

PSA SUBMITTAL PAGE

- Area Plan for July 1, 2023 - June 30, 2026
- Amendment (Date): _____

This Area Plan for Programs on Aging and Disability is hereby submitted for the PSA 9 planning and service area. The Aging Commission of the Mid-South- Area Agency on Aging and Disability assumes full responsibility for implementation of this plan in accordance with all requirements of the Older Americans Act and Regulations; laws and rules of the State of Tennessee; and policies and procedures of the Tennessee Commission on Aging and Disability.

This plan includes all information, goals and objectives, and assurances required under the Tennessee Area Plan on Aging format, and it is, to my best knowledge, complete and correct.

Signature: [Signature] Date: 4/1/22
Area Agency Director

The Area Agency Advisory Council has participated in the development and final review of the Area Plan. Advisory Council members, participation in public hearing, and participation in Area Plan process is included in Exhibit E-1 to E-3 of the Plan.

Signature: [Signature] Date: 3/31/22
Chair, Area Agency Advisory Council

The Board of Directors of the sponsoring agency has reviewed this plan and Submittal Page. It is understood that we are approving all sections of the plan, Exhibits A - H. We are satisfied that the plan is complete, correct, and appropriately developed for our planning and service area.

Signature: [Signature] Date: 4/1/22
Director, Grantee Agency

Signature: [Signature] Date: 4/1/22
Chair, Grantee Agency Board

AREA PLAN on AGING and DISABILITY

*For Progress toward a Comprehensive, Coordinated Service System
for Older Persons and Adults with Disabilities*

Aging Commission of the Mid-South (ACMS)

Designated Area Agency on Aging and Disability

for the

Planning and Service Area 9 (PSA 9)

Planning and Service Area

**in TENNESSEE for
July 1, 2023 – June 30, 2026**

Designated Planning and Service Area

AAAD Name:	Aging Commission of the Mid-South
Physical Address:	160 N. Main 3 rd Floor Memphis TN 38103
Mailing Address (if different):	same
AAAD Phone and Fax Number:	901-222-4100 phone 901-222-4199
AAAD Email Address:	No general address, email addresses of staff are public on website
Website:	www.agingcommission.org
AAAD Director:	Kim Daugherty, MSSW
In Operation Since:	1974
Mission:	Provide information and assistance to connect seniors, adults with disabilities, their families and caregivers with tools needed to maximize their independence and safety in their chosen community.

AAAD County Data

Aging Commission of the Mid-South PSA 9							
Geography	Population		Language	Poverty			Rural
	60+ Population	% of 65+ who are minority	% of individuals ages 65+ who speak language other than English At Home	% of individuals ages 65+ who are below 100% FPL	% of total 65+ population who are below poverty	% of total 65+ population who are Low Income Minority	% of all 65 who are Rural
Fayette County	10,471	22%	1.54%	10.39%	9.74%	4.27%	79.04%
Lauderdale County	5,425	23%	0.53%	11.41%	14.39%	3.96%	58.66%
Shelby County	163,036	44%	3.92%	10.52%	11.10%	7.64%	2.76%
Tipton County	11,327	16%	2.04%	8.85%	8.85%	3.18%	55.13%

Needs Assessment and Program Challenges

As a part of the Statewide Survey, questions were asked to both older adults and providers. The top challenges or unmet needs for each are listed below:

Older Adult Survey Top 5	
What challenges keep you from being more active in your community?	What improvements would make your day-to-day life better?
<ul style="list-style-type: none"> • COVID-19 Concerns (62.19%) 	<ul style="list-style-type: none"> • COVID-19 Safety (47.18%)
<ul style="list-style-type: none"> • Health concerns or lack of healthcare (11.76%) 	<ul style="list-style-type: none"> • Social Needs (47.2%)
<ul style="list-style-type: none"> • Financial concerns (7.5%) 	<ul style="list-style-type: none"> • Improvement in financial concerns (7.92%)
<ul style="list-style-type: none"> • Transportation (6.9%) 	<ul style="list-style-type: none"> • Exercise and Recreational Activities (6.72%)
<ul style="list-style-type: none"> • Social Needs (6.5%) 	<ul style="list-style-type: none"> • Transportation (5.64%)

Service Provider Survey Top 4	
What are the three (3) most common unmet needs you see in your older adult population?	In Tennessee, what are the three (3) most pressing changes to be made in order to improve daily life for older adults?
<ul style="list-style-type: none"> • Social Needs (43.7%) 	<ul style="list-style-type: none"> • Social Needs (21.1%)
<ul style="list-style-type: none"> • Transportation (33.3%) 	<ul style="list-style-type: none"> • Home and Community Based Services, "HCBS" (19.9%)
<ul style="list-style-type: none"> • Nutrition (29.4%) 	<ul style="list-style-type: none"> • Transportation (19.9%)
<ul style="list-style-type: none"> • Access to Healthcare (22.9%) 	<ul style="list-style-type: none"> • Nutrition (14.7%)

1. Choose three (3) areas of unmet need or challenges mentioned in the above surveys that the AAAD sees as challenges the AAAD will face in the next 4 years. If you conducted a needs assessment for your planning area and identified needs not addressed in the above survey, you may choose those as a part of your three (3) areas.

financial concerns, transportation, social needs

2. As the State plans to be effective in the provision of services and supports to Older Tennesseans, we must utilize all available resources, including both people and money. In your planning and coordination, outline the strategies the AAAD will use to address these challenges and include the use of the following solutions:
 - Collaborative - build on new and existing partnerships
 - Diverse - provide a greater variety of services and programs to meet the needs of all populations

Area Plan, FY 2023 - 2026

- Streamlined - create easier access to services and programs
- Data-driven - use data to inform decisions and track successes
- Anticipatory - address both immediate needs of older adults and the needs of future older adults

See goals, objectives, strategies, and outcomes outlined in this plan.

3. In the Service Provider survey, they identified barriers to improving the lives of older adults. These are related to areas of systems change. Choose one (1) of the following areas that the AAAD identifies as a barrier and include efforts the AAAD will make within the 4-year Area Plan cycle to address systems change in that particular area:

- Not Enough Services/Organizations (25.97%)
- Inadequate Funding (24.2%)
- Staffing Issues (13.9%)
- Rules/Regulations (8.6%)
- Transportation (8.2%)

ACMS will issue a Request for Proposal in the Spring of 2022 to address the barrier “not enough services/organizations”. We will renew relationships with current providers and engage in efforts to bring new organizations into the service provider systems. Recruitment and purchasing procedures will be utilized to secure qualified service providers.

Plan for Program Development and Coordination

The AAAD is proposing to use \$ 62,768 in Title III-B direct service funds to pay for Program Development and Coordination during FY 2023. TCAD allows up to 10% of these funds to be used for this purpose. The proposed amount represents 8 % of the AAADs new Title III-B direct service allotment.

If yes, include a goal, objectives, and strategies that describe the program development/coordination activities that will be performed by the AAAD staff member(s) paid from these funds and how these activities will have a direct and positive impact on the enhancement of services for older persons in the PSA. Costs should be in proportion with the benefits described.

Goal: Create and maintain partnerships and collaborations that impact and enhance services for seniors and persons with disabilities in Planning and Service Area 9.

Objective 1: ACMS will collaborate with aging network partners, community based organizations, local governments, state legislature, healthcare providers, and state departments, to advocate for seniors and persons with disabilities who are victims of abuse, neglect, and exploitation.

- Strategy 1: Participate, advise, and make recommendations in Shelby County Senior Protection Coalition.
- Strategy 2: Participate, advise, and make recommendations in statewide task group addressing unlicensed homes for persons who are elderly and disabled.
- Strategy 3: Participate, advise, and coordinate with partners World Elder Abuse Awareness Day events and activities through-out PSA 9.
- Strategy 4: Examine, propose, and recommend legislative response to elder abuse.
- Strategy 5: Participate, advise, and make recommendations in VAPIT meetings in Fayette, Lauderdale, Shelby, and Tipton counties
- Strategy 6: Participate, advise, and make recommendation in CREA meetings in Shelby County.
- Strategy 7: Participate, advise, and make recommendations in Elder Abuse Task Force.
- Strategy 8: Participate, advise, and make recommendations to Unlicensed Homes Strike Force.

Impact: Improve the protection of seniors and persons with disabilities who are victims of abuse, neglect, and exploitation.

Objective 2: ACMS will collaborate aging network partners, community based organizations, local governments, state legislatures, health care providers, and state departments to produce events and support efforts to increase public awareness regarding resources for seniors and persons with disabilities

- Strategy 1: Plan events with partners serving seniors and persons who are disabled.
- Strategy 2: Promote events with partners who serving seniors and persons who are disabled.
- Strategy 3: Participate in events produced by ACMS and/or partners who are serving seniors and person who are disabled. These events include but are not limited to Senior Exposition and Senior Safari.
- Strategy 4: Participate as an active member and in leadership role of the Professional Aging Network in Shelby County.
- Strategy 5: Participate as an active member of the City of Memphis Advisory Council for Citizens with Disabilities.
- Strategy 6: Participate as an active member and in leadership role in the AARP Livable Communities workgroups.

Impact: Promote independence and safety of seniors and persons with disabilities.

Objective 3: ACMS will collaborate with contracted providers to increase and expand knowledge of aging service system, best practices, and compliance issues.

- Strategy 1: ACMS leadership will meet quarterly with HCBS providers, Nutrition providers, and Senior Center staff.
- Strategy 2: ACMS will survey contracted providers to determine topics they would like to discuss at quarterly meetings.
- Strategy 3: ACMS leadership staff will invite subject matter experts to meeting to provide information relevant to services provided at quarterly meetings.
- Strategy 4: ACMS leadership staff will promote access to evidence based health care promotion programs in quarterly meetings.
- Strategy 5: ACMS leadership staff will inform providers of generic community resources that maybe used by recipients of service or staff at quarterly meetings.

Impact: Promote quality programming for persons participating in ACMS sponsored programming.

