced hardships.

**TELEPHONIC SERVICES-** The AAA 1-B Supports Coordination and Caseworker staff continue to conduct assessments via telephonic model to maintain the safety of staff and participants. These activities include assessments, care plan development and revisions, service level determination, and ongoing participant monitoring. Participants who lost their services because of an adult day center closure were offered in-home personal care and homemaking services. The AAA 1-B clinical staff continue to perform increased wellness checks for program participants ensuring their health and safety, connecting with local resources, and often serving as a source of friendly reassurance and socialization. With increased social isolation among older adults during the COVID-19 pandemic, resources were offered during regular reassessments and provided in a March letter to participants addressing social isolation. Case coordination and support for participants are offered in a monthly friendly call from the AAA 1-B staff. Many AAA 1-B contracted service providers have transitioned to telephonic models, including Grandparents Raising Grandchildren, Ombudsman, Elder Abuse and Prevention, and Community Liaison programs.

**MONITORING COVID-19 EXPOSURE-** The AAA 1-B developed a COVID-19 protocol for monitoring participants who tested positive or were exposed to COVID 19. The AAA 1-B staff monitor participants who have tested positive for COVID-19, as well as those with potential and confirmed exposure. Participants being monitored receive weekly wellness checks, are offered resources and education, and are connected with other health care professionals such as physicians, hospitals, and discharge planners. The AAA 1-B also monitors direct care workers. In the event a direct care worker was exposed or tested positive, the COVID-19 Task Force performs tracing to see if the direct care worker had been in contact with other participants within the last 14 days. If there had been contact, those participants were notified and added to the monitoring list for the task force.

**RETURN TO COMMUNITY PREPARATION –** The AAA 1-B is preparing protocols in anticipation of returning to face-to-face assessment. Protocol development is being guided by “A Phased Approach Resuming Standard Operations” provided by Michigan

Department of Health and Human Services (MDHHS). Examples of current preparation efforts include a hybrid model approach, Personal Protective Equipment (PPE) training, PPE distribution protocol, and COVID-19 symptom screening for participants and staff.

**ADVOCACY-** The AAA 1-B successfully advocated for increased federal funding to support pandemic response, premium pay for direct care workers, and maintenance of Older Americans Act and AASA funding.

**SUPPORTING EMPLOYEES-** The AAA 1-B employees reported increased stress, difficulty maintaining work-life balance while working at home, and increased anxiety as a result of the COVID-19 pandemic. The AAA 1-B has provided resources for employees including those available through agency sponsored benefit programs (COVID-19 testing/coverage, increased telehealth services and mental health/work-life resources), training sessions for managers to provide tools for mitigating operational challenges, and opportunities for remote employee engagement. The Agency has provided employees and family members with a new Employee Assistance Plan (EAP) provider through Ulliance.

**REMOTE WORKFORCE-** The AAA 1-B moved all agency operations to remote-based, providing necessary equipment to all staff.

**SAFETY PROTOCOLS-** The AAA 1-B developed and implemented pandemic protocols to safeguard the health and safety of employees and participants, incorporating directives and guidance from the state and federal governments, CDC, OSHA and DOL.

**NUTRITION-** Access to nutrition was identified as a key challenge for seniors during the pandemic. The AAA 1-B nutrition providers continue to ensure participants receive meals through home delivery as well as pick up from congregate sites that transitioned to curbside grab 'n go programs. Nutrition providers are delivering meals to all home delivered meal recipients despite losing volunteers and staff out of fear of being exposed to the virus. Region 1-B does not have any nutrition providers with an active waitlist. The AAA 1-B staff and volunteers delivered over 15,000 quarantine (Q) boxes and produce boxes to seniors who had limited to no access to food. In partnership with AASA, the AAA 1-B was able to feed thousands of seniors by providing over 364,000 pounds of food.

**PPE-** The AAA 1-B staff assisted with PPE distribution to its vendor network, equipping essential workers with PPE to safely deliver services to older adults.

**WELLNESS PROGRAMS-** While many AAA 1-B wellness workshops can be offered virtually, it has been a challenge to train older adults on the use of virtual platforms, such as GoToMeeting, and several AAA 1-B trainers have expressed that they do not feel confident to instruct classes using this format. There has been a statewide collaboration among Evidence Based Program Coordinators to provide technology training to wellness program facilitators and program participants to host successful virtual workshops. Several of the Evidence Based Programs offered by the AAA 1-B have been approved to be offered virtually by the program developers, including Diabetes PATH, Chronic Pain PATH, Aging Mastery Program, and Powerful Tools for Caregivers. A Matter of Balance

will be offered virtually in late spring of 2021. The National Kidney Foundation of Michigan recently hosted a virtual PATH workshop and has plans to offer more workshops from the PATH suite of classes (diabetes PATH, chronic pain, etc.). They will also offer Walk with Ease, Tai Chi and Enhance Fitness programs virtually until in-person programs can be resumed safely.

