

Area Agency on Aging 1-B FY 2024 Annual Implementation Plan Draft

COUNTY/LOCAL UNIT OF GOVERNMENT REVIEW

The Area Agency on Aging (AAA) must send a request to the chairperson of each County Board of Commissioners. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 30, 2023. For a Planning and Service Area (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 AAA does not receive a response from the county and/or local unit of government by July 20, 2023, the AIP is deemed passively approved. The AAA must notify their Bureau of Aging, Community Living, and Supports (ACLS Bureau) Field Representative by July 21, 2023, whether their counties and/or local units of government formally approved, passively approved, or disapproved the AIP.

The AAA 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 AAA must do the following:

- Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the chief elected official of each appropriate local government advising them of the availability of the final draft AIP on the AAA’s website. Instructions for how to view and print the document must be included.
- Offer to provide a printed copy of the AIP via U.S. 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 AAA’s efforts, including use of electronic communication, to distribute the AIP to the appropriate county and/or local units of government to gain support.

To be sent once Final Draft is complete.

TRIBAL NOTIFICATION

The Michigan Department of Health and Human Services (MDHHS) has an established relationship of working directly with the Federally Recognized Sovereign Indian Tribes of Michigan (Tribes). As part of

this work, MDHHS recognizes the importance of Tribal notification including consultation of the complete AIP for each AAA within their PSA to encourage and foster collaboration between Title III and Title VI programming as outlined in the Older Americans Act (OAA). AAAs, please send an official notification of your complete AIP for any Tribe(s) within your PSA for their review and consultation. If there are no Tribes within the PSA, please indicate that in your response and if a Tribe crosses more than one PSA, each AAA is still FY 2024 AIP Instructions January 27, 2023 Page 2 expected to send their AIP. Notification can be sent via U.S. Mail or by electronic means, with delivery and signature confirmation, no later than June 30, 2023. The AAA will notify their ACLS Bureau Field Representative by July 21, 2023, of any comments or feedback received from their Tribe(s). If no comments or feedback received, please indicate that in your response. The AAA may use electronic communication, including email and website-based documents, as an option for Tribe notification and consultation of the AIP. To employ this option, the AAA must do the following:

- Send a letter through the U.S. Mail, with delivery and signature confirmation, or an email requiring a response confirming receipt to the Chairperson of the Tribal Council advising them of the availability of the final draft AIP on the AAA’s website. Instructions for how to view and print the document must be included.
- Offer to provide a printed copy of the AIP via U.S. Mail, or an electronic copy via email, if requested.
- Be available to discuss the AIP with Tribal elders and/or Tribal officials, if requested.
- Request email notification from the Tribe of their comments and feedback of the AIP or their related concerns.

Instructions

Describe the AAA’s efforts, including use of electronic communication, to distribute the AIP to the appropriate Tribe(s) within your PSA for notification and consultation. Describe any current and future collaborative efforts with Tribe(s) within your PSA. If no collaborative efforts planned, note that in your response

The AAA 1-B does not have any Federally Recognized Tribes in our region.

EXECUTIVE SUMMARY

Include a summary that describes the AAA and the implementation plan including a brief description of the PSA (to include older adults in greatest economic need, minority, and/or non-English speaking), the AAA’s mission, and primary focus for FY 2024.

Instructions

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

PSA Description:

The Area Agency on Aging 1-B (AAA 1-B) is a non-profit organization that is responsible for planning and coordinating services to approximately 30% of the state's adults who are older and/or disabled. According to the 2021 American Community Survey (ACS), individuals aged 60 and older make up 24% of Region 1-B's population, with 721,104 older adults; 8.6% of older adults in Region 1-B are 85+. In Region 1-B, 13.2% (95,097) of older adults live at or below 150% of poverty. 15.5% (112,046) identify as a minority, which is 27% of Michigan's total older adult minority population. Of the 60+ population in Region 1-B, 34,687 individuals identify as limited English proficient meaning they speak English less than very well.

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.

- A. Any significant new priorities, plans, or objectives set by the AAA for the use of (OAA) and state funding during FY 2024. If there are no new activities or changes, note that in your response.

In FY 2024 the AAA 1-B does not plan to make any significant changes to OAA funded services in the region. The AAA 1-B is planning to complete a rebranding of our agency in FY 2024 which will involve significant community outreach to publicize the agency's new name and logo.

- B. Any permanent changes to the AAA's operations based on the COVID-19 pandemic. In addition, please describe how the AAA is utilizing its American Rescue Plan Act (ARPA) funding.

The AAA 1-B has utilized increased flexibility in ACLS service standards during the COVID-19 pandemic. AAA 1-B staff are participating in ACLS working groups discussing operating standards to make positive, long-term changes to services.

Due to the COVID-19 Pandemic the AAA 1-B has adapted a hybrid work model, with many staff working from home. Microsoft Teams has become the main platform used when conducting virtual meetings internally and externally. Information and Assistance (I&A) staff have been shifted to fully remote work based on data showing an increase in total calls managed, higher engagement and reduced absenteeism compared to when the department was office based.