FY 2022 Performance Highlight of Accomplishments with ACL Federal Funds and State Allocations

(Please limit your response to 3 pages)

Provide a status update of the progress and accomplishments of the following federal and state program areas *(Be sure to include accomplishments related to carryover funds used in FY 2022 as these were a part of the FY 2021 Area Plan Update)*:

Older Americans Act Funding

❖ Title IIIB Supportive Services:

The Aging Commission of the Mid-South (ACMS) has 17,797 services units sponsored by III B funding to 280 persons as of January 31, 2022. ACMS home care service providers have experienced significant labor disruption this fiscal year limiting organizational ability to bring new persons into services and limiting units of services deliver to current enrollees. ACMS has issued a request for proposal seeking additional providers to assist with bringing more persons in to services. All efforts of the program staff are made to ensure expenditure of the full allocation and carryover funding

❖ Title IIIC Nutrition Services:

ACMS has eliminated the Category A Home Delivered Meals waiting. When Category A eligible persons request Home Delivered Meals at this time they are referred directly to a nutrition provider. 2,140 III C eligible persons have received 184,870 meals through January 31, 2022. All efforts of the program staff are made to ensure expenditure of the full allocation and carryover funding

❖ Title IIID Disease Prevention & Health Promotion:

Senior Centers in Fayette, Lauderdale, Shelby and Tipton counties are providing evidence based programs. Arthritis Foundation Exercise Program, Arthritis Foundation Tai Chi, and SAIL are among the programs offered. Fewer participants in senior centers has impacted numbers of persons participating in III D services. 189 III D eligible persons have received 13,196 units of III D services as of January 31, 2022. All efforts of the program staff are made to ensure expenditure of the full allocation and carryover funding

❖ Title IIIE National Family Caregiver Support Program:

27 of persons have been brought into the National Family Caregiver Support Program as of January 31, 2022. 110 III E eligible persons have received 15,233 units of III E services as of January 31, 2022. ACMS home care service providers have experience significant labor disruption this fiscal year limiting organizational ability to bring new person into services and limiting units of services deliver to current enrollees. ACMS has issued a request for proposal seeking additional providers to assist with bringing more persons in to services. All

efforts of the program staff are made to ensure expenditure of the full allocation and carryover funding.

❖ Title VII Elder Rights

ACMS collaborates with Memphis Area Legal Services (MALS) to provide legal assistance to seniors who are low income throughout PSA 9. Additional to legal services they provide community education and outreach regarding matters of elder abuse and vulnerabilities. As of January 31, 2022, 386 persons had received service in support of Title VII Elder Rights during Fiscal Year 2022/2023. All efforts of the program staff are made to ensure expenditure of the full allocation and carryover funding.

State Funds

❖ OPTIONS Home and Community Based Services:

16 persons have been brought into OPTIONS services as of February 28, 2022. 201 OPTIONS eligible persons have received 13,469 units of services as of February 28, 2022. ACMS has offered all person on the OPTIONS waiting list home delivered meal services and is providing food boxes to all receiving services and on the waiting list. ACMS home care service providers have experience significant labor disruption this fiscal year limiting organizational ability to bring new person into services and limiting units of services deliver to current enrollees. ACMS has issued a request for proposal seeking additional providers to assist with bringing more persons in to services. All efforts of the program staff are made to ensure expenditure of the full allocation and carryover funding

❖ Guardianship:

The Public Guardianship Program is currently fully staff with a District Public Conservator and three full time Public Guardian Specialist. ACMS is currently assisting all Public Guardian Specialist to become nationally certified in Conservatorship services. The program is purchasing pre needs burials for those who are most indigent in the program. Potential areas of task that lend themselves to cross training among staff have been identified. This is implemented to assure all employees in the program area have knowledge of the various task to be performed in the program and are able to perform them.

Other

❖ SHIP:

Through February 28, 2022, the SHIP programs had 12,771 client contacts and reached 4,765 clients through outreach events such as presentations, health/community fairs, community meetings, and enrollment events. ACMS SHIP staff reached 1,905 Medicare beneficiaries under 65 and 5,110 “hard-to-reach” clients (meaning low-income, rural, or non-native English speakers). ACMS made 12,622 enrollment contacts. SHIP submitted 130 low-

income subsidy and/or Medicare Savings Programs applications on behalf of our clients. During this time period, SHIP had 36 in-kind volunteers and 22 “true” volunteers.

Exhibit C-1

FY 2022 Highlight of Accomplishments from Other Funding Sources

(Please limit your response to 3 pages)

Provide a status update of any accomplishments from other funding sources that have been made regarding goals included in the FY 2021 Area Plan Update.

Families First

❖ IIC

All Families First funding was expended, providing 100,455 meals to 1,035 persons.

Cares

❖ IIIB

95 persons are receiving III B in home supports via CARES funding. 1,492 persons have received 3,064 food boxes via this funding. ACMS home care service providers have experience significant labor disruption this fiscal year limiting organizational ability to bring new person into services and limiting units of services deliver to current enrollees. ACMS has issued a request for proposal seeking additional providers to assist with bringing more persons in to services.

❖ IIIC

998 persons have received 74,489 home delivered meals with CARES funding.

❖ IIIE

40 persons are receiving service via III E CARES funding. ACMS home care service providers have experience significant labor disruption this fiscal year limiting organizational ability to bring new person into services and limiting units of services deliver to current enrollees. ACMS has issued a request for proposal seeking additional providers to assist with bringing more persons in to services.

Covid III – HDM Supplemental

❖ IIIC

This funding source has not been utilized. It is anticipated to be fully expended by September 30, 2022.

Goals, Objectives, Strategies, and Performance Measures

Goal 1: Ensure that programs and services funded with federal Older Americans Act (OAA) are cost effective and meet best practices.

Objective 1: Provide information and assistance using a variety of communication methods.

Strategy 1: Identify email address to be used as information and assistance first contact as alternative to phone call.

Strategy 2: Create internal procedure to forward emails to Information and Assistance staff that assure they are replied to within 2 business days as required by TCAD.

Strategy 3: Identify email address on website and printed material as method to make contact to ACMS as an alternative to phone call.

Strategy 4: Revise and update Senior Information Handbook.

Strategy 5: Place revised Senior Information Handbook on website.

Performance Measure 1: ACMS will provide an email alternative to first contact by phone by September 30, 2022.

Performance Measure 2: ACMS will place revised copy of Senior Information Handbook on website by June 30, 2023.

Objective 2: ACMS staff will collaborate with nutritional service providers to provide training opportunities for nutritional services volunteers via in-service training.

Strategy 1: Identify topics for training opportunities with nutritional services volunteers via survey with nutritional service providers.

Strategy 2: Identify subject matter experts for topics of in service training.

Performance Measure 1: ACMS staff will meet with nutritional service providers quarterly throughout Fiscal Year 2022/2023.

Performance Measure 2: ACMS staff and/or other identified subject matter experts will provide 4 in-service trainings to nutritional service volunteers by June 30, 2023.

Objective 3: Provide printed materials to all III B in home service providers of homemaker and personal care support to be given to persons staffing cases sponsored by ACMS regarding, signs, symptoms, and care for persons experiencing dementia and/or Alzheimer's.

Strategy 1: Identify content of printed materials that identify signs, symptoms, and care suggestions for persons experiencing dementia and/or Alzheimer's

Strategy 2: Create printed materials that identify signs, symptoms, and care suggestions for persons experiencing dementia and/or Alzheimer's.

Performance Measure 1: ACMS staff will meet with III B home service providers quarterly through-out Fiscal Year 2022/2023.

Performance Measure 1: ACMS staff will distribute materials that identify signs, symptoms, and care suggestion for persons experiencing dementia/Alzheimer's. to all III B in home service providers of homemaker and personal care supports to be provided to staff by June 30, 2023.

Objective 4: Provide education, resources, and support to Family Caregivers enrolled in the National Family Caregiver program.

Strategy 1: Identify topics via survey of education, resources, and support desired by Family Caregivers enrolled in the National Family Caregiver program.

Strategy 2: Secure information needed to respond to topics identified as needs by Family Caregivers.

Performance Measure 1: ACMS staff will provide topics of needed education, resources, and support identified by Family Caregivers enrolled in the National Family Caregiver program by September 30, 2022 and quarterly thereafter.

Performance Measure 2: ACMS will sponsor Family Caregiver Conference in PSA 9 by June 30, 2023.

Objective 5: Increase the availability of evidence based programming in the Planning and Service Area 9.

- Strategy 1: Identify evidence based programs that may be of interest to seniors.
- Strategy 2: Provide information regarding evidence based program not currently offered in PSA 9 to current providers and support efforts to provide.
- Strategy 3: Contract new evidence based program providers via Request for Proposal.
 - Performance Measure 1: ACMS will introduce 4 new evidence based practices to evidence based practice providers by June 30, 2023.
 - Performance Measure 2: ACMS will fund 1 new evidence base program in PSA 9 before June 30, 2023.

Objective 6: Increase public awareness and strategies to alleviate social isolation among seniors working with senior centers in Planning and Service Area 9.

- Strategy 1: Establish open dialogue with senior centers regarding social isolation and strategies to alleviate social isolation.
- Strategy 2: Identify best practices to address social isolation.
- Strategy 3: Provide telephone reassurance programs.
- Strategy 4: Expand outreach regarding senior centers and their availability
 - Performance Measure 1: ACMS staff will meet with funded senior centers and discuss social isolation quarterly throughout Fiscal Year 2022/2023.
 - Performance Measure 2: ACMS will inform 50 organizations serving seniors of senior centers and their activities in PSA 9 by June 30, 2023.

Objective 7: Stretch transportation resources by expanding community transportation resources in SAMS database.

- Strategy 1: Review and updated current transportation resources in SAMS database.
- Strategy 2: Seek new transportation resources and add to SAMS database.
 - Performance Measure 1: ACMS will add 10 new community transportation resources to SAMS database by June 30, 2023.

Objective 8: Assist and increase local response to elder abuse, neglect, and exploitation

Strategy 1: Participate in, advise and make recommendations as appropriate to Vulnerable Adult Protective and Investigative Teams (VAPIT) in PSA 9.

Strategy 2: Collaborate with funded Senior Centers to increase awareness of elder abuse, neglect, and exploitation.

Strategy 3: Collaborate with funded Senior Centers to provide primary elder abuse, neglect, and exploitation prevention information.

Strategy 4: Collaborate with Department of Human Services, Adult Protective Services offices in Fayette, Lauderdale, Shelby, and Tipton counties to continue providing the Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA) and implement the new Collaborative Response to End Self-Neglect in Tennessee (CREST).

Strategy 5: Participate in, advise, and make recommendations as appropriate to the Statewide Unlicensed Homes Strike Team.

Performance Measure 1: ACMS will meeting quarterly with regional Department of Human Services, Adult Protective Services staff throughout Fiscal Year 2022/2023.

Performance Measure 2: ACMS will provide information quarterly to funded Senior Centers to educate seniors regarding methods to avoid financial exploitation during Fiscal Year 2022/2023.

Objective 9: Long Term Care Ombudsman will collaborate with staff of local hospitals and nursing homes to address illegal/inappropriate nursing home discharges in PSA 9.

Strategy 1: Provide information to hospital discharge planning staff to support them in responding to illegal/inappropriate nursing home discharges.

Strategy 2: Identify the frequency of illegal/inappropriate nursing home discharges to acute care and behavioral health hospitals in PSA 9.

Strategy 3: Long Term Care Ombudsman will strategize with nursing home administrators in PSA 9 to make appropriate patient discharges.