**ADULT DAY SERVICES:** Adult Day Service and Dementia Adult Day Care programs have been following MDHHS Epidemic Orders including capacity limitations and following the mask mandate. COVID-19 safety and sanitation policies and processes are also in place. One-on-one activities have continued to be provided, as well as a meal, according to AASA programming standards. The Adult Day Services and Dementia Adult Day Care programs have continued to provide support to caregivers through virtual support groups, education, and ongoing wellness checks. If the adult day center must close, virtual programming is an option.

**SOCIAL SERVICES:** 3,000 Essential Care Kits funded through an AASA grant were distributed across Region 1-B.

**GAP FILLING-** The AAA 1-B has “gap-filling” funds to cover COVID-19 related needs such as grocery delivery fees, medication delivery, and others to support older adults during this crisis.

**LEGAL SERVICES-** Funding was secured from a local foundation for an AAA 1-B legal services contractor to address housing problems that were exacerbated by the pandemic. Housing stabilization services including mortgage foreclosure, tax foreclosure, and eviction or landlord/tenant issues were provided. 178 individuals were served by the program, with 110 individuals receiving legal advice and 68 individuals receiving attorney-led advocacy to negotiate resolution of housing issues.

**MMAP-** The MMAP team assisted over 4,000 Medicare beneficiaries during Medicare Open Enrollment using virtual appointments through Zoom. MMAP volunteers were equipped with the necessary technology including laptops, Zoom licenses, phones and information on how to set up a google phone to ensure a successful open enrollment program. MMAP continues to provide information on COVID-19 vaccination scams and other scams related to the pandemic through volunteer education and community outreach.

### **PUBLIC HEARINGS**

*At least one public hearing on the FY 2022 AIP must be held in the PSA in compliance with Michigan's Open Meetings Act. Virtual hearings are recommended. Hearing(s) must be made accessible to all. Persons need not be present at the hearing(s) to provide testimony. E-mail and written testimony must be accepted for at least a 30-day period beginning when the summary of the AIP is made available.*

*The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the public about the hearing(s). Acceptable posting methods include, but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; as well as news sources geared toward communities of color, LGBTQ+, immigrant communities and/or other underrepresented groups; presentation on the area agency's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. The public hearing notice should be available at least 30 days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the AIP at least 15 days prior to the hearing, along with information on how to obtain the summary. All components of the AIP should be available for the public hearing(s).*

#### Instructions

*Complete the chart below regarding your public hearing(s). Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including emails received) as a PDF and upload on this tab.*

*A narrative description of the public input strategy and hearing(s) is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and the resultant impact on the AIP. Indicate whether the meeting complied with the Michigan Open Meetings Act.*

This section will be included in the final draft of the FY 2022 Annual Implementation Plan.

The AAA 1-B public hearing will be held on Thursday, May 13 at 1:00 p.m., via Microsoft Teams. It can be accessed using this link: <https://bit.ly/AAA1BForum>. Interested parties may also phone-in to the meeting at (989) 341-4489/Conference ID: 228 616 499#.

The draft plan will be available for review at [aaa1b.org](http://aaa1b.org) on April 28. Written comments on the plan can be submitted by May 30, 2021. Send comments to Amanda Sears, Area Agency on Aging 1-B Grants Manager, at [asears@aaa1b.org](mailto:asears@aaa1b.org). Comments can also be mailed to Amanda Sears, Area Agency on Aging 1-B, 29100 Northwestern Highway, Suite 400, Southfield, MI 48034.

**ACCESS SERVICES**

*Some access services may be provided to older adults directly through the area agency without a direct service provision request. These services include: Care Management; Case Coordination and Support; Options Counseling; Disaster Advocacy and Outreach Programs; Information and Assistance; Outreach, with specific attention to outreach with underserved populations, and Merit Award Trust Fund/State Caregiver Support-funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2022, complete this section.*

Instructions

*Select from the list of access services those services the area agency plans to provide directly during FY 2022, and provide the information requested. Specify, in the appropriate text box for each service category, the planned goals and activities that will be undertaken to provide the service.*

*The Area Plan Grant Budget that is uploaded and saved in AMPS must include each access service to be provided directly in the Direct Service Budget details tab. The funding identified in this tab should correspond to the funding (federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget’s Support Services Detail tab. The method of provision must be specified in the Service Summary tab.*

**Care Management**

<u>Starting Date</u> 10/01/2021	<u>Ending Date</u> 09/31/2022
<u>Total of Federal Dollars</u>	<u>Total of State Dollars</u>
<u>Geographic area to be served</u> Region 1-B: St. Clair, Macomb, Oakland, Livingston, Washtenaw, and Monroe.	
<u>Specify the planned goals and activities that will be undertaken to provide the service.</u>  <u>Objective1:</u> Continue to utilize the Service Coordination Continuum to move participants from Case Coordination and Support or the in-home service waitlist into the Care Management program as they are determined to need this level of services and supports coordination. Provide Care Management services to MI Choice participants whose Medicaid becomes temporarily inactive. <u>Expected Outcome 1:</u> Older adults at the greatest risk for unnecessary nursing home placement or hospitalization will receive Aging and Adult Services Aging (AASA) funded Care Management services.  <u>Objective 2:</u> Conduct at least four trainings for Care Management Supports Coordinators on topics such as new technology, current practice guidelines, elder abuse, and caregiver resources. All new staff will complete person-centered thinking online training within their first year of hire. <u>Expected Outcome 2:</u> Care Management supports coordinators will keep their knowledge and skill levels current to the agency and state priorities and models of provision of care to participants.	