Disease Prevention and Health Promotion Programs, along with caregiver trainings, are now being conducted both in-person and virtually which has helped to increase access to services.

The AAA 1-B has formed a work group of staff specifically focused on identifying opportunities to utilize American Rescue Plan Act (ARPA) funding. ARPA funds are being allocated to contract services providers to purchase new equipment and materials to support program growth. AAA 1-B is accepting “wish lists” from the contract providers and working with ACLS to submit waivers for equipment purchases over \$5,000. The AAA 1-B is also using ARPA funding to support contracted Outreach services, which is known locally as Community Liaison. The AAA 1-B is utilizing ARPA funds to support the development of the agency’s new Electronic Medical Record system (EMR) and the agency’s rebranding project.

C. Current information about contingency planning for potential reduced federal funding (if plans include the pursuit of alternative funding, identify specific funding sources).

In the event of 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 are protected. The following considerations are made:

1. Service utilization, waitlists, recent funding increases or decreases, and/or alternative funding sources will be considered before to determining any reductions.
2. Services will be reduced or eliminated based on our FY 2023-2025 Service Prioritization survey, based on a community survey conducted in November 2021. Priority services are: Home Safety (Home Injury Control), Public Education about Resources, and In-Home Services (Transportation, Personal Emergency Response, In-Home Respite and Homemaking).
3. Operationally, AAA 1-B shall retain a workforce that ensures critical operations are delivered.

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

D. A description of progress made through advocacy efforts to date and focus of advocacy efforts in FY 2024.

The AAA 1-B created a Legislative Platform for the 2023-2024 legislative session with input from the AAA 1-B Advisory Council and Board of Directors. The platform includes information about sixteen priority advocacy issues for the agency. The AAA 1-B also created “Contact your Legislator Guides” for each of Region 1- B’s six counties which include 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 identified a need for increased funding to support the Long-Term Care Ombudsman program. The AAA 1-B is working with advocates from other AAAs, as well as the State Long Term Care Ombudsman, AARP and the Alzheimer’s Association to address the needs of this program. An advocacy request has been developed to increase the number of Ombudsman staff statewide by 33 full-time employees, for a total increased cost of \$3 million annually.

In FY 2024, 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, work to address the direct care workforce shortage by advancing policies that attract and retain workers, support the development and implementation of a Caregiver Resource Center model to support family and informal caregivers, and advocate for additional funding to properly staff the Long-Term Care Ombudsman program.

E. A brief description of AAA’s successes over the past year and any anticipated challenges for FY 2024.

AAA 1-B successes include:

- The AAA 1-B secured a \$327,000 grant from the Michigan Health Endowment Fund and the Ralph C. Wilson, Jr. Foundation to create a Family Caregiver Respite Voucher program in Region 1-B.
- The AAA 1-B was able to successfully conduct the 3-year Request For Proposals (RFP) and contract process for contracted services through virtual platforms. The department implemented a new contract database for applicants to submit applications and for AAA 1-B to review, score, and award contracts.
- Advocacy efforts were successful in including a \$1.50 increase for Direct Care Workers working in state funded programs in the Executive’s proposed FY 2024 Budget.
- The return to in-person outreach events and presentations has been successful. In the last year AAA 1-B staff participated in over 90 events reaching over 8,000 older adults and family caregivers.
- The AAA 1-B has shifted most staff to a hybrid workforce model, increasing operational efficiency.

Ongoing challenges faced by the agency include:

- The agency’s new Electronic Medical Record launched on December 5th, 2023. The AAA 1-B is continuing to work with the Electronic Medical Record vendor to resolve technical concerns that impact AAA 1-B workflows.
- The largest challenge impacting AAA 1-B programs continues to be the direct care worker shortage.
- As AAA 1-B staff begin conducting in-person annual assessments for the first time in nearly 3 years, and the public health emergency begins to wind down, it is anticipated that AAA 1-B staff are going to have to closely monitor and provide on-going support to our contracted service providers to ensure they adhere to the service standards. Waivers have allowed for flexibility within the standards but may not be allowable moving forward.

PUBLIC HEARINGS:

At least one public hearing on the FY 2024 AIP must be held in the PSA. 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 AAA 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, tribal, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+), immigrant communities and/or other underrepresented groups; presentation on the AAA's website, along with communication via email and social media referring to the notice; press releases and public service announcements; and a notice to AAA partners, service provider agencies, older adult organizations, and local units of government. *See Operating Standards for AAAs, Section B-2 #3.* 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 14 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.

The AAA 1-B will be hosting a public hearing on the FY 2024 Annual Implementation Plan on Thursday May 11th, 2023 at 1pm via Zoom. Information about this hearing can be found on www.aaa1b.org

In addition, the AAA should also upload into AMPS a copy of your official notice and/or press release(s) for a public hearing. Please describe the strategy/approach employed to encourage public attendance and testimony on the AIP. Describe all methods used to gain public input and any impacts on the AIP. Describe how the AAA factored the accessibility issues of the service population and others in choosing the format of the meeting.