Performance Measure 1: ACMS staff will meet quarterly with Long Term Care Ombudsman staff throughout Fiscal Year 2022/2023.

Performance Measure 2: Long Term Care Ombudsman will meet with discharge planning staff at 5 hospitals offering support to respond to illegal/inappropriate discharges by June 30, 2023.

Performance 3: Long Term Care Ombudsman will track know instances of illegal/inappropriate discharges and report to ACMS quarterly during FY 22/23.

Performance Measure 4: Long Term Care Ombudsman will meet with 16 nursing home administrators in PSA 9 to reduce illegal/inappropriate nursing home discharges by June 30, 2023.

Objective 10: Increase access to Legal Assistance for older persons in Planning and Services Area 9.

Strategy 1: Identify locations where seniors congregate or receive services in PSA 9.

Strategy 2: Secure pamphlet identifying Legal Assistance Services provider which describes services and has contact information.

Strategy 3: Identify performance targets for Legal Services Provider.

Performance Measure 1: ACMS staff will meet quarterly with Legal Services Provider staff throughout Fiscal Year 2022/2023.

Performance Measure 2: ACMS will distribute 500 pamphlets identifying the legal services provider and their services before June 30, 2023

Goal 2: Develop partnerships with aging network, community-based organizations, local governments, healthcare providers and state departments in order to advocate to reduce the gaps in services as identified in the needs assessment.

Objective 1: Work with partners to increase access to mental health information and services for older persons in Planning and Service Area 9.

Strategy 1: Identify and distribute information regarding positive mental health who are supported by ACMS funded services.

Strategy 2: Identify mental health service providers who specialize in provider services to seniors and distribute information to seniors through-out PSA 9.

Strategy 3: ACMS staff will attend Mental Health First Aid training.

Strategy 4: ACMS staff will conduct outreach to mental health service providers in PSA 9,

Performance Measure 1: ACMS will inform 20 mental health service providers of available services for seniors by June 30, 2023.

Performance Measure 2: ACMS will add mental health service providers to the Senior Information Handbook by June 30, 2023.

Objective 2: Work with Adult Protective Services (APS) to locate emergency and long term services for older persons in Planning and Service Area 9 who are abused, neglected, exploited, and may be self-neglecting.

Strategy 1: ACMS will contract with APS to produce the Collaborative Response to End Self Neglect in Tennessee (CREST) program in PSA 9.

Strategy 2: ACMS will take referrals from APS for older persons who are identified by APS as suffering from abuse, neglect, and exploitation as well as self-neglect.

Strategy 3: ACMS staff provide will client center emergency services to older persons identified in need by APS.

Strategy 4: ACMS staff will coordinate both emergency and long term care Identified in need by APS.

Performance Measure 1: ACMS will meeting quarterly with regional Department of Human Services, Adult Protective Services staff throughout Fiscal Year 2022/2023.

Performance Measure 2: ACMS will provide services to 25 seniors identified by APS who are abused, neglected, exploited, and may be experiencing self-neglect by June 30, 2023.

Goal 3: Ensure that programs and services funded by State allocations are cost effective and meet best practices.

Objective 1: Work with partners to increase access to food resources for OPTIONS eligible persons in Planning and Service Area 9.

Strategy 1: ACMS staff will provide OPTIONS eligible persons with contact information of ACMS SNAP Counselor to assist applying for benefits.

Strategy 2: ACMS staff will provide OPTIONS eligible persons with contact information for acquiring commodities in PSA 9.

Strategy 3: ACMS staff will provide OPTIONS eligible persons with Food Bank information for acquiring food resources in PSA 9.

Strategy 4: ACMS staff will inform food bank providers of our services for seniors.

Strategy 5: ACMS will provide food boxes to OPTIONS eligible persons.

Performance Measure 1: ACMS will inform 10 food bank providers of available services for seniors by June 30, 2023.

Performance Measure 2: ACMS will provide 300 OPTIONS eligible persons with food resource information by June 30, 2023

Objective 2: Assist those referred to the Public Guardianship with managing healthcare and/or financial decisions.

Strategy 1: ACMS will have orders from court detailing what type of conservatorship is required for each person ordered to ACMS Public Guardianship.

Strategy 2: ACMS will have a court approved property plan on each person ordered to ACMS Public Guardianship.

Strategy 3: Each person participating in ACMS Public Guardianship will have an individual bank account.

Strategy 4: ACMS will develop and update a Plan of Care on each participant quarterly that details a list of the client's short-term needs (e.g. food, housing, physical and mental health) and specific action for addressing those needs; client's long term needs and specific actions for addressing those needs; evaluation of the placement to determine if it is appropriate and least restrictive; and financial status.

Strategy 5: ACMS staff will inform providers of services to person who are seniors of the ACMS Public Guardianship program.

Performance Measure 1: ACMS staff will reconcile the bank account of each participant in the Public Guardianship program monthly throughout Fiscal Year 2022/2023.

Performance Measure 2: ACMS staff will view and complete the monthly visit form on each participant in the Public Guardianship program monthly throughout Fiscal Year 2022/2023.

Performance Measure 3: ACMS staff will provide outreach materials regarding Public Guardianship program to 30 providers of services to older persons by Fiscal Year 2022/2023.

Goal 4: Ensure that Tennesseans have access to information about aging issues, programs, and services in order to be able to make informed decisions about living healthy and independent for as long as possible and about planning for their financial futures, healthcare access, and long-term care.

Objective 1: Through legal assistance provider assure older persons in Planning and Service Area 9 are receiving legal help for relief on student debt, advanced directives, Medicaid and nursing homes, rent disputes and eviction from federally subsidized housing and other issues.

Strategy 1: ACMS staff will distribute information to organizations supporting seniors and seniors receiving ACMS sponsored services regarding how to access the legal assistance provider.

Strategy 2: ACMS legal service provider will produce legal clinics through-out PSA 9.

Strategy 3: ACMS legal service provider will engage pro bono volunteers through-out PSA 9 to assist seniors.

Strategy 4: ACMS legal service provider will assist seniors virtually if requested.

Strategy 5: ACMS legal services provider will distribute information to inform seniors of services through-out PSA 9.

Strategy 6: ACMS legal services provider will partner with ACMS funded senior centers to provide outreach and legal clinics.

Performance Measure 1: ACMS will inform 20 providers of services to older persons of ACMS sponsored legal assistance by June 30, 2023.

Performance Measure 2: ACMS will inform seniors of ACMS legal sponsored legal assistance at 10 outreach events during Fiscal Year 2022/2023.

Performance Measure 3: ACMS legal assistance provider will provide assistance to 700 persons by June 30, 2023.

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Objective 2: The Statewide Insurance Assistance Program (SHIP) will provide one-on one counseling and assistance on Medicare, Medicaid, low income assistance, and all other health insurances for older and disabled persons with Medicare in Planning and Service Area 9, as well as their children, caregivers, and advocates.

Strategy 1: SHIP counseling and assistance will be provided via phone.

Strategy 2: SHIP program will establish a specific email address for persons to seek assistance.

Strategy 3: ACMS will publish SHIP specific email on website and printed material.

Strategy 4: Outreach events will be held at locations typically accessed by native Americans and persons who English is a secondary language.

Strategy 5: Outreach events in rural areas.

Strategy 6: Outreach events targeting Medicare beneficiaries under age 65.

Performance Measure 1: ACMS SHIP staff will produce 4 outreach events in locations typically accessed by person who English is a second language by June 30, 2023.

Performance Measure 2: ACMS SHIP program will provide assistance to 13,306 persons from April 1, 2022 thru March 31, 2023.

Program Planning for FY 2023

Information & Assistance

1. Complete the following table:

Total # of I&A Staff:	6
Total # of AIRS Certified I&A Staff:	4

2. Describe your plan for outreach to low income, minority, rural and limited English proficiency individuals to ensure these populations are aware of information and assistance services.

ACMS utilizes Information and Assistance (I&A) staff, along with the SNAP Coordinator, and CHOICES staff to reach persons who are low-income, in minority groups, reside in rural areas, have limited English proficiency, and those with disabilities. Monthly we reach out to persons on our waiting list for reassessment and inform them of all services available thru ACMS.

We focus on participating in community events and speaking engagements where it is likely we will encounter person who are low income, minority, rural and maybe limited in English proficiency. Brochures and senior information handbook are distributed at libraries, community centers, senior centers and place of worship throughout PSA 9. religious centers. Additionally, we participate in large-scale events such as local and regional senior expos, county fairs, and health fairs that attract audiences of from all income bracket and communities. ACMS staff let person know of translation services available for non-native English speakers at each point of contact. The agency Facebook and website are used to invite persons to contact the Aging Commission of the Mid-south for questions and apply for services.

Home and Community-Based Services (Title IIB and OPTIONS)

1. Complete the following table:

	FY 2021	FY 2022 – Projected (Served/Units)	FY 2023 – Projected (Served/Units)
State – Options Allocation Amount	\$886,300	\$990,100	\$692,239
# Served	262	251	176
Units of Service	44,968	28,862	20,203

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2. Complete the following table (*The table should include Federal IIIB/State Homemaker In-home service funds only*):

	FY 2021	FY 2022 – Projected (Served/Units)	FY 2023 – Projected (Served/Units)
Federal Title IIIB/State Homemaker In-home services Allocation Amount	\$920,800	\$778,700	\$528,100
# Served	120	143	143
Units of Service	15,223	16,888	16,888

3. Describe the methodology for the projections listed above.

State Options actuals are reported for Fiscal Year 2021. Fiscal Year 2022 projections are based on 7 months of actual number of units delivered and 7 months of projected units to be delivered based on monthly averages for Fiscal Year 2022. Fiscal Year 2023 projections are based on flat funding the service in Fiscal Year 2022.

Federal Title III-B actuals are reported for Fiscal Year 2021. Fiscal Year 2022 projections are based on 6 months of actual number of units delivered and 6 months of projected units to be delivered, based on monthly averages for Fiscal Year 2022. Fiscal Year 2023 projections are based on flat funding in Fiscal Year 2022.

4. Complete the following table:

Number of Individuals on OPTIONS Category A Waiting List	29
Number of Individuals on OPTIONS Category B Waiting List	235
Number of Individual on Title IIIB Waiting List	243

5. Describe your plan for addressing the individuals on the waiting list.

As budget becomes available and provider are will to service persons. They are removed from the waitlist, by priority score, to specific funded categories of service.

6. Include strategies or plans that your AAAD will make to ensure that funds for both OPTIONS and IIIB in-home services are maximized to ensure that funds are expended within the fiscal year for OPTIONS or 92% of IIIB funds by the end of FY 2023.