**Case Coordination & Support**

<u>Starting Date</u> 10/01/2021	<u>Ending Date</u> 09/31/2022
<u>Total of Federal Dollars</u>	<u>Total of State Dollars</u>
<u>Geographic area to be served</u> Region 1-B: St. Clair, Macomb, Oakland, Livingston, Washtenaw, and Monroe.	
<u>Specify the planned goals and activities that will be undertaken to provide the service.</u>  <p><u>Objective 1:</u> Conduct at least four trainings for Case Coordination &amp; Supports Caseworkers and Supports Coordinators on topics such as new technology, current practice guidelines, elder abuse, and caregiver resources. All new staff will complete person-centered thinking online training within their first year of hire.</p> <p><u>Expected Outcome 1:</u> Care Management supports coordinators will keep their knowledge and skill levels current to the agency and state priorities and models of provision of care to participants.</p> <p><u>Objective 2:</u> Reduce the number of participants reporting social isolation through targeted efforts by the AAA 1-B Case Workers and Supports Coordinators.</p> <p><u>Expected Outcome 2:</u> Participants with reduced social isolation will experience improved health status, increased self-esteem, and reduced feelings of loneliness.</p>	

**Outreach**

<u>Starting Date</u> 10/01/2021	<u>Ending Date</u> 09/31/2022
<u>Total of Federal Dollars</u>	<u>Total of State Dollars</u>
<u>Geographic area to be served</u> Region 1-B: St. Clair, Macomb, Oakland, Livingston, Washtenaw, and Monroe.	
<u>Specify the planned goals and activities that will be undertaken to provide the service.</u> <p>Objective: Enhance the digital presence of the AAA 1-B to increase awareness of the agencies and meet individuals at their point of need.</p> <p>Expected Outcome: Increase the number of older adults and family caregivers who access the AAA 1-B for information and assistance.</p> <p>Objective: Continue to develop relationships with local companies to reach working family caregivers with information on the AAA 1-B and our programs and services.</p> <p>Expected Outcome: Increase the awareness of working family caregivers of the AAA 1-B and the various programs and services available through the agency.</p> <p>Objective: Strengthen the position of the AAA 1-B as the source of information on aging through active outreach to local and state media.</p>	

**Expected Outcome:** Increase the awareness of the AAA 1-B among all individuals with a focus on increasing awareness of the agency for older adults and family caregivers.

**Objective:** Increase the number of community presentations to older adults and family caregivers on agency services.

**Expected Outcome:** To increase the awareness of the AAA 1-B among older adults and family caregivers.

**Information & Assistance**

<u>Starting Date</u> 10/01/2021	<u>Ending Date</u> 09/31/2022
<u>Total of Federal Dollars</u>	<u>Total of State Dollars</u>
<u>Geographic area to be served</u> Region 1-B: St. Clair, Macomb, Oakland, Livingston, Washtenaw, and Monroe.	
<u>Specify the planned goals and activities that will be undertaken to provide the service.</u> Objective: Increase the presence of Information & Assistance (I&A) within the communities we serve. Expected Outcome: Increased awareness of I&A services, improved relationship building with community agencies for resource development, and increased access to I&A for a more person-centered approach.  Objective: Provide more enhanced Information & Assistance and support by helping with accessing resources at the first point of contact. Expected Outcome: More older adults and family caregivers receive needed resources.	

**Options Counseling**

<u>Starting Date</u> 10/01/2021	<u>Ending Date</u> 09/31/2022
<u>Total of Federal Dollars</u>	<u>Total of State Dollars</u>
<u>Geographic area to be served</u> Region 1-B: St. Clair, Macomb, Oakland, Livingston, Washtenaw, and Monroe.	
<u>Specify the planned goals and activities that will be undertaken to provide the service.</u> Objective: To provide options counseling to older adults and family caregivers at first point of contact through the AAA 1-B Information & Assistance department. Expected Outcome: An increase in the understanding of and access to the programs and services by older adults and/or family caregivers.	