The AAA 1-B chose to host the public hearing virtually to enable participation from individuals throughout all 6 counties in Region 1-B. In 2022 83% of public hearing participants chose to participate virtually. To ensure access by individuals who do not use the internet, a phone in-option is being provided.

REGIONAL SERVICE DEFINITIONS

If the AAA 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 is not proposing any new Regional Service Definitions for FY 2024.

ACCESS SERVICES

Instructions

Access services may be provided to older adults directly through the AAA without a direct service provision request. These services include Care Transition Coordination & Support; 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 AAA is planning to provide any of the above noted access services directly during FY 2024, complete this section.

Instructions

Select from the list of access services those services the AAA plans to provide directly during FY 2024, 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

Goal: Utilize the Service Coordination Continuum to move participants from the Community Living Program or the Community Living Program 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.

Expected Outcome: Older adults at the greatest risk for unnecessary nursing home placement or hospitalization will receive Aging, Community Living and Supports (ACLS) funded Care Management services.

Goal: Conduct at least four trainings for Care Management supports coordinators on topics such as diversity, equity, and inclusion (DEI), current practice guidelines, elder abuse, and available community resources. All new staff will complete person-centered thinking online training within their first year of hire.

Expected outcome: 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 and support

Goal: Review the wait list prioritization processes, advocating with the state, to assure wait list best practices align with the state's objectives.

Expected outcome: Older adults with the highest level of need who are requesting in-home and other ACLS Bureau-funded services will receive them faster.

Goal: Conduct at least four trainings for Community Living Program supports coordinators on topics such as diversity, equity, and inclusion (DEI), current practice guidelines, elder abuse, and community resources. All new staff will complete person-centered thinking online training within their first year of hire.

Expected outcome: Community Living Program supports coordinators will keep their knowledge and skill levels current to the agency and state priorities and models of provision of care to participants.

Information and Assistance

Goal: Reduce the barriers to accessing programs and services by providing additional support to and follow up with higher-risk older adults and family caregivers.

Expected outcomes: An increase in the percentage of higher risk older adults and family caregivers who connect with local programs and services.

Outreach

FY 23 Outreach

Goal: Increase the awareness of first responders on how the Area Agency on Aging 1-B can help older adults and family caregivers.

Expected outcomes: To increase the number of referrals made by first responders to older adults and /or family members to the Agency.

Options Counseling

FY 23 Options Counseling

Goal: Increase the number of older adults and family caregivers receiving unbiased, person-centered Options Counseling.

Expected Outcomes: A 5% annual increase, year or year, for three years of the number of older adults and family caregivers who receive Options Counseling through the AAA 1-B.

FY 2024 Plan Update (list new goals/activities with associated outcomes):

Goal: Increase the number of older adults and family caregivers receiving unbiased, person-centered Options Counseling.

Expected Outcomes: A 5% annual increase, year or year, for three years of the number of older adults and family caregivers who receive Options Counseling through the AAA 1-B.

Direct Service Request

This section applies only if the AAA 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, AAAs can request to provide these services directly. Direct service provision requests must be approved by the Commission on Services to the Aging (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 AAA may be appropriate when, in the judgment of the ACLS Bureau: A) provision is necessary to ensure an adequate supply; B) the service is directly related to the AAA’s administrative functions; or C) a service can be provided by the AAA 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 2024. Specify in the appropriate

text box for each service category the planned goals and activities that will be undertaken to provide the service.

Direct service budget details for FY 2024 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 AAA is not submitting a new request to provide an in-home, community, or nutrition service directly during FY 2024.

The AAA 1-B is not providing any new Direct Services in FY 2024.

REGIONAL DIRECT SERVICE REQUEST

This section applies only if the AAA 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 contract 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 AAA would be if, in the judgment of the ACLS Bureau: A) provision is necessary to assure an adequate supply; B) the service is directly related to the AAA's administrative functions; or C) a service can be provided by the AAA more economically than any available contractor, and with comparable quality.

Instructions

AAAs 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 the left after the screen refreshes. 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 2024. Also specify in the appropriate text box for each service category the planned goals and activities that will be undertaken to provide the service.

Regional Direct Service Budget details for FY 2024 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 is not proposing any new Regional Direct Service Requests in FY 2024.

Approved Program Development Objectives

Program development goals and objectives previously set by the AAA 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 AAA 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, the ACLS Bureau Operating Standards for AAAs have long required that preference be given to serving older persons in greatest social or economic need with particular attention to low-income minority elderly.

Please refer to Operating Standards for AAAs sections C-2 and C-4 along with the Document Library for the ACLS Bureau training completed on Embedding Diversity, Equity & Inclusion (DEI) within Aging Services across Michigan for the MYP 2023-2025 Cycle.