ACMS has increase the reimbursement rate for these services and has issued a request for proposal to bring more services providers into our network. It is anticipated that these actions will promote our ability to expend 92% of allocated funding.

Title IIIC Nutrition Services

1. Provide a description/flow chart of how the nutrition program is administered for the AAAD, including a list and coverage area of all nutrition providers and where admin, food preparation, and delivery duties are assigned.

- Individual calls are screened by Information & Assistance staff for eligibility
- Eligible persons are placed on the waitlist for requested service with a priority score
- When funding becomes available the referral is pulled for HCBS based on their priority score
- HCBS Admin Tech receives referral, logs on spreadsheet and assign to Options Counselor
- Admin Tech distributes referral to the appropriate Options Counselor (OC)
- OC calls to schedule assessment
- OC completes in home assessment
- OC completes appropriate documents
- Program Officer/Manager A signs the Provider Authorization
- Admin Tech fax Provider Authorization to appropriate provider
- OC completes Care Plan
- Admin Tech receives fax back from Provider and confirms starting within five (5) days
- Admin Tech enters start date in Care Plan

MIFA – Shelby County

Goodwill Homes Senior Center – Shelby County

SWHRA – Fayette, Lauderdale and Tipton Counties

Each nutritional providers conducts administration, food preparation; as well as, delivery of meals internally.

2. Complete the following table:

Provider	IIC Allocation	NSIP Allocation	Total Amount of Contract	# Congregate Meal Sites	# Projected Congregate Meals Served in FY 2023	#Projected Home Delivered Meals Served in FY 2021
Goodwill	\$51,000	\$11,175	\$62,175	1	11,465	33,333
MIFA	\$1,464,400	\$170,000	\$1,908,800	16	117,296	495,237
SWHRA	\$307,000	\$49,000	\$382,500	8	30,314	97,618
		Congregate	Usage	Based on	FY 18/19	data

3. Complete the following table:

Service	Amount IIC Allocated
Nutrition Counseling	\$2,700
Nutrition Education	\$0
Other Services (Describe): _____	\$0

4. Describe your plan for delivering the highest possible quality of service at the most efficient cost.

ACMS contracts with qualified meals providers. They assure meals are cost efficient by monitoring meal content and food cost. Meals are enjoyable, palatable and compliant with recommended dietary guidelines for Americans who are at 1/3 of the Reference Daily Intake (RDI). Routes for meal delivery are created strategically to ensure cost efficiency. A substantial amount of home delivered meals in PSA 9 are delivered by volunteers. Contracted kitchens and nutrition sites are all monitored by local health department to ensure hygiene and safety associated with meal preparation.

ACMS contractors are familiar with TCAD guidelines regarding nutritional services and are monitored annually for adherence to these guidelines. Should a provider be found out of compliance they are requested to provide a plan of correction and make improvement regarding services accordingly.

5. Describe both your fiscal and programming approach to Congregate funding and the use of congregate meal sites considering the changes due to the COVID-19 pandemic. (i.e., Are most of your sites open/closed, will you be transferring funds to C-2, etc.)

ACMS is continues to provide take home meals from congregate sites, thus making these meals home delivered meals. We will request to move congregate funding to home delivered

this fiscal year. Meals sites are open however many seniors are hesitant to join in group settings. ACMS will discuss with meal providers quarterly numbers of congregate meals provided and obstacles to providing congregate meals. We will continue to make take away meals as long as allowable to accommodate seniors needs.

6. Describe how participant feedback is solicited and the results are used to improve service quality. Specifically describe what actions were taken in 2022.

Each meals provider surveys their clients annually about food quality, quantity, service and value of the nutrition education provided by the agency. The surveys when planning the next quarters menus. The most often noted action of these surveys is adding or subtracting food items.

7. Describe how your agency and its providers target congregate nutrition services to reach the greatest social and economic need (low income, rural, minority, language barriers). As you compare your current reach to these populations, do you plan to change any congregate site locations in order to better serve them?

ACMS funds over 20 congregate sites which are strategically spaced over the service area. Due to this placement we do not anticipate having to make any changes.

8. Describe your plan to ensure that services will not be disrupted in an emergency or in the event of the loss of a food provider.

Persons who participate in home delivered meals program have three (3) shelf stable meals delivered and on hand should there be an emergency. Should a nutrition provider be unable to meet the needs of persons they are serving ACMS would ask other nutrition providers in PSA 9 to assist. If the need could not be met in this manner, we would seek additional nutritional providers to meet the need.

Guardianship:

1. Complete the following table:

	2021 Calendar Year	2022 Calendar Year – Projected	2023 Calendar Year – Projected
Active Caseload	61	60	55

2. Describe the agency’s plan to maintain or increase the number of volunteers.

The ACMS Public Guardianship Program maintains a close relationship with their current volunteer base and engages them thru ongoing contact and acknowledging their contribution to the program. The Public Guardianship Specialist who coordinates volunteers will participate in outreach events to recruit volunteers for the program and inform the public of

the program. ACMS will utilize its website to provide information on how to become a volunteer for the Public Guardianship Program. The program will promote volunteer enrollment through personal contact with our partners and service providers.

National Family Caregiver Support Program (NFCSP) – Title IIIE

1. Complete the following table:

	FY 2021	FY 2022 – Projected (Served/Units)	FY 2023 – Projected (Served/Units)
# Served <i>(Excluding Case Management, Information Services, and Information & Assistance)</i>	213	161	177
Units of Service <i>(Excluding Case Management, Information Services, and Information & Assistance)</i>	36,293	30,614	33,656

2. Describe innovative concepts that you plan to implement to address the top caregiver needs with limited financial resources.

ACMS works closely with Alzheimer’s and Dementia Services of Memphis to provide Adult Day Services to eligible National Family Caregiver Support. ACMS funding is combined with scholarship funds raise Alzheimer’s and Dementia Services of Memphis to provide substantial hours of support to families making an impact regarding their need for relief from caregiving.

3. Describe plans for outreach that the AAAD will implement to ensure that caregivers are aware of the NFCSP and services it provides in an effort to increase the enrollment in the program.

ACMS conducts significant outreach and participates in speaking engagements to reach families who might desire National Family Caregiver Support. We maintain relationships with respite providers and organizations providing support to families caring for persons experiencing Alzheimer’s and/or dementia. We produce a care giver support event with Alzheimer’s and Dementia Services of Memphis and offer counseling to caregivers as a way of attracting more persons to the services. Additionally, we are an active member of the local Professional Network on Agency to assure the organization is recognized as a leader in supports to caregivers.

4. Include strategies or plans that your AAAD will make to ensure that IIIIE funds are maximized to ensure that funds are expended by 92% of IIIIE funds by the end of FY 2023.

ACMS has increased the reimbursement rate for these services and has issued a request for proposal to bring more services providers into our network. It is anticipated that these actions will promote our ability to expend 92% of allocated funding.

Legal Assistance

1. What legal priority case is the most served in the area? Legal priorities are defined as Income, Healthcare/Long term care, Nutrition, Protective Services, Housing, Utilities, Guardianship Defense, Abuse/Neglect and Age Discrimination.

As of February 1, 2022 the legal priority most often served is healthcare/long term care. Many seniors request Will/Power of Attorney assistance.

2. Does the legal priority with the greatest number of cases represent the greatest need or is there another legal priority with fewer cases that should be addressed through education efforts?

COVID forced many seniors to consider if their legal affairs are in order as well as necessitated them in becoming caretakers for others, often unexpectedly. Healthcare/Long term care make up 23% of represented cases and it is anticipated this will continue as there is a need for seniors to have benefits and/or affairs in order. Will/Power of Attorney cases make up 39% of the cases being we handled at this time. Will/Power of Attorney needs are being addressed in outreach.

3. What economically or socially needy population, defined as Clients in Poverty, Minority in Poverty, Rural and, Frail/Disabled, represent less than 50 percent of those served through legal assistance. What targeting and outreach efforts can be done to increase those numbers served?

No economical or socially needy population represent less than 50% of those served through legal assistance. Outreach efforts are being made to establish legal education and/or clinics in all counties in PSA 9. The legal assistance provider works with the local bar associations to engage pro bono volunteers to provide services to the economical or socially needy population in the areas of wills, power of attorneys, healthcare and/or long-term care. Outreach and legal clinics are provided virtually and in person. Having outreach and legal clinics in persons or virtually has allowed more opportunities to reach the targeted individuals. The legal assistance provider continues to provide outreach information in local community centers and libraries as this allows the information to be conveniently obtained by the population. In Shelby County, Will/Power of Attorney have been offered to assist in being accessible to persons who are economically challenged or socially needy populations. The legal services provider provides information, outreach, and/or legal education in local nursing facilities and hospitals. To assist referrals for patients who need assistance with wills,

power of attorneys, healthcare/long term care issues. In rural counties, outreach and legal clinics are held in person at ACMS funded senior centers.

How will the AAAD and legal provider increase service to those identified economically or socially needy populations? How will the AAAD and legal provider address the identified legal priority needs in the PSA?

No economical or socially needy population represent less than 50% of those served through legal assistance. The legal services provide will increase services to those identified as economically or socially needy populations by working with those who service those populations at local community centers, nursing facilities, hospitals, and residential homes. The legal services provider will with those locations to provide outreach, legal clinics and/or education seminars as well as a referral system. The legal services provider will provide outreach via media outlets such as the radio, and to local churches. In the rural counties the legal services provider will work with ACMS funded Senior Centers, local churches, and/or rural community centers to set up regular legal clinics to reach the economical or socially needy population

Senior Centers

1. Complete the following table:

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
Fayette County	78	35	71	69	0
Goodwill	134	38	133	1	0
Lauderdale County	85	36	39	77	1
Oasis of Hope	47	30	47	1	0
Tipton County	52	12	22	50	0

2. Describe your agency’s approach to working with those senior centers that need to improve their reach to the target populations.

As described in other parts of this document ACMS plans to meet with senior center providers quarterly to discuss various topics, including increasing usage of senior centers, III E programming, and best practices. Senior Centers are one of our most valued partners they act as congregate meal sites and are often seen as the hub of services to senior in their geographic area.

Emergency Preparedness

1. Name of Staff Person on the local emergency management team:

Dayna Jones

2. How is the agency’s emergency plan communicated to staff?

The plan is presented to staff annually during a staff meeting and emailed to them. An electronic copy is always available on the ACMS shared drive.