### ***DIRECT SERVICE REQUEST***

*This section applies only if the area agency is submitting a new request to provide an in-home, community, or nutrition service directly that was not previously approved in this multi-year planning cycle.*

*It is expected that in-home, community, and nutrition services will be provided under contracts with community-based service providers, but when appropriate, area agencies can request to provide these services directly. Direct service provision requests must be approved by the CSA. Direct service provision is defined as “providing a service directly to a senior, such as preparing meals, doing chore services, or working with seniors in an adult day setting.” Direct service provision by the area agency may be appropriate when, in the judgment of AASA: A) provision is necessary to assure an adequate supply; B) the service is directly related to the area agency’s administrative functions; or C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.*

#### ***Instructions***

*Select the service from the list and enter the information requested pertaining to basis, justification, and public hearing discussion for any new Direct Service Request for FY 2022. Specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Include any COVID-19 policy waiver-approved direct provision of service that is continuing into FY 2022.*

*Direct service budget details for FY 2022 are to be included under the Direct Service Budget tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified on the Support Services Detail page.*

*Please skip this section if the area agency is not submitting a new request to provide an in-home, community, or nutrition service directly during FY 2022.*

### **Caregiver Education, Support and Training**

**Planned goals, objectives, and activities that will be undertaken to provide the service in the appropriate text box for each service category.**

The AAA 1-B has an approved Direct Service Request to provide Caregiver Education, Support and Training for the Fiscal year 2020-2022 multi-year plan period. In FY 2022, the AAA 1-B requests approval to add the Caregiver Coaching program to our Caregiver program offerings.

#### **Trualta**

The AAA 1-B requests approval to continue to provide Trualta as a direct service. Trualta is an innovative eLearning program for family caregivers of a care recipient with dementia that the AAA 1-B began providing in FY 2019. This program offers skill-based training delivered through an online learning system built specifically for the family caregiver audience. Each family caregiver receives a personalized learning journey based on the

caregiving topics that are most relevant to their care situation. Family caregivers will gain practical knowledge of the basics of personal care (e.g., tips for showering and toileting), dementia care for managing difficult situations (e.g., wandering and agitation), safety and injury prevention, and caregiver wellness (e.g., balancing work and caregiving) from the comfort of their home.

The AAA 1-B provides regional leadership for the Trualta program by providing at least 100 caregivers a year access to this program, either through the Community Living Program staff or through sign-up by the AAA 1-B staff at Caregiver Trainings in the community. The AAA 1-B staff will add increased access as demand warrants and funding allows, ensuring that 100 family caregivers who live throughout the region will have access to this program in FY 2022. This program will be provided in partnership with Trualta.

#### Dementia Friends

The AAA 1-B will continue to provide Dementia Friends as a direct service. The goal of the Dementia Friends informational session is to help community members understand dementia and the small things they can do to make a difference for people living with dementia throughout our networks and communities in Region 1-B in Southeastern Michigan.

#### Caregiver Coaching

The AAA 1-B will provide Caregiver Coaching as a direct service. The Caregiver Coaching Program is based on a curriculum developed by the Westchester County Department of Senior Programs and Services (WCDSPS) and Fordham University Ravazzin Center on Aging. Caregiver Coaches are volunteers who are required to make a one-year commitment to the program. The volunteer coaches are trained on the Caregiver Coaching curriculum, which includes a 12-hour training that covers caregiver challenges, the aging process, and coaching techniques. Once trained, Caregiver Coaches are matched with a family caregiver in need of support.

After coaches and caregivers are matched, there is no specific length of time for the coaching relationship. In some instances, it will be a longer-term relationship spanning months or possibly years, while other times it will be only a couple of contacts while the caregiver is needing assistance with something that is time limited. Coaches act as mentors, referral sources, and valuable resources for caregivers with whom they work. Caregiver Coaches work with AAA 1-B employees, including Project Manager and Caregiver Resource Specialist, to receive ongoing education and support. Caregiver Coaches report to the AAA 1-B on their contacts with caregivers to track hours spent supporting caregivers and the types of support provided.

**Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions described below. Please select the basis for the direct service provision request (more than one may be selected).**

**(A) Provision of such services by the Area Agency is necessary to assure an**

**adequate supply of such services.**

**(B) Such services are directly related to the Area Agency's administrative functions.**

**(C) Such services can be provided more economically and with comparable quality by the Area Agency.**

(A) Provision of such services by the Area Agency is necessary to assure an adequate supply of such services.

**Provide a detailed justification for the direct service provision request. The justification should address pertinent factors that may include: a cost analysis; needs assessment; a description of the area agency's efforts to secure services from an available provider of such services; or a description of the area agency's efforts to develop additional capacity among existing providers of such services. If the service is considered part of administrative activity, describe the rationale and authority for such a determination.**

#### Trualta

The AAA 1-B is the first area agency on aging in Michigan to use Trualta on-line training for family caregivers. Costs include access to the software platform for the AAA 1-B staff trainings, creation of 100 unique user profiles, data analytics, printed manuals, and platform maintenance/assistance.

#### Dementia Friends

The AAA 1-B is the only organization in Region 1-B to provide Dementia Friends informational sessions for families, colleagues, and the wider community. The AAA 1-B has several employees who are master trained Dementia Friends Champions, who can train other Dementia Friends Champions and conduct Dementia Friends informational sessions. Costs include purchase of handouts and administrative costs for coordination of the program.

#### Caregiver Coaching

The AAA 1-B is the only organization in Michigan to provide the Caregiver Coaching program. The AAA 1-B piloted the program through grant funding in Livingston, Macomb, Oakland, and Washtenaw counties and the successful pilot led the AAA 1-B to plan for expansion of the program throughout Region 1-B in FY 2022. The program is a cost-effective program that serves family caregivers using a one-on-one method that utilizes volunteers and serves as a next step for caregivers after attending traditional support groups and caregiver trainings and workshops. Costs include training volunteer Caregiver Coaches, volunteer management, staffing for the Program Manager, and administrative costs for coordination of the program.