Within the progress tab, ensure to address, at a minimum, the below Program Development Objectives:

- Objective 1- Increase services provided to Black, Indigenous (tribal), and People of Color (BIPOC), and LGBTQ+ seniors served in your region. Please include how the AAA is measuring this progress including how you will ensure that programming and outreach is culturally sensitive and welcoming to all.
- Objective 2- Increase the number of AAA staff, providers, caregivers, and volunteers trained in implicit bias, cultural competencies, and root causes of racism. Please include a brief description of how the AAA tracks to ensure the number of individuals trained has increased.
- Objective 3- Increase availability of linguistic translation services and communications based on the cultural needs in the region in which you serve. Please include the top 3 requested linguistic translation services for your PSA. How does the AAA ensure that linguistic translation services are meeting the needs of the older adults within their PSA?

AAA 1-B Goal A: Develop resources to support aging service program growth.

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

Timeline: 10/01/2022 to 09/30/2025

Departments: Research

Activities:

1. *Educate advocacy stake holders about policy solutions for issues impacting older adults, caregivers, and direct care workers.*
2. *Produce and promote tools that support older adult advocacy efforts including monthly additions of The Advocate, the AAA 1-B Legislative Advocacy Platform, Legislative Analysis, and written Calls to Action.*
3. *Engage in direct communications with elected officials about older adult issues through face-to-face contacts and written communications.*
4. *Support collaborative advocacy efforts with state and local partners.*

Expected outcomes:

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

The AAA 1-B created a Legislative Platform for the 2023-2024 legislative session with input from the AAA 1-B Advisory Council and Board of Directors. The platform included information about sixteen priority advocacy issues for the agency, including rebalancing Michigan's long term care spending, support for ACLS Bureau 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.

At the end of FY 22, the AAA 1-B Advisory Council Ad Hoc Committee developed documents to be used to educate new legislators including a data toolkit, which outlined county specific data for 60+ older adults, and a series of one page advocacy tools on AAAs, Caregivers, Information & Assistance, the Older Americans Act, and Transportation.

The AAA 1-B continues to publish a monthly advocacy newsletter, The Advocate, which provides information to subscribers about local, state, and federal advocacy including analysis of proposed bills, such as the repeal of the Retirement Tax.

The AAA 1-B identified a need for increased funding to support the Long-Term Care Ombudsman program. The AAA 1-B is working with advocates from other AAAs, as well as the State Long Term Care Ombudsman, AARP and the Alzheimer's Association to address the needs of this program. An advocacy request has been developed to increase the number of ombudsman staff statewide by 33 full-time employees, for a total increased cost of \$3 million annually.

The AAA 1-B continues to provide leadership to the statewide Silver Key Coalition, which is focused on addressing unmet needs for Bureau of Aging, Community Living, and

Supports (ACLS) in-home services. The Coalition is requesting a \$9 million increase for senior in-home services and a \$1 million increase for Home-Delivered Meals in the ACLS Bureau FY 2024 budget.

The AAA 1-B, working alongside the Area Agencies on Aging Association of Michigan, is continuing to discuss the importance of including Caregiver Resource Centers in the FY 24 state budget or supplemental.

The AAA 1-B continues to advocate for a wage increase of \$4 an hour for direct care works as recommended by the DCW Wage and Training Workgroup.

So far in FY 23, AAA 1-B staff have met with 21 State Representatives and 10 State Senators from 1-B's PSA to introduce them to the Area Agencies on Aging and AAA 1-B's advocacy priorities.

A2. Increase AAA 1-B capacity to secure additional funding resources.

Timeline: 10/01/2022 to 09/30/2025

Departments: Communications, Research

Activities:

1. *Enhance AAA 1-B fundraising strategy to grow the agency donor base and increase the annual amount of donated funds.*
2. *Increase AAA 1-B grants-seeking activities to support program innovation and enhancement.*

Expected Outcomes:

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

In FY 2023 the AAA 1-B has been awarded the following grants:

The AAA 1-B received \$327,783 from The Michigan Health Endowment Fund and Ralph C. Wilson, Jr. Foundation to create a Family Caregiver Respite Voucher Program. This program will provide access to short-term respite care for informal and family caregivers of older adults. Family caregivers in this program will be able to purchase respite care from someone in their known network using a respite voucher. This program is expected to launch in late 2023.

The AAA 1-B has been awarded two grants funded by the Office of Global Michigan to address the needs of Older Refugees. The AAA 1-B partners with United Community Family Services; also known as Chaldean American Ladies of Charity, to provide access to community services and resources for older refugees.

The 2023 Safety Net Services Grant from the United Way for Southeastern Michigan is being utilized to support enhanced Medicare and Medicaid Assistance Program (MMAP) outreach and service to targeted communities in Oakland and Macomb Counties.

AAA 1-B was awarded two grants from Michigan Department of Health and Human Services to provide access to and information for COVID-19 vaccinations in FY 2023.

The AAA 1-B continues work on grants awarded prior to FY 2023 including the Reimagine Caregiving Grant funded by the Ann Arbor Community Foundation, the Oakland County Healthy Aging Blueprint from the Community Foundation for Southeast Michigan, and the Oakland Together Social Isolation Lifeline project funded by the Michigan Health Endowment Fund.