SHIP

1. Complete the following table:

	Grant Year 2021 (April – March)	Grant Year 2022 (April – March)	Grant Year 2023 (April – March)
# Client Contacts	6450	12,701	14,525
# of Consumers Reached Through Outreach Events	366	4,503	14,525
# of Client Contacts Under Age 65	1,078	1,898	2,590
# of Hard to Reach Client Contacts	3,756	5,070	6,364
# Of Enrollment Contacts	6,347	12,550	14,525
# of Low Income/Medicare Savings Enrollment Assistance Contacts	5,807	12,225	4,701

2. Describe your efforts to increase the number in each column in the table above.

The number of presentations regarding SHIP increased as we recovered from the COVID -19 impacted time period. Presentations were targeted toward assisting person who are under 65, hard to reach, and low income. the number of presentations made in the community to educate the public about Medicare, enrollment, and low-income assistance. Significant efforts were made via mail to increase participation in SHIP assistance for person participating in ACMS sponsored services and those who are waiting for ACMS sponsored services. SHIP staff attend community meetings, health fairs, and other community events, webinars and symposiums to increase awareness of the programs and available assistance. SHIP recruit’s volunteers to assist in these efforts.

3. Describe your agency's approach to reaching Medicare beneficiaries who are hard to reach due to ethnicity; limited English proficiency; those with disabilities and those eligible for low-income subsidies.

SHIP hosts open enrollment events in community centers, senior centers, and libraries in low-income ZIP codes and in Lauderdale County, the rural area in our region. We host counseling sessions focused on LIS/MSP beneficiaries throughout the service area; distribute materials to libraries, community centers, senior centers, and religious centers in low-income areas and Lauderdale County. For open enrollment, we distributed information about telephone translation services so there are no barriers. We participate in community meetings and county fairs in order to reach people of all ages, including the under-65 Medicare beneficiaries with disabilities. Significant efforts are being made to reach organizations who provide services to disabled persons under 65 to increase the number of those impacted by the SHIP program.

Targeting Status Report

Report on activities during the preceding year.
(This information is used for the Title VI Plan)

Provide information on the extent to which the Area Agency met its Targeting objectives related to rural, minority, ESL, and poverty populations **for all programs** in the 2019 - 2022 Area Plan.

2022* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Rural –Increase the service delivery to outlying counties by enhancing outreach awareness efforts.	1,272 persons served in rural area.
ESL-Increase service delivery to Hispanic population through partnerships with community based organizations geared toward this population, such as Latino Memphis and Latinx Affairs Office in PSA.	Met with Latino Memphis and Latinx Affairs office of Shelby County. Advertised agency services in newspaper targeting persons for which English is a second. I & A calls and CHOICES programs have seen increase in request for services from this group.
Minority-Assure that OAA funded services are targeted to seniors who are low income minorities, for service wide programs the target shall be established at 50%.	5,033 of 8,380 persons served were minorities or 60 %

* Last complete 12-month period.

Targeting Plan, Title VI

Civil Rights Act of 1964, Title VI, and Targeting Activities Area Agency Title VI Implementation Plan FY 2023 – 2026

1. Organization of the Civil Rights Office – Describe the organization and staffing of your agency’s Civil Rights/Title VI unit. Outline the duties and responsibilities of the Title VI Coordinator.

ACMS is committed to eliminating barriers to service and programs to minority population in PSA 9, as well as disseminating information about services and programs specifically to low income minorities. The Title VI Coordinator, under the direction of the ACMS Director adheres to the policies and guidelines set forth by TCAD and Shelby County Government.

In Compliance with the guidelines established by TCAD and Shelby County Government, ACMS staff, providers, and volunteers must complete and document their annual Title VI training. Shelby County Government policies and procedures related to Title VI Compliance are followed.

As part of the Request for Proposal, all those submitting proposal understand that within 30 days of executing a contract the organization must provide their written policy regarding Civil Rights Compliance (Title VI and Title VII) as required by TCAD. During quality assurance visits, the quality team reviews the contractual requirements with providers as they relate to Title VI. The ACMS Title VI Coordinator provides technical assistance as needed. ACMS ensures contracted organization plan for and provide services to meet the needs of minorities and those who have established that they have the greatest need for services.

2. Complete the following table:

	FY 21	FY 22 - Projected	FY 23 - Projected
Total Individuals Served	12,111	9,722	12,152
Total Minority Individuals Served	7,639	6,043	7,534

3. Describe the manner in which persons with limited English proficiency are served by the agency.

Participants in any programs funded through service agreements with TCAD, may access interpreter or translation services through AVAZA in an array of languages. For outreach events, ACMS staff research and secure bilingual materials to make available at outreach events. ACMS participates in outreach events where participants do not speak English as their first language

4. Complaint Procedures

- a. Describe the Title VI Complaint procedures followed by your agency.

ACMS follows Shelby County Government Title VI procedures. Any group or entity that believes that they have been discriminated against by ACMS, as part of the Division of Community Services due to their race, color or natural origin may file a written complaint with the TCAD Title VI coordinator and the Shelby County Government Title VI coordinator. The Title VI form should be completed then directed and recorded by the Division of Community Services Title VI coordinator. They should then be shared with the Shelby County Title VI office upon receipt. At a minimum, complaints should:

1. Be in writing and signed by the complainant or his/her representative.
2. Provide a detailed description of the discriminatory event(s).
3. Provide the names and job titles of those perceived as parties in the incident.
4. Include allegations based on issues involving race, color, or national origin.
5. Include date and approximate time of the alleged discrimination.
6. Be filed with Shelby County Government no more than 30 days after the alleged discrimination occurred.
7. Be forwarded to TCAD Title VI Coordinator within 30 calendar day of a compliant being received.

Note: Oral complaints will be accepted however, they are to be transcribed and signed by the complainant.

- b. Describe agency policies related to investigations, report of findings, hearings and appeals, if applicable.

When a Title VI complaint is received by the Division of Community Services Title VI coordinator, an acknowledgment of receipt will be generated to the staff coordinator or manager who submitted the complaint. All complaints will be investigated within 30 days of receipt. If additional time is needed the complainant and staff or manager will be notified.

If an acknowledgement of receipt is not received within three days of the complaint being forwarded to the Title VI coordinator, you are to notify the coordinator by phone immediately. It is imperative that all complaints are received and processed in a timely manner. Therefore, staff and management who are first notified of the complaint shall follow the complaint process from start to finish, insuring that a final letter of disposition is released by Shelby County Government to the complainant and placed on file with the Division of Community Services Title VI coordinator.

TCAD as well as the State Agency on Aging is responsible for overseeing Title VI complaints regarding AAAD service coordination and administration for the elderly and adults with disabilities. Documentation of the compliant describing

the alleged event should also be sent to TCAD while the Division of Community Services Title VI coordinator conducts an investigation. A final report and disposition of the complaint shall be provided to the TCAD Title VI Coordinator. TCAD is responsible for reporting Title VI complaints and final outcomes for the AAAD's to the Tennessee Human Rights Commission (THRC).

- c. Include a copy of the agency's complaint log, if applicable.

No complaints have been received in Fiscal Year 2021/2022.

- 5. List the total number of all contractors and provide the number and percentage of minority contractors, and the dollar amount and percentage expended with minority contractors.

22 contractors, 8 minority contractors (36%), \$1,525,922

- 6. Title VI requires agencies and sub-recipients to monitor contractors regarding the dissemination of the following information to the public: non-discriminatory policy, programs and services, complaint procedures, and minority participation on planning boards and advisory bodies. Describe the procedures taken to assure that this information is presented.

In its contracting procedures, ACMS requires that all organizations certify their compliance with Title VI. All contracted providers are required contractually to show proof of such non-discrimination as is required by Title VI. Additionally, they are required contractually to post notices of non-discrimination in conspicuous locations, accessible to all staff and applicants. At the time of quality assurance visits, the quality team reviews the contractual requirements relating to Title VI. ACMS provides technical assistance as needed.

- 7. There is a need for a clear understanding of the demographic diversity of a region and methods to provide information and education to the underserved populations even when there are waiting lists, there are other opportunities/resources unknown to these groups. List the strategies to achieve this outreach within those identified communities.

- a. Describe how the Area Agency plans and coordinates activities to disseminate information about services and programs to minority populations in the planning and service area?

ACMS actively seeks and participates in outreach activities where predominant minority populations will be present. We distribute printed materials in such areas and assure that our electronic communications are sensitive to minority communities. Additionally, we seek feedback from our Board of Directors, Advisory Council and other community partners regarding underserved areas which might benefit from additional outreach in our planning and service area.

- b. How is diversity reflected in all aspects of area planning—programming, participants, personnel, service providers, governing/advisory entities?

ACMS seeks to assure diversity is reflected in all area planning, programming, participants, personnel, service providers, governing/advisory entities. While adhering to all state and local Title IV regulations, the organization actively seeks diverse population to assist with organization functions. 93 % of staff persons of ACMS 43% of persons on the Board of Directors, and 53% persons on our Advisory Council are from minority populations. Additionally, 68% of our clients are from minority populations and provider agencies are staffed by persons from minority communities.

- c. What documentation or process is used by the Area Agency to document activities focused on increasing the representation and/or participation of minority populations in programs and services?

Signatories to meeting minutes, contracting documents, personnel records, and provider records of service participants document the involvement of diverse populations in planning, programming, service participation and personnel, service providers, and governing/advisory entities.

Older Americans Act Required Targeting Activities

Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; including specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and propose methods to achieve the objectives.

NOTE: Objectives and Tasks/Activities should cover Older Americans Act programs and may cover **all statewide programs** such as Single Point of Entry Marketing or SHIP.

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
Rural –Increase service delivery of SHIP in Fayette, Lauderdale, and Tipton counties to increase counseling services in those areas by 10% by June 30,2023.	<ol style="list-style-type: none"> 1. Increase awareness of SHIP program in area by participating in generic outreach events where seniors are likely to be present. 2. Hold at least 2 events in each county during Medicare open enrollment period. 	SHIP Coordinator
Rural- Increase delivery of OAA programs in Fayette, Lauderdale, and Tipton counties by 10% by June 30, 2023.	<ol style="list-style-type: none"> 1. Increase awareness of OAA programs in area by participating in generic outreach events where seniors are likely to be present. 2. Contact registered voters over 60 to create awareness of services in each county. 	Information and Assistance –Manager A
LEP- Increase delivery of OAA programs to individuals with limited English proficiency by 5% by June 30, 2023.	<ol style="list-style-type: none"> 1. Increase awareness of OAA programs in area by participating in outreach events where seniors with limited English proficiency are likely to be present. 	Information and Assistance –Manager A

	<ol style="list-style-type: none"> 2. Target outreach to medical providers who service seniors with limited English proficiency. 3. Advertise how to access OAA services in publications that target persons with limited English proficiency. 	
<p>Low Income Minority – Review Title VI Self Survey of all contractors by June 30, 2023.</p>	<ol style="list-style-type: none"> 1. Verify that contractors are providing services to low income minority persons 60+ 	<p>Program Grants Specialist</p>

AAAD STAFFING

1. Include an Organizational Chart for the Area Agency with staff names, position/title, and funding source.

See attachment

2. List all new hires not included in the FY 2021 Area Plan Update. Include the following information:
 - Name and Position
 - Full/Part time status (If the individual will have multiple roles, indicate each responsibility separately and the percent of time to be dedicated to each role)
 - Required Qualifications (List the individual's qualifications)

See attachment

3. What is the name of the individual who directly supervises the Director of the Area Agency on Aging and Disability?

Dorcas Young Griffin

4. The total number of staff at the AAAD is: 41. Of the total number of AAAD staff the following are:
 - Age 60+: 4
 - Female: 38
 - Minority: 39
 - Disabled: 0
5. Provide the total number of FTE Options Counselors that manage an active caseload for OPTIONS, III-B In-home Services, III-C, and/or III-E. 6
6. What is the average caseload for Options Counselors managing cases for OPTIONS, III-B In-home Services, III-C, and/or III-E? approximately 163
7. What is your plan for increasing capacity in programs with regards to Options Counselor's caseloads as funding for programs increase? If there were a significant increase in funding for OPTIONS, the organization would need additional funding to service those individuals.