**REGIONAL SERVICE DEFINITIONS**

*If the area agency is proposing to fund a new (not previously approved in this multi-year planning cycle) service category that is not included in the Operating Standards for Service Programs, then information about the proposed service category must be included in this section.*

Instructions

*Enter the new regional service name, identify the service category and fund source, include unit of service, minimum standards and why activities cannot be funded under an existing service definition.*

The AAA 1-B has no new Regional Service Definitions for FY 2022.

**REGIONAL DIRECT SERVICE REQUEST**

*This section applies only if the area agency is submitting a new request to provide a regional service directly that was not previously approved in the multi-year planning cycle.*

*It is expected that regionally defined services, as identified in the category above, will be provided under contracts with community-based service providers, but when appropriate, a regional service provision request may be approved by the CSA to be provided directly. The basis for requesting direct provision of a regional direct service by the area agency would be if, in the judgment of AASA: A) provision is necessary to assure an adequate supply; B) the service is directly related to the area agency's administrative functions; or C) a service can be provided by the area agency more economically than any available contractor, and with comparable quality.*

Instructions

*Area agencies that have a new request to provide a regional service directly must complete this tab for each service category. Enter the regional service name in the box and click "Add." The regional service name will appear in the dialog box on left after screen refresh. Select the link for the newly added regional direct service and enter the information requested pertaining to basis, justification, and public hearing discussion for any new regional direct service request for FY 2022. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service. Include any COVID-19 policy waiver-approved regional direct provision of service that is continuing into FY 2022. Address any discussion at the public hearing related to each new regional direct service provision request.*

*Regional Direct Service Budget details for FY 2022 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (federal OAA Title III or VII and state funds) identified in the Area Plan Grant Budget, Support Services Detail page.*

The AAA 1-B has no new Regional Direct Service Requests for FY 2022.

### **APPROVED PROGRAM DEVELOPMENT OBJECTIVES**

*Program development goals and objectives previously set by the area agency and approved by the CSA in this multi-year planning cycle are included as read-only. For each of these established program development objectives, a text box is included for the area agency to provide information on progress toward the objectives to date. This text box is editable.*

#### Instructions

*Please provide information on progress to date for each established objective under the section tab entitled "Progress."*

*For the Diversity, Equity and Inclusion (DEI) objective, include progress on trainings for staff and subcontractors in DEI and unconscious bias. Discuss efforts to ensure that programming and outreach is culturally sensitive and welcoming to all participants, including non-English speaking persons. Discuss efforts to ensure that providers are trained to adapt to diverse cultural needs.*

#### **A. Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services.**

A1. Implement the AAA 1-B Advocacy Strategy to secure increased state, federal, and/or local support for older adult services

Timeline: 10/01/2019 to 09/30/2022

Department: Research

Expected Outcome: Increased appropriations and new policies and programs will be realized, which enhance the lives of older adults, adults with disabilities and their family caregivers.

#### March 2021 mid-year update:

The AAA 1-B created a Legislative Platform for the 2021-2022 legislative session with input from the AAA 1-B Advisory Council and Board of Directors. The platform includes information about fourteen priority advocacy issues for the agency, including rebalancing Michigan's long term care spending, support for AASA in-home services, and support for the direct care workforce.

The AAA 1-B created Contact your Legislator Guides for each of Region 1-B's six counties. The guides provide information about effective methods for grassroots advocates to contact their legislators, along with contact information for federal, state and county elected officials.

The AAA 1-B advocacy efforts to extend the premium pay increase for direct care workers were successful. In March 2021, the direct care worker premium pay rate increase was extended until the end of FY 2021 and increased by \$.25 per hour.

Congress approved increased funds for Older Americans Act services provided by the aging network to support emergency response to the COVID-19 pandemic in

a December 2020 COVID-19 supplemental appropriation and the 2021 American Rescue Plan.

The AAA 1-B has worked with all six county health departments in Region 1-B to advocate for in-home vaccinations to be provided to homebound individuals.

The AAA 1-B has continued to provide leadership to the statewide Silver Key Coalition, which is focused on addressing unmet needs for AASA in-home services. The Coalition is requesting a \$6.375 million increase for senior in-home services and a \$1 million increase for Home Delivered Meals in the Aging and Adult Services Agency (AASA) FY 2022 budget.

**B. Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one.**

B1. Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one.

Timeline: 10/01/2019 to 09/30/2022

Department: CSI

Expected Outcome: Caregivers will report lower stress and a reduction in the number of hours they spend on caregiving activities. Utilization of Adult Day Services and Dementia Adult Day Care programs will increase.

March 2021 mid-year update:

Many community-based programs provided by the AAA 1-B have been put on hold due to the COVID-19 outbreak. Some programs have been offered virtually, including legal presentations for caregivers and the Powerful Tools for Caregivers program. The Trualta e-learning platform continues to be promoted and utilized by caregivers throughout the AAA 1-B region.