A change was made to the AAA 1-B fundraising strategy in the third quarter of FY 2022, after the MYP was submitted. For FY 2023 the agency will only raise funds to support the Holiday Meals on Wheels program.

AAA 1-B Goal B: Expand access to and awareness of aging services.

B1. Increase the awareness of first responders on how the Area Agency on Aging 1-B can help older adults and family caregivers.

Timeline: 10/01/2022 to 09/30/2025

Departments: Communications

Activities:

1. *Provide presentation and educational opportunities to first responders about the Agency and how we help older adults and family caregivers.*

Expected Outcomes:

1. *To increase the number of referrals made by first responders to older adults and /or family members to the Agency.*

The Communications team has identified and assigned a project lead and developed a project schedule including budget and timelines. The lead staff person has formally interviewed several first responders to understand the interactions they have with older adults, and the type of training, such as videos, virtual or in-person training that would meet the needs of their teams.

B2. Develop additional resources for caregivers which will improve their confidence and ability to care for their loved one.

Timeline: 10/01/2022 to 09/30/2025

Departments: CSI, Communications, Research

Activities:

- 1. Provide caregivers with access to the Care Academy eLearning program to provide skill-based training*
- 2. Encourage communities to take the Caregiver Friendly Community Self-Assessment and enact improvements to their caregiver support resources*
- 3. Reduce the barriers to accessing programs and services by providing additional support to and follow up with higher risk older family caregivers using our information and referral service.*
- 4. Explore opportunities to expand the caregiver coaching program to kinship caregivers*

Expected Outcomes:

- 1. Caregivers will gain practical knowledge that increases their capacity to provide quality care and prevent burnout.*
- 2. Communities will enact systems change that supports family caregivers.*
- 3. An increase in the percentage of higher risk older adults and family caregivers who connect with local programs and services.*

The AAA 1-B was awarded a grant of \$327,783 from The Michigan Health Endowment Fund and Ralph C. Wilson, Jr. Foundation to create a Family Caregiver Respite Voucher Program. The program will be modeled after successful Lifespan Respite Care Programs in other states through which caregivers are provided voucher funds to purchase respite care for their loved ones, allowing caregivers to take a needed break from their caregiving duties. The program's short-term aim is to develop an inclusive, caregiver-directed respite program that provides informal and family caregivers with access to affordable and high-quality respite care, reduces caregiver stress, and improves caregiver quality of life. When caregivers receive the support needed to meet their basic physical, mental, and social needs, the older adults for whom they provide care will receive higher quality care due to the lower levels of caregiver stress and overwhelm. Long-term aims of the program include improved caregiver connection to community resources, reduced strain on the home health care industry, and the ability for older adults to continue living in the community setting of their choice.

The AAA 1-B Caregiver Coaching Program matches people caring for an aging or disabled loved one with a compassionate, trained volunteer who provides them with one-on-one support. Currently the Program has 12 volunteers serving 23 caregivers. Expansion into kinship caregiving (family/loved ones caring for a minor child) is being explored and volunteers continue to be recruited to support program growth. The AAA 1-B was provided with a donation from the Shared Mission Foundation which is being utilized to support the Caregiver Coaching program by providing Diversity Equity and Inclusion training to program volunteers.

The AAA 1-B promoted the Care Academy platform through various outlets, including a presentation to all staff, direct mailings of flyers to informal caregivers throughout the 1-B region, distribution of flyers at community events, sharing flyers on social media accounts, sharing flyers through email distribution groups, and promotion through other caregiver specific programs and workshops. Caregivers using the Care Academy platform were provided with skill-based training with the goal to gain practical knowledge that increased their capacity to provide quality care and prevent burnout. Forty-five caregivers utilized the Care Academy Platform. Caregivers reported that Care Academy helped to reduce stress and to improve their knowledge to manage their own self-care. Caregivers also reported an increased knowledge in how to provide personal care activities effectively. Additional courses on home safety, including prevention of falls in the home were reported helpful by caregivers surveyed.

While the platform was beneficial to caregivers, the AAA 1-B was unable to re-new the contract with Care Academy for a second year due to confidentiality and HIPAA concerns. The AAA 1-B will explore the opportunity to identify another caregiver platform to utilize.

AAA 1-B Goal C: Modernize programs and services to enable older adults to age in place.

C1. Implement IT System improvements to increase efficiency in providing programs and services

Timeline: 10/01/2022 to 09/30/2025

Departments: IT

Activities:

1. *Transition to a new Electronic Medical Record (EMR) software for aging service programs.*

Expected Outcomes:

1. *Improve the quality and quantity of data collection and extraction to anticipate current and future resource needs.*
2. *Improve the quality and accuracy of assessment documentation captured to improve participant health outcomes.*
3. *Improve staff efficiency in providing ACLS Bureau services.*

The Area Agency on Aging 1-B launched a new Electronic Medical Record (EMR) system on December 5th, 2022. Following the launch, functional issues were identified that required modification. The AAA 1-B is continuously working with the EMR vendor to update the system.