Training and Staff Development Plan FY2022 (to be up-dated annually)

**Indicate if training is out-of-state in order to obtain pre-approval status. No additional TCAD approval will be required if listed here.*

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
Volunteer Coordinator /SHIP Volunteers Training	2		50	To Be Determined (TBD)
Provider Training Various Relevant to Services for the Aging	10	40		Quarterly
USAgging Southeast Annual Training Conference*	2			TBD
USAgging *	2			TBD
TNAIRS Conference	5			TBD
TCSW Conference	6			TBD
TCAD Quarterly Meetings	3			TBD
Ethics Training	All			TBD
Title VI Training	All	All		TBD
TFA/TASC Conference	2			TBD
TCAD Public Guardian Training	4			TBD
Senior Center Training	1	10		TBD
TN Dev District Association Training	6			TBD
Professional Network on Aging	9			TBD
SAMS	All			On going
Wellsky*	2			TBD
CMS National Training Program Workshop*	3			TBD
Statewide SHIP/SMP Conference	3			TBD
TN State USAgging (4A) conference	6			TBD

Subject to revision based on availability of funding.

Advisory Council

A. MEMBERSHIP and REPRESENTATION

Composition of Council: Choose among the following options to specify which category each Advisory Council member represents on the table below.

- a. Age 60+ (50% Older persons)
- b. Minority age 60+
- c. Minority age <60
- d. Resides in a Rural Area
- e. Family Caregiver
- f. Advocate for Older Persons
- g. Service Provider for Older Persons
- h. Advocate for Individuals with Disabilities
- i. Service Provider for Individuals with Disabilities
- j. Business Community
- k. Local Elected Official
- l. Provider of Veterans' Health Care
- m. General Public (County Representative)
- n. Has a Disability

Members	Represents
Diana Bedwell	A,F,J
Beverly Marrero	A,F
Norma Oliver	C,E,J
Sherrol Lawson	A,B
Brenda Carpton	A,B,E,F,H
Patsy Fee	A,D,F,M
Margaret Fleming	A,D,N
Sirella Parker-Joyner	A,B,E,F,G
Nancy Huelsing	A,D,M
Donna Moore	A,D,F,H,J,M
Rosie Lemons	A,D,F,H,K,M
Linda Y. Wright	G,I
Joni Cook	A,D,F,G,H,M
Caprice Snyder	A,D,E,G,I
Constance Graham	A,B,E,F,G
Wendel Wainwright	A,B,D
Shirley Kee	A,B
Bessie Malone-Morrow	A,B,D,F

**B. SCHEDULE OF ADVISORY COUNCIL MEETINGS for FY 2023
(Up-dated annually)**

Give Dates and Times of Scheduled Meetings

September 22, 2022 10 am
December 8, 2022 10 am
March 23, 2023 10 am
May 18, 2023 10 am

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Beverly Marrero	Chair	March 2023
Constance Graham	1 st Vice Chair	March 2023
Diana Bedwell	2 nd Vice Chair	March 2023
Sirella Parker-Joyner	Secretary	March 2023

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

See attachment.

Public Hearings on Area Plan

A. PUBLIC HEARING INFORMATION

Date(s) of Public Hearing	March 21, 2022
Time(s) when hearing was held	1 pm
Place(s) where hearing was held	Benjamin Hooks Library Memphis TN
Was Place Accessible?	Yes
Type of Notice(s) or Announcement(s)	Newspaper Emails
Date(s) of Notices or Announcements (attach copy)	See attached Notice Public Hearing

B. ATTENDANCE*

County	# of Advisory Council Members from County	Total from County**
Fayette	2	2
Lauderdale	3	3
Shelby	7	26
Tipton	1	1
Chester		2
Total # Advisory Council Members in column 2	13	
Total Attendance*		34

* Do not include AAAD staff in Public Hearing attendance

** Include Advisory Council Members in column 3 so that the Total Attendance reflects everyone in attendance.

C. AGENDA & ANNOUNCEMENTS

Attach a copy of the agenda. See P&P manual for required agenda topics. Attach one example of each type of notice sent out and describe who notices were sent to. If the AAAD is requesting a waiver for any reason, the agenda and announcement must include a statement that a waiver is being requested. Document efforts to outreach to rural, minority and low-income populations for their participation in this planning effort.

D. DESCRIPTION

Include any other information about the Public Hearing. Mention any extenuating circumstances that affected attendance (weather, high proportion of sickness, etc.).

None

E. SUMMARY of PUBLIC COMMENTS

Opportunity must be provided for comments on goals, budgets, and waivers.

Public Comments at Public Hearing

Ms. Kim Daugherty, Director of the Aging Commission of the Mid-South opened the floor for public comment. The following persons spoke or completed a comment card:

Ms. Arnetta Macklin, MIFA Chief Advocacy & Engagement Officer spoke on the senior services that MIFA provides designed to promote independence, health, and dignity of seniors. Please see attached copy of her statement submitted for the record at the public hearing.

Ms. Sandi Klink, Executive Director of the Memphis Center for Independent Living stated that she is excited at the for the opportunity for the center to form new alliances and collaboration within the community; however, for some folks in nursing homes it cannot come soon enough. She said the Ombudsman Program has really fallen down in the last two years. She states they see ongoing issues in nursing homes where seniors are not given baths, they are not being treated fairly, and do not get 24-hour care. Ms. Klink stated that from personal experience, her sister died three years ago from a fall in a nursing home. She related that she was dropped and her pelvis was broken in four places. Her family was not informed until a week later. She stated this was very painful experience for me and my family. Ms. Klink stated that the guidelines of services in terms of financial eligibility forced her to go to a nursing home because she made a hundred dollars over the guidelines and could not receive in home services. Ms. Klink stated that she has seen what nursing homes have done to many seniors over a twenty-year span at while employed at the center, which has made us step up their program for those in nursing homes. Ms. Klink reported that 40% of the people who died from COVID the first year were in nursing homes. She stated we have got to step up our oversight and collaboration and make sure that our seniors that go into nursing facilities for physical therapy or other treatments get what they are supposed to get.

Ms. Dora Ivey, TCAD Board of Directors member, stated that the last two years of COVID has been very difficult for seniors and for people with physical disabilities. Ms. Ivey stated that she heard about the challenges, but that she remains optimistic about the Area Plan and that COVID will not factor into everything, whether it is congregate meals, ombudsman, or senior centers. Ms. Ivey stated that she will continue to be optimistic and that the Aging Commission has done extremely well under these circumstances in responding to challenges.

Ms. Margaret Fleming, ACMS Advisory Council Committee, commented on the need for increase in quality services. She stated that transportation is the one thing that keeps seniors with disabilities from senior services.

Ms. Dianna Detman & Ms. Lisa Beasley, University of TN Health Science Center, stated that they are currently on grant with the Tennessee Commission on Aging to help educate people about the COVID vaccination in underserved areas: Dyer, Lake, Fayette, Lauderdale, Shelby, and Tipton. Ms. Detman and Ms. Beasley state they read about the public hearing, wanted to find out more about the Area Plan, and obtain information and resources in relation to forming an alliance with other community services. Ms. Detman stated that they go into the communities and teach people about the COVID vaccination, answer any questions they may have and coordinate with the local Health Department in that community to come to that community site and offer COVID vaccinations and booster shots or whatever they may need. Ms. Detman stated that their goal is to help our communities understand that COVID is not going away, there is more to come, and we have to protect the most vulnerable. We have to protect our older population and that the comments made in regards to our seniors are greatly appreciated. Ms. Detman stated that some people do not think it is a big deal because they are young and healthy, but then they give it to someone who is not healthy and cause a lot of heartaches and illness. Ms. Detman stated that they would love to come out to senior centers and educate seniors on COVID and answer any questions they may have.

Mr. Dustin Sanders, Caring Companions commented on the need for funding for people that do qualify for the CHOICES Program.

Mr. Doug Connally, Mid-South Senior Care commented that more funds should be approved for home care of seniors to assist them in staying out of nursing homes. Mr. Connally commented on a great job that ACMS is doing, but ACMS need more funds are needed to help seniors who do not qualify for CHOICES and need immediate assistance.

Ms. Nicole Smith, Memphis Area Legal Services Inc. stated that the law firm provides legal services to seniors age 60 and older.

Ms. Marie Robinson, Nercher Older Adult Community Resource requested a phone call from the Aging Commission of the Mid-South.

F. SUMMARY of CHANGES

List changes made in this plan as a result of comments made at public hearing(s).

None

Advisory Council Participation in the Area Plan Process

Describe how the Area Agency Advisory Council was involved in the development of the Area Plan.

1. Date(s) when the Area Plan was reviewed by the Advisory Council.

March 21, 2022

2. Attach an agenda of the Area Plan review meeting or describe the review process including any alternative measures that were taken to review the Area Plan due to COVID-19.

See attached

3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process. If the plans were emailed to Advisory Council Members due to COVID-19 include those members who reviewed and process for accepting and reviewing comments received.

Plan emailed to Advisory Council on March 11,2022

4. Provide a summary of comments made by advisory council members about the completed plan.

Ms. Margaret Fleming asked if there are any caregiver support groups? Ms. Daugherty, replied that there are support groups in the geographic area for caregivers. Additionally, there is also individual counseling available for caregivers throughout the area who would like counseling. Some caregivers only want this service. Ms. Fleming asked if there is information about those groups to share with individuals who may need support groups? Ms. Daugherty replied that Ms. Green could assist with getting her that information. If it was found a geographic area does not have a support group, ACMS can assist in forming one. Ms. Daugherty stated that ACMS works with Concern, part of the Baptist Healthcare System to provide individual counseling throughout the entire geographic area.

