

AREA PLAN on AGING and DISABILITY

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

South Central Tennessee Development District
Designated Area Agency on Aging and Disability

for the

South Central Tennessee
*Counties of Bedford, Coffee, Franklin, Giles, Hickman, Lawrence
Lewis, Lincoln, Marshall, Maury, Moore, Perry and Wayne*

Planning and Service Area

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

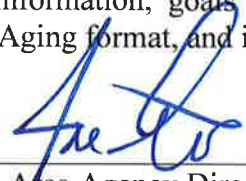
SUBMITTAL PAGE

() 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 South Central Tennessee planning and service area. The South Central Tennessee 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:  Date: 3/24/22
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:  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:  Date: 3/24/22
Director, Grantee Agency

Signature:  Date: 3/28/22
Chair, Grantee Agency Board

**AREA PLAN SCHEDULE
FY 2023 – 2026**

Task	Deadline	Responsible Agency
1. Area Plans Format and Instructions	2/1/2022	Tennessee Commission on Aging and Disability (TCAD)
2. Advertise Public Hearing	3/12/2022	Area Agency on Aging and Disability (AAAD)
3. Public Hearings on Area Plan	3/26/2022	AAAD
4. AAAD RFP Process in Place	3/1/2022	AAAD
5. Area Plan Submitted (Submit signed copy of plan via email)	4/4/2022	AAAD
6. Review Area Plan and communicate to AAADs if clarification or correction is needed	4/15/2022	TCAD
7. Area Plan revisions submitted to TCAD, if needed	4/22/2022	AAAD
8. TCAD staff approval of Area Plans	4/29/2022	TCAD
9. Commission members given link to Area Plans	5/3/2022	TCAD
10. Discussion of Area Plan process at Commission Meeting	5/10/2022	TCAD
11. Contracts sent to AAADs	5/13/2022	TCAD
12. Contracts sent to TCAD for processing	As Soon as Possible	AAAD
13. TCAD signs contract and sends to General Services—Central Procurement Office for contract approval	5/20/2022	TCAD and General Services
14. AAAD contracts with service providers	7/1/2022	AAAD
15. Copies of AAAD Provider Contracts submitted to TCAD	7/8/2022	AAAD

Designated Planning and Service Area

AAAD Name:	South Central Tennessee Development District
Physical Address:	101 Sam Watkins Boulevard Mount Pleasant TN 38474
Mailing Address (if different):	
AAAD Phone and Fax Number:	(931) 379-2940 Fax (931) 379-2685
AAAD Email Address:	rrochelle@sctdd.org
Website:	www.sctaaad.org
AAAD Director:	Joe Evans
In Operation Since:	1972
Mission:	<p>To assure that older adults age 60 and over, and adults age 18 and over with a physical disability, in this 13-county district, have the opportunity to realize their full potential and to participate completely in community life, work opportunities, and to receive appropriate support services, as needed, to maintain their independence for as long as possible.</p> <p>South Central PSA is made of the 13 counties of: Bedford, Coffee, Franklin, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, and Wayne.</p>

AAAD County Data

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
Bedford County	9,498	11%	1.81%	7.42%	9.05%	1.38%	55.60%
Coffee County	12,268	4%	0.64%	9.26%	10.85%	0.51%	47.29%
Franklin County	10,502	7%	1.33%	10.86%	10.16%	1.71%	69.62%
Giles County	7,346	11%	1.61%	11.68%	10.36%	2.07%	73.75%
Hickman County	5,481	4%	0.50%	16.48%	15.66%	1.24%	100.00%
Lawrence County	9,923	3%	1.12%	12.61%	12.89%	0.71%	75.88%
Lewis County	3,251	7%	4.49%	12.01%	12.16%	4.13%	70.19%
Lincoln County	8,631	8%	0.58%	9.54%	10.79%	1.28%	72.49%
Maury County	18,268	12%	3.37%	10.40%	11.10%	1.97%	41.59%
Marshall County	7,050	8%	1.19%	6.72%	5.78%	1.77%	65.82%
Moore County	1,919	10%	0.58%	6.37%	4.17%	1.29%	99.87%
Perry County	2,170	1%	1.26%	17.38%	18.09%	0.00%	100.00%
Wayne County	4,008	2%	0.59%	15.33%	15.42%	0.24%	100.00%

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%)