The AAA 1-B launched a new grant funded pilot program, Caregiver Coaching, in 2020. Volunteer Caregiver Coaches are matched with an informal family caregiver to provide information, support, resources, and to be a listening ear. Caregiver Coaches in the program undergo a 2-day training and attend monthly meetings to discuss problems that informal caregivers face. The Caregiver Coaching program is currently operating in Washtenaw and Livingston Counties with plans to expand the program throughout Region 1-B in FY 2022.

**C. Expand wellness programming throughout Region 1-B.**

C1. Expand wellness programming throughout Region 1-B

Timeline: 10/01/2019 to 09/30/2022

Department: CSI

Expected Outcome: Wellness training will be delivered to at least 500 older adults or caregivers.

March 2021 mid-year update:

Evidence-Based Health and Wellness Programs continue to be offered virtually throughout the AAA 1-B region, using the GoToMeeting virtual platform. Workshop participation is less than in previous years, as many older adults are not able to access or do not have the knowledge to access virtual platforms; however, the AAA 1-B continues to promote programming around the region and across the state offering technical assistance as needed. Evidence-Based programs that have been offered virtually include: Chronic Pain PATH, Diabetes PATH, Aging Mastery Program, and Powerful Tools for Caregivers. A Matter of Balance will begin to be offered virtually in late spring of 2021.

**E. Incentivize communities to conduct a Caregiver Friendly Community Self-Assessment and enact improvements to their caregiver support resources.**

E1. Incentivize communities to conduct a Caregiver Friendly Community Self-Assessment and enact improvements to their caregiver support resources.

Timeline: 10/01/2019 to 09/30/2022

Department: Research

Expected Outcome: At least three communities will utilize the tool and, as a result, plan for systems change, resource development, or public awareness enhancements.

March 2021 mid-year update:

The AAA 1-B publicly launched the Caregiver Friendly Communities Assessment in April 2021. Leading up to public launch, 21 cities and counties across Michigan completed the Caregiver Friendly Communities Assessment and provided valuable feedback for the final product. Public launch included outreach to older adult service providers, and community planners across Michigan, encouraging them to conduct the assessment for their community. Public launch marketing efforts included information on the shrinking ratio of informal caregivers to older adults and encouraged communities to use the Caregiver Friendly Communities Assessment as a planning tool to identify supports to improve their community in readiness for this trend. After taking the Assessment and receiving a community-specific report detailing strengths and weaknesses, assessment takers have access to a resource website with best practices and recommendations to improve their community's support of caregivers and older adults.

On April 13, the AAA 1-B presented the Caregiver Friendly Communities Assessment at the American Society on Aging's annual conference.

**F. Increase the AAA 1-B capacity to secure additional funding resources.**

F1. Increase AAA 1-B fundraising capacity to secure additional financial resources that support agency services, operations, and older adult unmet needs

Timeline: 10/01/2019 to 09/30/2022  
Department: Philanthropy

Expected Outcome: The AAA 1-B will expend increased amounts of donated funds for older adult services.

March 2021 mid-year update:

As of February 28, 2021, the AAA 1-B philanthropy efforts in FY 2021 have resulted in \$27,659 for the agency's unrestricted annual fund and \$50,375 for the Holiday Meals on Wheels program. The AAA 1-B has additional fundraising campaigns and new grant solicitations planned for the remainder of FY 2021. It is projected that the AAA 1-B will exceed the amount of funds raised in FY 2020.

F2. Increase the AAA 1-B grant seeking activities to support program innovation and enhancement.

Timeline: 10/01/2019 to 09/30/2022  
Department: Research

Expected Outcome: The AAA 1-B will secure new grant funding for older adult and caregiver programs.

March 2021 mid-year update:

Through March 2021, the AAA 1-B increased grant seeking activities to secure grants that supported innovation, systems change, and program enhancement for older adults and family caregivers. The AAA 1-B secured new and increased grant funding totaling \$701,103 for four grants. Two additional grants are currently pending decision. Grants secured include the following:

- Reimagine Caregiving: awarded the Ralph C. Wilson, Jr., Foundation Caregiver Prize through the Vital Seniors Initiative at Ann Arbor Area Community Foundation for activities in Washtenaw County. Reimagine Caregiving is aimed at changing mental models at the individual, community, and organizational levels to affect systems change, which will result in better support to caregivers and increased quality of life for caregivers and older adults.
- Older Adult Refugee Assistance: funded by Office of Global Michigan in the Michigan Department of Labor and Economic Opportunity to provide services to older adult refugees in Oakland and Macomb counties. This program received increased funding in FY 2021 and services are subcontracted to Chaldean American Ladies of Charity.
- COVID-19 No Wrong Door System: funded by the Aging and Adult Services Agency (AASA), provides services and supports to ensure older adults and adults with disabilities throughout NWD Region 7 (AAA Region 1-B) have access to services and technological solutions to address the increased

prevalence of social isolation due to COVID-19. To implement this initiative to older adults and adults with disabilities, the AAA 1-B is partnering with Ann Arbor Center for Independent Living, Blue Water Center for Independent Living, and Disability Network Oakland and Macomb.