C2. Ensure high risk older adults have access to supportive services

Timeline: 10/01/2022 to 09/30/2025

Departments: Clinical, CSI, Vendor Mgmt

Activities:

1. *Review the wait list prioritization process to assure highest-need individuals receive services*
2. *Collaborate with contracted service providers to share best practices to address social isolation*
3. *Establish new network communication to facilitate collaboration between AAA 1-B and our vendor network*

Expected Outcomes:

1. *Older adults with the highest level of need who are requesting in-home and other ACLS Bureau-funded services will receive them faster.*
2. *Older adults and caregivers experiencing social isolation will receive increased support, resulting in lower levels of social isolation.*

AAA 1-B has a prioritized waitlist which allows older adults with the highest level of need to receive services faster. The agency continues to plan to review the wait list process to ensure alignment with state objectives.

During the programmatic assessment of contracted providers this spring, discussions for promoting the senior congregate dining programs will be directed to increase participation of returning and new participants to aid in the prevention of social isolation. ACL offered a training for increasing participation in congregate programs, “Power Up You Congregate Meal Program – Tips to Keep Those we Serve on the Table”. This opportunity was shared with the nutrition providers in our region.

Discussions are also occurring with contractors regarding how to further support caregivers and capture program outcomes through caregiver surveys. In addition, social services and caregiver contractors are being encouraged to collaborate in creative ways to promote services, through offering respite services to AAA 1-B wellness program participants, presenting more educational presentations within the community, and sharing resources and engage with clients at community events and health fairs. Virtual programming for some services such as wellness and caregiver education continue to support and engage individuals who are not able to leave their homes.

In FY 2023 the AAA 1-B Vendor network management team will survey providers to gather information about preferred communication methods and types of information they want to receive as an AAA 1-B partner organization to facilitate collaboration

AAA 1-B Goal D: Improve the Accessibility of Services to Michigan’s Communities and People of Color, Immigrants and LGBTQ+ Individuals.

D1. Ensure staff at the AAA 1-B and subcontracting agencies is knowledgeable about DEI and unconscious bias.

Timeline: 10/01/2022 to 09/30/2025

Departments: Human Resources, CSI

Activities:

1. *Provide all AAA 1-B employees with diversity, equity & inclusion (DEI) training annually.*
2. *Provide a live online training with interactive discussions and learning to its subcontracting agencies including diversity, equity, and inclusion.*

Expected Outcomes:

1. *Increased utilization of both direct and contracted services by minority caregivers /older adults.*

AAA 1-B is partnering with the Diverse Elders Coalition to offer training to staff and Caregiver Coaching Program Volunteers. Staff can participate in any of the 7-session trainings designed to better serve diverse family caregivers and older adults. DEI training will highlight experiences of caregivers from the following communities: American Indian & Alaska Native, Hispanic & Latino, African American & Black, Chinese American & Korean, Southeast Asian American, and Lesbian, Gay, Bisexual, Queer, & Transgender Caregivers.

Mandatory annual DEI training will continue to be held for all Agency employees on May 16, 2023. In this training participants will explore the science of bias, prejudice, and xenophobia to become more aware of its influence on behavior and examine strategies to become more adaptable. Increasing a workforce's capacity for diversity and inclusion can create a healthy and productive workplace, while also reducing an organization's risk of fostering tension amongst different intersections. Identified Learning Outcome: 80% of participants will be able to identify the difference between implicit and explicit bias and what role it plays in our caregiving.

AAA 1-B is reviewing programming to potentially offer to caregivers in the 1-B region called "CarePartners Passage Through Dementia (CPTD)." CPTD is a positive psychology approach to caregiving that honors both the care recipient and the caregiver. This culturally sensitive program focuses on the unique needs of each caregiver with a special emphasis on African American caregivers and the importance of being culturally sensitive to concerns in communities of color. Outcomes from this program show that this program helps to address the mistrust that exists in African American communities toward medical systems and research. If feasible, AAA 1-B will plan to begin offering program to caregivers within our service region in late spring/summer of 2023.

Contracted service providers are required to identify and target at least one underserved/target population to be served each fiscal year. Targeting plan documents are submitted annually and reviewed/approved by AAA 1-B staff. Providers have the ability and are encouraged to assist participants from different cultural, language, and religious backgrounds to access and provide services in a way that respects these diverse backgrounds. Providers are required to report targeting data quarterly to AAA 1-B for review and to ensure targeting goals are being met and/or identify if technical assistance is needed. AAA 1-B share opportunities for DEI training with contracted service providers.

D2. Provide outreach and education to minority and underserved populations to increase access to understanding what services and programs are available through the AAA 1-B.

Timeline: 10/01/2022 to 09/30/2025

Departments: Communications, Research

Activities:

1. *Continue to build on existing relationships with local organizations serving minority populations to provide information and education to their community.*
2. *Review and implement, where feasible, translation services for on-line presentations including education and public hearings.*

Expected Outcomes:

1. *Continue growth in the number of minority older adults and/or family caregivers who contact the AAA 1-B for information and assistance services.*

The AAA 1-B is continuing partnerships with key local organizations and media outlets serving minority older adults. Media partnerships include Michigan Chronicle, a publication focused on reaching the Black community and LaPrensa, a newspaper for the Hispanic community.