Ms. Beverly Marrero, commented on adding email as a way to request service. She stated that it is pretty fascinating, because traditionally we think of seniors not being as computer savvy as the general population and she is glad to hear there are seniors quite familiar with emailing. Ms. Daugherty replied that ACMS has a website that everyone is familiar with and that we want to boost interaction on the website. We want it to be more than a site describing the work of the Aging Commission. She related, we want it to give persons the ability to

leave information about themselves and ask for services. Mr. Wendell Wainwright stated that Fayette County has a broadband issue. He stated that emails are great and can be done, but if you want to reach some part of the population, emails are not the answer. Ms. Daugherty responded by assuring the group that the ability to request services via the phone would not be eliminated. ACMS is adding another way for persons to request assistance. Mr. Wainwright replied to say that phone service is also bad in Fayette County in some locations.

Ms. Marrero inquired as to who manages the current website? Ms. Daugherty replied that Shelby County Government IT Department manages ACMS website. Ms. Marrero commented that some websites are not user friendly to persons and it is frustrating going to certain sites trying to get information and then for someone to say “there is an App for that”. Ms. Daugherty agreed with Ms. Marrero that some websites are frustrating. She added we do not anticipate having an “app”.

Ms. Sirella Parker-Joyner asked when would the iPads for senior centers be available? Ms. Daugherty reminded Ms. Parker-Joyner of the earlier report by Ms. Watson on the Aging & Disability Resource Centers (ADRC) funding which is being used to purchase touch screen devices, touchscreen software, and updating current software that will be gathered in the senior centers and by meal providers. Ms. Daugherty stated that ACMS’ goal is to have all the devices in place and begin using them by July 1st, 2022. Ms. Stewart, our Data Analyst, has scheduled times with our food providers and senior centers for installation and the training of staff to utilize the devices. Ms. Daugherty commented that ACMS is excited about the devices and how they will impact data going forward. Ms. Parker-Joyner also expressed excitement about the devices and the importance of education to assist seniors in using the technology. Ms. Daugherty replied that it is hoped this will allow seniors to become more familiar with technology and more comfortable with its use. Mr. Bernard Danzig asked is there a way to report to the county those areas that do not have cell phone or computer coverage? Mr. Wainwright replied that Fayette County is aware of the problem, and that the county used hotspots in the school system to correct the problem. He also mentioned that Fayette County is currently working with Chickasaw Electric to improve their Broadband issue. Ms. Marrero commented that Infrastructure funds should be used to assist with that issue. Ms. Daugherty stated that she had heard there was some effort of municipalities and various county government throughout the area to increase infrastructure related to internet access with the CARES and ARP funding.

Mr. Wainwright asked if the area plan presented was for information purposes only? Ms. Daugherty related that as the group reviews the document that they are to relate to her any changes they would like to see made. Some typo graphical errors were noted to Ms. Daugherty. Mr. Wainwright asked that D be added by his name in Exhibit E-1, Ms. Oliver asked that she be identified as C, E, J in Exhibit E-1, and Ms. Carpton ask that E, F, and H be added by her name in Exhibit E-1.

Ms. Daugherty related to the group as they review the public guardianship section of the plan that several persons who ACMS supported with guardianship services living in long-term care facilities had passed away related to COVID.

Ms. Daugherty commented that the organization is proud of our increase in numbers for the 2022 versus 2023 year in our SHIP Program. The numbers reflect real effort by our staff, but more is needed to accomplish the full goal. Ms. Parker-Joyner commented that it is interesting SHIP information is gathered on persons under 65, although OAA services are for person 60 and over. Ms. Daugherty replied that in SHIP, one of Medicare's priorities, is persons living with disabilities who receive Medicare under the age of 65. There is emphasis on identifying these persons and assuring they are provided Medicare counseling. Ms. Fleming asked why is Lauderdale County the only county named as a rural area in the SHIP material? Ms. Daugherty stated that for SHIP purposes the federal government does not recognize Fayette and Tipton as rural counties. Ms. Joni Cook asked when doing promotions for SHIP, should she mention the events are open to persons under age 60 that are disabled? Ms. Daugherty replied that when we are doing mail outs or invitations for SHIP events we should invite all persons receiving Medicare assistance. Ms. Daugherty related that AMCS has completed significant SHIP outreach in Lauderdale County people who identify as American Indians.

Ms. Daugherty commented that she was grateful for the assistance from staff and the comments from the Advisory Council in reference to the Area Plan. Ms. Daugherty added that in addition to the required public hearing held today regarding the Area Plan that she would be presenting the plan to persons at the Fayette, Lauderdale, and Tipton county senior centers.

Ms. Constance Graham commented that traveling to the different counties to speak with seniors beats technology and that seniors will appreciate it more. Ms. Graham stated that the Area Plan is designed for seniors and being hands on is very relevant to the services and programs offered. Ms. Daugherty replied that ACMS sent out invitations to the public hearing to all the people we provide services to via their service providers. Ms. Fleming asked what days, times, and senior centers does Ms. Daugherty plan to speak at? Ms. Daugherty replied that she would send out an email with dates and times to the members of the Advisory Council.

Ms. Fleming inquired as to when the request for proposal was issued, what kind of organization or who would be a valid application for that? Ms. Daugherty related every 4 years along with constructing the Area Plan, ACMS issues Request for Proposals. This is an open purchasing process required by the Tennessee Commission on Aging and Disability. The Request for Proposals was issued on 3/1. There are currently six Request for Proposals issued seeking providers of services in the Planning and Services Area. Proposal request for nutritional services, home and community based services, transportation service, ombudsman service, senior centers, and legal service are currently open. Qualification for providing a service depend on requirements of a particular service. Those seeking to apply to become a provider should go to the Shelby County Government website, go to Business, on to Purchasing, to open formal bids, there you will find all information needed to respond to the request for proposals. Mr. Wainwright asked if this was bedded by Shelby County Government? Ms. Daugherty replied that as ACMS is a part of Shelby County Government,

this purchasing process is being managed by purchasing officials. ACMS staff will review and score the proposals. The process is designed to assure transparency in regards to how funds are spent. Mr. Wainwright asked what is the time frame on a vendor when they are approved? Ms. Daugherty replied that chosen vendors are eligible to provide services for the 4-year cycle and are contracted yearly. A financial and programs quality survey is performed annually with each vendor.

Ms. Daugherty related back to Ms. Watson's financial report and our need for additional providers of personal care and homemaker services. Current service providers are having staffing problems and are unable to provide services. The providers who offer these services cannot find people to perform these services. ACMS have increased our rates that we pay for these services and still the providers cannot get people to do it. Ms. Graham commented on the problem and stated that she can attest to being unable to secure reliable in-home care in regards to her elderly mother.

5. Summary of Changes. List changes made in the plan as a result of comments made at Advisory Council review.

Change were made to the chart on E-1, page 40 for 3 members (Wainwright, Oliver, Carpton). No additional changes were requested by the committee.

Ombudsman

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
3. Explain why it is a best practice for the AAAD to provide this service directly.

 X **National Family Caregiver Support Program**

(Note: NFCSP provides supportive services such as information and assistance, case management, outreach, individual counseling, support groups, caregiver training, and respite care and supplemental services. AAADs that provide information and assistance, case management, outreach, individual counseling, support groups, and caregiver training directly must complete a waiver.) ACMS is requesting a waiver to provide information and assistance, case management, and outreach.

1. List all agencies in the PSA that provide this service to elderly persons.

ACMS is unaware of other agencies offering outreach and information and assistance covering of the entire geographical area of PSA 9. In FY 20/21 ACMS provided over 10,000 persons, information and assistance regarding services for persons who are elderly and/or disabled.

Regarding Case Management

Senior Care Management Solutions
ElderCare Consultants
Attendant Care Services
Fogelman Jewish Family Services
Senior Care Coordinators

2. Explain how the current level of service in the PSA is inadequate to meet the need.

Regarding Case Management: The companies note above are small private for profit companies or non-profits lacking organizational capacity to take on the task. None of the organizations service the entire geographic area of PSA. The organizations noted provide direct services, thus creating a conflict of interest.

3. Explain how this service is directly related to the AAAD's administrative function.

ACMS is the responsible for maintaining waiting list and procuring assessment for all those requesting OAA and state funded services for persons who are older and disabled. This work is completed by staff in the information and assistance area. As funding becomes available for persons who are waiting to receive services assessments are forwarded to ACMS case managers. The allows for seamless connect from waiting to enrollment in services.

4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.

ACMS is part of Shelby County government. As the organization is not a for profit agency this provides for cost control. Other county and city governments throughout the PSA contribute cash and in kind to ACMS additionally providing for cost containment. The cost per call (including assessment and waiting list services) is approximately \$17 and the cost per client is \$326 annually for case management.

 Legal Assistance

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the service capacity in the PSA is inadequate to meet the need.

Exhibit D-3.2

Request for Waiver for FY _____

_____ **AAAD**

FIVE DAY REQUIREMENT

Background: The Older Americans Act requires that nutrition projects provide at least one meal per day for five or more days per week. TCAD, as State Unit on Aging, may authorize a lesser frequency under certain circumstances (42 USC 3030e; 42 USC 3030f). TCAD’s implementation of this requirement is as follows:

- Sites located in counties containing only rural-designated areas (see Table 1 below) may serve meals less than five days per week by requesting a waiver from the site.
- Sites located in counties containing urban-designated areas (see Table 2 below) may serve meals less than five days per week provided that meals are served five days per week by the combined operations of all sites within the county.

If an AAAD wishes to request a waiver of the five-day requirement for any of its sites per the criteria outlined above, please note in Column A: *Requesting Five Day Waiver for Site* of the Area Plan Nutrition Site Listing spreadsheet.

SIGNATURES:

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

**Request for Waiver for FY ____
REQUIRED MINIMUM EXPENDITURES FOR PRIORITY SERVICE**

Required minimums:

- a. *Services associated with access to other services: including but not limited to information and referral, case management, transportation, and outreach (35%)*
- b. *In-home services - (10%)*
- c. *Legal assistance (2%).*

1. AAAD: _____
2. Service Category: _____
3. Required minimum expenditure for this priority service using the required minimum percentage: \$ _____
4. Actual expenditure of Title III (federal funds only) for this service during the past fiscal year
5. Expenditure amount requested under this waiver
6. Justify the request for waiver by explaining the:
 - a. Projected impact on other services, using documented facts and figures (attach documentation);
 - b. Projected impact on this service, using documented fact and figures (attach documentation), and
 - c. Projected impact on level of service needs and availability throughout the PSA.
7. Outline AAAD plan and timeframe for achieving the required minimum funding level.

SIGNATURES

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

**Request for Waiver FY __
COST SHARE REQUIREMENT**

- 1. List Service(s) for which cost share waiver is requested.