- Winter Crisis Relief: funded by United Way for Southeastern Michigan to stabilize older adult households in Macomb and Oakland counties. The AAA 1-B contracted with three organizations to provide services through this grant: Interfaith Volunteer Caregivers, Lakeshore Legal Aid, and OLHSA.
- Livingston County Resource Directory: funding by United Way of Livingston County and Livingston County Board of Commissioners will allow the Livingston County Leadership Council on Aging to provide a printed resource directory of services available for older adults in Livingston County.

**G. Undertake basic research and demonstration projects that provide evidence for data-driven decision making for program advocacy and management.**

G1. Undertake basic research and demonstration projects that provide evidence for data-driven decision making for program advocacy and management.

Timeline: 10/01/2019 to 09/30/2022

Department: Research

Expected Outcome: Data on aging program quality, cost effectiveness and impact will support the enactment of appropriations, policies and programs that address unmet needs of older adults, adults with disabilities, and their family caregivers.

March 2021 mid-year update:

Actions and outcomes in FY 2020 that were influenced by the solutionary reports and presentations include:

- Advocacy and collaboration with county health departments to develop strategies to vaccinate homebound older adults and adults with disabilities.
- Establishment of a grant funded out-of-home extended respite service in Washtenaw county.
- Integration of a Smart Question strategy into ongoing MI Choice participant monitoring that predicts elevated risk of hospitalization and prompts a clinical intervention to address factors associated with the risk of hospitalization.
- Documented the outcomes of a public/private project to address social isolation in senior congregate living facilities involving Oakland County, Amazon, and American House Senior Living Residences.
- Developed a project with the Oakland County Board of Commissioners to undertake a senior needs and solutions study and produce a Blueprint for Aging Master Plan.

G3. Initiate the identification, measurement, and reporting of outcomes for contracted services in collaboration with the aging network.

Timeline: 10/01/2019 to 09/30/2022

Department: Research, CSI

Expected Outcome: Produce value proposition statements that can be used in program evaluation, prioritization, management, and advocacy to secure additional resources.

March 2021 mid-year update:

An outline for a white paper on Older Americans Act funded home and community-based service outcomes measurement has been created and drafting of the report has begun. Services are being identified to begin the data collection process. The team will continue to meet to develop a plan of work. The AAA 1-B staff will meet with the contracted service providers identified for evaluation to discuss the data collection and outcomes.

**H. Ensure that the AAA 1-B services are accessible to Michigan's communities and people of color, immigrants, and LGBTQ+ individuals.**

H1. Establish outreach partnerships with key local organizations to understand the caregiver cultural needs within each minority population.

Timeline: 10/01/2020 to 09/30/2021

Department: Communications

Expected Outcome: Increased utilization of both direct and contracted services by minority caregivers /older adults.

March 2021 mid-year update:

The AAA 1-B staff have reviewed family caregiver challenges identified by the Diverse Elders Resource Hub and will address those barriers and discuss solutions with local minority organizations. This non-profit organization is specifically focused on identifying barriers and greatest challenges for family caregivers within minority populations.

The AAA 1-B is partnering with Asian Center Southeast Michigan to provide support to Chinese American family caregivers. Through the partnership, Asian Center Southeast Michigan will provide a nine-month support and education series to Chinese American family caregivers in their native language.

The AAA 1-B is establishing partnerships with the Association of Chinese Americans and the Michigan Asian Pacific American Affairs Counsel for outreach to Asian Pacific family caregivers.

The AAA 1-B is working to establish partnerships with Centro Multicultural La Familia and the Michigan Hispanic Chamber of Commerce for outreach to Hispanic family caregivers.

In FY 2021 the AAA 1-B has seen a 40% increase, compared to first two quarters of FY 2020, in LGB and/or T identified callers. The Area Agency on Aging 1-B has a strong relationship with SAGE Metro Detroit to assist with increasing those referrals. An agency staff member serves on the SAGE Metro Detroit Board. The Information and Assistance Manager has also met with the SAGE Friendly Caller Coordinator to ensure the coordinator is familiar with agency services and has multiple avenues for referring SAGE Friendly Caller participants.

The AAA 1-B uses a Language Line to provide telephonic translation services when talking with an individual who speaks a language other than English. The AAA 1-B is on track to serve more people using the Language Line service in FY 2021 than in FY 2020. As of March 31, 2021, the AAA 1-B has used the Language Line service for 93 calls with 56% of those calls for Arabic speaking individuals, 12% Somali, and 8.6% Mandarin. In FY 2020, the agency supported 108 total callers with 65% of the calls for Arabic translation, 9% Spanish, and 6.5% Russian.

H2. Ensure culturally relevant outreach materials targeted at the family members providing care for older loved ones are available in Region 1-B.

Timeline: 10/01/2020 to 09/30/2021

Department: Communications

Expected Outcome: Increased utilization of both direct and contracted services by minority caregivers /older adults.