The agency has a strong partnership with MiGen, an organization dedicated to supporting the LGBTQ community. Through our MMAP program we are working on recruiting minority individuals to become MMAP certified counselors including counselors who speak Cantonese and Spanish, in addition to recruiting a LGBTQ counselor through MiGen.

The agency continues to prioritize outreach to lower income areas, and in the first quarter of FY 2023 hosted an event in Wixom targeted for low-income seniors. We have a similar event planned in Keego Harbor in April. Both communities have been identified

as lower income communities where over 40% of the households are below 150% of poverty.

The Older Adult Refugee grant, which primarily serves Iraqi and Syrian individuals residing in Oakland and Macomb Counties, was expanded in FY 2023 to include a second grant focused on supporting Afghan refugees.

AAA 1-B staff facilitated a connection between ACLS staff and the Association of Chinese Americans to host a translated Community Listening Session for the State Plan on Aging. AAA 1-B's myride2 program coordinated and paid for transportation services for Chinese older adults attending the session.

The AAA 1-B general agency information for Outreach purposes is available in Spanish, Simplified Chinese, Arabic, and Russian. The AAA 1-B website contains translated pages, in those same languages that provide information on how we help older adults and family caregivers. The AAA 1-B is exploring opportunities to offer translation services on public zoom meetings.

The AAA 1-B utilizes a Language line service that provides translation to facilitate communication with non-English speaking community members and program participants. In FY 2022, the AAA 1-B assisted 375 callers using the Language Line translation service, an 80% increase in callers over FY 2021 levels. The languages translated were Arabic (61%), Bengali (14%), Gujarati (6%), Mandarin (6%), Russian (5%), Albanian (5%), and Spanish (3%).

FY 2024 AIP PROGRAM DEVELOPMENT OBJECTIVES

Please provide information for any new program development goals and objectives that are proposed by the AAA during FY 2024.

Instructions

The AAA must enter each new program development goal in the appropriate text box. It is acceptable, though not required, if some of the AAA's program development goals correspond to the ACLS Bureau'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).

Program development goals and objectives previously set by the AAA 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 AAA to provide information on progress toward the objectives to date. This text box is editable.

The AAA 1-B is not proposing any new program development objectives for FY 2024.

AREA PLAN GRANT BUDGET

Budget documents that the AAA 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. Please note that specific budget instructions for FY 2024 are included in the Document Library.

A FY 2024 Cost Allocation Plan Worksheet will be issued for your use in establishing your FY 2024 AIP budgets. Your FY 2024 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.

SUPPLEMENTAL DOCUMENTS

Other documents that the AAA 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. AAA 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.
 - a. To be completed.
- B. FY 2024 Evidence-Based Programs Document (Document Library in AMPS)
 - a. Complete
- C. Emergency Management and Preparedness Document (Document Library in AMPS)

- a. Complete
- D. Policy Board Membership (Document A in AMPS)
 - a. To be completed.
- E. Advisory Council Membership (Document B in AMPS)
 - a. To be completed.
- F. Copy of your official notice and/or press release(s) for the FY 2024 AIP public hearing
 - a. To be completed.

DOCUMENTS FOR SPECIAL APPROVAL

Select the supplemental document(s) from the list below only if applicable to the AAA's FY 2024 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 (Document C in AMPS)
 - a. N/A
- B. Cash-In-Lieu-Of-Commodity Agreement (Document D in AMPS)
 - a. N/A
- C. Waiver of Minimum Percentage of a Priority Service Category (Document E in AMPS)
 - a. N/A
- D. Request to Transfer Funds (Document F in AMPS)
 - a. N/A

SIGNATURE PAGE

The FY 2024 AIP Signature Page must be signed by the AAA director and the AAA board chairperson, saved as a pdf and uploaded through the Budget and Other Documents Tab.

To be completed.

AIP APPROVAL CRITERIA

The FY 2024 AIP Approval Criteria were approved by the CSA on January 20, 2023, and issued in Transmittal Letter #2023-492.

FY 2024 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Area Agency on Aging 1-B

PSA:

Budget Period:

10/01/23

to

09/30/24

Rev. 2/7/23

Date:

04/11/23

Rev. No.:

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Operating Standards For AAA's