Homemaker, Personal Care, Home Modifications, Personal Emergency Response System, Pest Control, Transportation

- 2. Check below the basis for waiver request.

X a. A significant proportion of persons receiving the Older Americans Act services listed above have incomes below 200% of the Federal Benefit Rate.

X b. Cost sharing would be an unreasonable administrative or financial burden on the area agency.

- 3. Justify the request for waiver based on the proportion of low-income individuals participating in services affected by cost share.

The majority of persons receiving and requesting services are not required to participate in cost share. Less than 1% of the persons support have a cost share obligation. There are currently 6 persons of the 2,795 persons who have a cost share obligation. Currently their total obligation is approximately \$400 monthly, equating to less than 1% of our total budget. Please refer to Exhibit A-2 of the document as information regarding poverty. Lauderdale County in our Planning and Services Area is recognized as one of the most economically distressed counties in our state.

- 4. Justify the request for waiver explaining the negative impact of cost share on area agency administration or financial responsibilities.

The time and effort required to collect cost share is costlier to the organization than possible enumeration of cost share.

- 5. Attachments: At the end of Request for Waiver(s) attach the following items:

- a. List all agencies, providers, and individuals that received personal notice of public hearings (attach copy of letter sent).

See Notice Public Hearing attachment

- b. List all publications which carried public notice of public hearings and indicate circulation of each. (Attach a copy of notice.)

Fayette County Falcon 4,000 weekly
Covington Leader 4,000 weekly
Commercial Appeal 94,775 daily

- c. Record of public hearings. The record shall detail all written and oral testimony regarding the area agency's intention to request the waiver specified above.

SIGNATURES



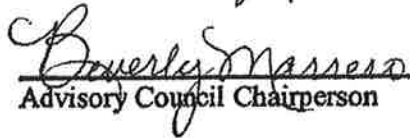
AAAD Director

4/1/22
Date



Chief Administrative Officer of Grantee Agency

4/1/22
Date



Advisory Council Chairperson

3/31/22
Date

**Request for Waiver for FY _____
TCAD POLICY REQUIREMENT**

1. AAAD: _____
2. TCAD Policy for which waiver is requested:

3. Reference location of specific TCAD policy for which waiver is requested:

4. Give full justification for this waiver request by documenting all efforts of the AAAD to meet the requirement and specific barriers to meeting the requirements.

5. Outline steps the AAAD will take to meet the requirements, giving specific dates of accomplishment for each step.

SIGNATURES:

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

ASSURANCES Older Americans Act (2020) Assurances of Compliance

AREA PLANS

SEC. 306. (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual

to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;

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

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

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

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

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

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals,

older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

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

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

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

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (I);

(B) provide assurances that the area agency on aging will use outreach efforts that will—

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic

brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (I), and the caretakers of such individuals, of the availability of such assistance; and

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

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

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

(C)(I) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section

210 of the Economic Opportunity Act of 1964 (42

U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as

organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) ⁷ to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (I) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

- (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (I) through (iii);
- (9) provide assurances that—
- (A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and
 - (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—
- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
 - (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
 - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
 - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
 - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) provide assurances that funds received under this title will be used—
- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(I); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
- (18) provide assurances that the area agency on aging will collect data to determine—
- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
 - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(20) (b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph

(2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and

Area Plan, FY 2023 - 2026

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

SEC. 374. MAINTENANCE OF EFFORT.

Funds made available under this part shall supplement, and not supplant, any Federal, State, or local funds expended by a State or unit of general purpose local government (including an area agency on aging) to provide services described in section 373.

Certification by Authorized Agency Official

(Insert name of AAAD) hereby gives full assurance that every effort will be made to comply with the regulations of the Older Americans Act.

SIGNATURES

AAAD Director

Date

4/1/22

Dorcas Young Griffin
Grantee Agency Director

Date

4/1/2022

Availability of Documents

The Aging Commission of the Mid-South hereby gives full assurance that the following documents are current and maintained in the administrative office of the AAAD and will be filed in such a manner as to ensure ready access for inspection by TCAD or its designees at any time. The AAAD further understands that these documents are subject to review during quality assurance visits by TCAD.

1. Current policy making board member roster, including officers
2. Applicable current licenses
3. AAAD Advisory Council By-Laws and membership list
4. AAAD staffing plan
 - a. position descriptions (signed by staff member)
 - b. staff resumes and performance evaluations
 - c. documentation that staff meet the educational and experience requirements of the position and that appropriate background checks have been completed
 - d. equal opportunity hiring policies and practices
 - e. organizational chart with employee names
5. Personnel Policy Manual of grantee agency
6. Financial procedures manual in accordance with TCAD policies
7. Program procedures manual
8. Interagency agreements, if applicable
9. Insurance verification (general professional liability such as errors and omissions, officers and directors, etc.)
10. Bonding verification
11. Affirmative Action Plan
12. Civil Rights Compliance Plan, title VI plan
13. Conflict of Interest policy
14. Grievance Procedure and designated staff member

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15. Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers, and participation of target groups, low income, minority, rural.
16. Americans with Disabilities Act (ADA) policies, ADA Existing Facility Checklist and report on barrier removal
17. Documentation of match commitments for cash, voluntary contributions and building space, as applicable
18. Financial Reports, or if applicable, copy of audited copy of Financial Report of service providers
19. Emergency Preparedness/Disaster Plan
20. Drug-Free Workplace policies
21. Confidentiality and HIPAA policies
22. Individual background information for newly hired employees and volunteers who provide direct care for, have direct contact with, or have direct responsibility for the safety and care of older persons and adults with disabilities in their homes.

Certification by Authorized Agency Official

I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Area Agency on Aging and Disability. Assurance is given that TCAD or its designee will be given immediate access to these documents, upon request.

SIGNATURES



AAAD Director

Date 4/1/22



Grantee Agency Director

Date 4/1/2022

Title VI of the Civil Rights Act of 1964 Compliance

The Aging Commission of the Mid-South, Area Agency on Aging and Disability reaffirms its policies to afford all individuals the opportunity to participate in federal financially assisted programs and adopts the following provision:

“No person in the United States, shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

This policy applies to all services and programs operated by, or through contracts or subcontracts from the Area Agency on Aging Commission of the Mid-South Area Agency on Aging and Disability.

Prohibited practices include:

1. Denying any individual any services such as: congregate meals, in-home services, and information and assistance; opportunity to serve as a volunteer, advisor, or member of a policy board, positions of leadership, or other benefit for which he/she is otherwise qualified.
2. Providing any individual with any service, or other benefit, which is different or is provided in a different manner from that which is provided to others under the program, such as the selection of menu items, the mode of style of service, or the manner of conveyance in transportation.
3. Subjecting any individual to segregated or separate treatment in any manner related to that individual's receipt of service, including congregate meals in separate sites or facilities, senior center services in separate sites or facilities, or employment services in separate sites or facilities.
4. Restricting an individual in any way in the enjoyment of services, facilities or any other advantage, privilege, or other benefit provided to others under the program.
5. Adopting methods of administration which would limit participation by any group of recipients or subject them to discrimination, including submitting bids for services and receiving contracts or subcontracts; and personnel practices such as hiring, firing, and granting raises.
6. Addressing an individual in a manner that denotes inferiority because of race, color, or national origin.

The Aging Commission of the Mid-South, Area Agency on Aging and Disability shall appoint a Title VI coordinator to ensure that the Area Agency on Aging and Disability and all service providers comply with the provision of Title VI. Whenever a planning or advisory body, such as a board or a committee is an integral part of the Area Agency on Aging and Disability or service

provider program, the Area Agency on Aging and Disability will take such steps as are necessary to ensure that minorities are notified of the existence of such bodies and are provided equal opportunity to participate as members. Where members of a board or committee are appointed by the area agency or service provider agency, minorities shall be represented at least in proportion to their presence in the general population of the service area.

SIGNATURES

AAAD Director



Date 4/1/22

Doncas Young Griffin
Grantee Agency Director

Date 4/1/2022

ADDITIONAL DOCUMENTS *(Attached)*

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
H-1	Budget Area Plan
H-2	Personnel Area Plan
H-3	List of Subcontracting Agencies
H-4	List of Nutrition Sites
	Organizational Chart
	Staffing – New Hires
	Advisory Council Bylaws
	Public Hearing Notice
	Agenda Advisory Council
	MIFA Statement

Area Plan Revision - OPTIONS 2.0 Funding

1. Complete the following table with current waitlist information:

Number of Individuals on OPTIONS Category A Waiting List	34
Number of Individuals on OPTIONS Category B Waiting List	217

2. Complete the following table with overall OPTIONS 2.0 funding projection:

	FY 2023 – Projected (Served/Units)
State – Options Allocation Amount	\$1,403,700
# Served	251
Units of Service	71,243

Describe the methodology for the projections listed above.

178 waiting for Homemaker/Personal Care allocated \$722,834 will receive 33,904 units
118 waiting for Home Delivered Meals allocated \$214,760 will receive 30,680 units
Allocated \$466,106 for 6,659 food boxes will be supplied to 251 persons

3. OPTIONS 2.0 funding is intended to serve those currently on the both category A and B waiting lists for services, please describe your plan for addressing the individuals on the waiting list.

ACMS will provide Homemaker/Personal Care, Nutritional Services, In Home Respite, Adult Day Care, Durable Medical Equipment, Transportation, Food Boxes, Personal Emergency Response System

- Please outline overall strategies or plans that your AAAD will make to ensure that funds for both OPTIONS and OPTIONS 2.0 are maximized to ensure that funds are expended within the state fiscal year.

ACMS believes we have significant enough of person in options currently and with request to move funds to coordinators that OPTIONS funding will be spent appropriately. all person on OPTIONS 2.0 funding will be used to address those on waiting list.

- If infrastructure changes need to occur with OPTIONS 1.0 funding, as a result of the additional OPTIONS 2.0 funding, please outline those changes below:

ACMS will be asking to modify current OPTION Budget to add 2 coordinators to support additional person who will receive services.

- If additional types of services will be offered outside of Personal Care, Homemaker, In-home Respite, and Adult Day Care, please list additional services, projected budget and service amounts. Complete the following table:

Type of Service	FY 2023 – Projected (Budget Amount)	FY 2023 – Projected (Persons Served)	FY 2023 – Projected (Units Served)
For Example, Transportation, Home Mods, Assistive Technology			
Food Box	466,106	251	6,659
Nutritional Services	214,760	118	30,680

Describe the methodology for the projections listed above.

178 waiting for Homemaker/Personal Care allocated \$722,834 will receive 33,904 units
 118 waiting for Home Delivered Meals allocated \$214,760 will receive 30,680 units
 Allocated \$466,106 for 6,659 food boxes will be supplied to 251 persons