March 2021 mid-year update:

The AAA 1-B is working to translate updated agency brochures into Spanish and Mandarin to address the language access barrier for materials and information.

H3. Ensure family caregivers from diverse communities are aware of available programs and services.

Timeline: 10/01/2020 to 09/30/2021

Department: Communications

Expected Outcome: Increased utilization of both direct and contracted services by minority caregivers /older adults.

March 2021 mid-year update:

The AAA 1-B will distribute translated brochures through local partnerships to reach minority family caregivers. Once in-person presentations can be provided again, the AAA 1-B will work with local partnering organizations to host presentations, with translators, to provide information on programs and services available for family caregivers and their older loved ones.

H4. Ensure that contracted organizations and the AAA 1-B staff receive annual diversity, equity, and inclusion training, including education on recognizing and addressing unconscious bias.

Timeline: 10/01/2020 to 09/30/2021

Department: CSI, HR

Expected Outcome: Increased utilization of both direct and contracted services by minority caregivers /older adults.

March 2021 mid-year update:

In November 2020, the AAA 1-B staff participated in a 90-minute interactive Implicit Bias and Diversity, Equity and Inclusion Workshop. Through the interactive virtual workshop, participants engaged in discussions and exercises around understanding the origin of biases and how they may impact decisions, perceptions, and interactions in the context of diversity and inclusion.

The AAA 1-B will provide diversity, equity and inclusion training during quarterly trainings for contracted providers, which have been tentatively scheduled for June and September 2021.

In FY 2021, seven AAA 1-B staff responsible for clinical program intake completed the SAGE (Services and Advocacy for GLBT Elders) Metro Detroit ARC (Act, Reflect, Commit) training, and eighteen staff members attended the 2-hour virtual training, "LGBT Older Adults: A Step Forward in Understanding", with SAGE Metro Detroit. Clinical staff that did not participate in the SAGE Metro Detroit Training participated (or are scheduled to participate) in either a SAGE National Webinar or a Relias LGBTQ on-line training. The Area Agency on Aging 1-B has maintained our Bronze SAGECare Credential for 2021; the SAGECare Credential confirms that at least 25% of agency staff have completed LGBT cultural competency training.

**FY 2022 AIP PROGRAM DEVELOPMENT OBJECTIVES**

*Please provide information for any new program development goals and objectives that are proposed by the area agency during FY 2022.*

**Instructions**

*The area agency must enter each new program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals. There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal.*

*A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. Complete the information in the text boxes for the timeline, planned activities, and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)*

No new Goals are being proposed at this time.

**AREA PLAN GRANT BUDGET**

*Budget documents that the area agency is required to complete and include with the MYP/AIP are listed in the Documents Library and identified with a “Yes” underneath the “Required Document” column. Please note that specific budget instructions for FY 2022 are included in the Document Library.*

*A FY 2022 Cost Allocation Plan Worksheet will be issued for your use in establishing your FY 2022 AIP Budgets. All your FY 2022 area plan budget figures must be based on the amounts on the worksheet.*

*Download the AIP budget documents to your computer, complete the required information, and then upload them through this tab.*

This section will be included in the final draft of the FY 2022 Annual Implementation Plan.

**OTHER SUPPORTING DOCUMENTS**

*Other documents that the area agency is required to complete and include with the AIP are listed in the Documents Library and identified with a “Yes” underneath the “Required Document” column. You may upload these documents in either pdf or Excel format.*

*Documents to be uploaded include:*

- A. Area agency organizational chart. All paid staff positions must be reflected on the chart. Do not include wages on the organizational chart. Do not include Senior Community Service Employment Program (SCSEP) participants in this chart. If you have a multi-page chart, please scan as a PDF and upload as a single document. Use the link below to upload a copy of your organizational chart.*
- B. Quality Outcome Measures Reporting Form (6-month report).*
- C. FY 2022 Evidence-Based Programs Document*
- D. Emergency Management and Preparedness Document*
- E. Policy Board Membership*
- F. Advisory Council Membership*

This section will be included in the final draft of the FY 2022 Annual Implementation Plan.

***DOCUMENTS FOR SPECIAL APPROVAL (formerly “Appendices”)***

*Select the supplemental document(s) from the list below only if applicable to the area agency’s FY 2022 AIP. Provide all requested information for each selected document. Note that older versions of these documents will not be accepted and should not be uploaded as separate documents.*

- A. Proposal Selection Criteria - should only be completed if there are new or changed criteria for selecting providers.*
- B. Cash-In-Lieu-Of-Commodity Agreement*
- C. Waiver of Minimum Percentage of a Priority Service Category*
- D. Request to Transfer Funds*

Documents for special approval will be included in the final draft of the FY 2022 Annual Implementation Plan as needed.

**SIGNATURE PAGE**

*The 2022 AIP Signature Page must be signed by the area agency director and the area agency board chairperson, saved as a pdf, and uploaded through the Budget and Other Documents Tab.*

This section will be included in the final draft of the FY 2022 Annual Implementation Plan.