Op Std	SERVICE CATEGORY	Title III-B	Title III-D	Title III - E	Title VII A Title VII/EAP OMB	State Access	State In-Home	St. Alt. Care	State Care Mgmt	State NHO	St. ANS	St. Respite (Escheat)	MATF	St. CG Suppt	TCM-Medicaid MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
A	Access Services																		
A-1	Care Management	351,595		304,000		10,000			250,000		120,000						65,000	44,772	1,145,367
A-2	Case Coord/supp	100,000		225,000		10,000			613,653		146,000						45,000	97,750	1,237,403
A-3	Disaster Advocacy & Outreach Program																		-
A-4	Information & Assis	369,849		343,122		20,000					25,000							83,458	841,429
A-5	Outreach	244,722		276,622		146,610												62,207	730,161
A-6	Transportation												15,000						15,000
A-7	Options Counseling	25,000		35,000														6,667	66,667
A-8	Care Transition																		-
B	In-Home																		
B-1	Chore	450,000														8,000	50,000	508,000	
B-2	Home Care Assis																	18,500	186,000
B-3	Home Injury Cntrl	119,500		48,000															2,582,223
B-4	Homemaking						2,280,000											60,000	242,223
B-6	Home Health Aide																		-
B-7	Medication Mgt						18,000											2,000	20,000
B-8	Personal Care						730,000	20,000								40,000		83,334	873,334
B-9	Assistive Device&Tech			5,000			210,000											23,334	238,334
B-10	Respite Care						89,050	709,595						339,858	62,676	84,458		142,849	1,428,486
B-11	Friendly Reassure																		-
C-10	Legal Assistance	246,467		10,000															28,467
C	Community Services																		
C-1	Adult Day Services	91,000																	651,805
C-2	Dementia ADC																		266,667
C-6	Disease Prevent/Health Promtion		216,831																240,924
C-7	Health Screening																		-
C-8	Assist to Hearing Impaired & Deaf Cmty	47,500																	52,778
C-9	Home Repair																		-
C-11	LTC Ombudsman	157,645			18,728					73,035					27,308			11,150	287,866
C-12	Sr Ctr Operations																		-
C-13	Sr Ctr Staffing																		-
C-14	Vision Services																		-
C-15	Prevtnt of Elder Abuse,Neglect,Exploitation	47,591			42,409													10,000	100,000
C-16	Counseling Services																		-
C-17	Creat.Conf.CG@ CCC/ inactive use C20																		-
C-18	Caregiver Supplmt Services																		-
C-19	Kinship Support Services			70,000														7,500	77,500
C-20	Caregiver E,S,T	60,000		30,000														10,000	100,000
*C-8	Program Develop	538,268																63,312	601,580
	Region Specific																		
	a.																		-
	b.																		-
	c.																		-
	d.																		-
Sp Co	7. CLP/ADRC Services																		-
Sp Co	8. MATF Adm												77,188						77,188
Sp Co	9. St CG Sup Adm													9,524					9,524
	SUPPRT SERV TOTAL	2,849,137	216,831	1,346,744	42,409	186,610	3,327,050	729,595	863,653	73,035	291,000	359,858	857,652	105,818	27,308	108,000	110,000	1,109,742	12,623,170

FY 2024 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 2/7/23

Agency: Area Agency on Aging 1-B Budget Period: 10/01/23 to 9/30/24
 PSA: 0 Date: 04/11/23 Rev. Number 0

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FY 2024 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III C-1	Title III C-2	State Congregate	State HDM	NSIP Title III-E	Program Income	Cash Match	In-Kind Match	TOTAL
	Nutrition Services									
C-3	Congregate Meals	3,635,577		62,518		664,938			436,400	4,799,433
B-5	Home Delivered Meals		2,512,179		3,101,783	997,408			661,200	7,272,570
C-4	Nutrition Counseling									-
C-5	Nutrition Education	131,868	32,967							164,835
	AAA RD/Nutritionist*									-
	Nutrition Services Total	3,767,445	2,545,146	62,518	3,101,783	1,662,346	-	-	1,097,600	12,236,838

*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by AASA.

FY 2024 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title VII-A	Title VII-EAP	State NHO	MSO Fund	Program Income	Cash Match	In-Kind Match	TOTAL
	LTC Ombudsman Ser									
C-11	LTC Ombudsman	157,645	18,728	-	73,035	27,308	-	-	11,150	287,866
C-15	Elder Abuse Prevention	47,591		42,409			-	-	10,000	100,000
	Region Specific	-	-	-	-	-	-	-	-	-
	LTC Ombudsman Ser Total	205,236	18,728	42,409	73,035	27,308	-	-	21,150	387,866

FY 2024 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

Op Std	SERVICES PROVIDED AS A FORM OF RESPITE CARE	Title III-B	Title III-E	State Alt Care	State Escheats	State In-Home	Merit Award Trust Fund	Program Income	Cash/In-Kind Match	TOTAL
B-1	Chore									-
B-4	Homemaking									-
B-2	Home Care Assistance									-
B-6	Home Health Aide									-
B-10	Meal Preparation/HDM									-
B-8	Personal Care									-
	Respite Service Total	-	-	-	-	-	-	-	-	-

FY 2024 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

Op Std	SERVICE CATEGORY	Title III-B	Title III-E				Program Income	Cash Match	In-Kind Match	TOTAL
	Kinship Ser. Amounts Only									
C-18	Caregiver Sup. Services	-					-		-	-
C-19	Kinship Support Services	-	70,000				-	-	7,500	77,500
C-20	Caregiver E,S,T	-	-				-	-	-	-
	Kinship Services Total	-	70,000				-	-	7,500	77,500