- 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**
 - Housing**
- 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
 - 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
- a. **Financial Concerns:** AAAD staff ranked financial concerns as the highest priority need among callers and those accessing our programs and services. Financial concerns touch on several different areas, including nutrition, food insecurity, and meeting basic household needs, as well as transportation and housing issues. Since the latter two ranked second and third highest priority among AAAD staff, those priority needs are detailed in “b” and “c” below. This financial concerns section will focus on food insecurity, nutrition and meeting basic needs. Concerns have heightened in this area recently with the rising cost of inflation forcing the cost of food, gas and basic household items to increase significantly.
- Collaboration – 1) The AAAD will continue to strengthen its partnership between the AAAD and SCHRA Food Commodities Program, in which the AAAD/SHIP provides volunteer staff to help distribute the food, along with handouts about AAAD programs and services, including menu ideas to coincide with the food items they receive. 2) The AAAD continues to strengthen the existing relationship with the nutrition program provider, SCHRA, to make adjustments to congregate and home-delivered meals for easier access to a balanced nutritious meal, such as continuing to offer the pick-up meal service at meal sites that was started during the pandemic. 3) The AAAD will collaborate with focal point senior centers, and make efforts to strengthen relationships with the local DHS and SCHRA county offices, as contact points in reaching seniors for SNAP Benefits enrollment to provide access to more food for free. 4) For various needs, such as incontinence supplies, groceries, household basic needs, eyeglasses, and other immediate health and/or safety concerns that effect older adults financially, the AAAD may utilize its Personal Emergency Assistance Program funds, which are local funds used when there is no other program or resources to assist.
 - Diversity – 1) The AAAD is reaching low-income and minority populations at SCHRA Food Commodities events. For collaboration efforts 2, 3 and 4 above, the AAAD will reach out to housing authorities, local and state government agencies, faith-based organizations, senior centers, area service providers, and other groups who serve seniors who may be affected by food insecurity, and focus specifically on those areas with underserved low-income and low-income minority seniors to educate them on services and resources available that may alleviate some of their financial burden.
 - Streamlined – Calls received by the AAAD’s I&A Specialists that involve financial concerns will be screened to identify their needs, and then, be given information on the AAAD’s programs that may assist them based on their needs, such as referrals to the SCHRA Food Commodities events and other local food give-away events, SNAP Benefits Program, SHIP for Low-Income Subsidy screening, Nutrition Program meal

sites, the Personal Emergency Assistance Program, as well as be referred to additional resources, as appropriate.

- Data Driven – 1) The number of Food Commodities events attended will be tracked by SHIP staff. 2) All of the Title III-C Nutrition Program meals and activities are reported in the SAMS database. 3) The number of SNAP screenings, enrollments and events data will be reported by the SNAP Coordinator. 4) The number of individuals served through the Personal Emergency Assistance Program and the type of need that was met is tracked by the AAAD Assistant Director.
 - Anticipatory – 1) Presence of AAAD SHIP staff and volunteers at food give-away events provides unique outreach to low-income and minority populations to educate them on what is available and how to access what is needed. 2) The alternative method of getting Title III-C Congregate Meals to older adults through the “pick-up” provides another level of access to a hot, balanced nutritious meals for those who cannot attend the meal site. 3) The SNAP outreach and enrollment activities will help more older adults gain access to more food, therefore relieving some of the financial strain to buy food and food insecurity in general. 4) The Personal Emergency Assistance Program can help with those needs that cannot be funded through any other program or resource, thereby alleviating another financial burden for an older adult.
- b. **Transportation** – The types of transportation needs that have been identified in South Central PSA is not only the need for affordable transportation, but also accessible transportation. Many older adults cannot afford their transportation trips through transportation programs. And, many older adults cannot access public transportation due to physical and/or mental conditions, and need an assisted transportation service that provides door-through-door assistance.
- Collaboration - South Central AAAD is unique from other districts, in that, it has a public transportation program, the South Central Area Transit Services (SCATS), in-house at the SCTDD. The AAAD will strengthen its partnership with SCATS offices in all 13 counties to offer Title III-B funding to pay for rides for those 60 and older who are in need of that assistance. In counties of Bedford, Lawrence and Maury where MyRide Volunteer Senior Transportation programs are located, the AAAD will strengthen its relationship with those MyRide’s to offer alternative funding to help low-income riders with membership and trip fees through the Title III-B funding or the United Healthcare Grant funds. The AAAD will utilize the senior centers, meal sites, SCTDD mayors, other local officials, AAAD Advisory Council members, and other community leaders to educate older adults about transportation programs available and the opportunity to help older adults with transportation needs.
 - Diversity – The AAAD will provide information to area government offices, local and state agencies, service providers, faith based communities and other groups who predominately serve seniors who are low-income, minority, and/or socially-isolated to ensure that senior adults of all populations have the information and ability to access the program, whether as a rider or as a MyRide volunteer driver.

- Streamlined – Calls received by the AAAD for transportation needs will receive appropriate referrals for senior riders based on their needs and abilities. The AAAD will coordinate with SCATS and MyRide Programs to directly bill the AAAD for Title III-B funded rides.
- Data-driven – The AAAD will collect and maintain data on the number of riders, number of trips, and amount of funds paid by funding source.
- Anticipatory - The AAAD anticipates that providing alternative funding streams to low-income riders to offset the cost of their transportation will increase the number of older adults who are able to make medical and social appointments who may not have been able to otherwise. Also, having an alternative transportation program model, like MyRide, that provides the assisted, door-through-door service for those older adults who cannot safely access public transportation, will allow more older adults to remain independent for a longer time.

B. Housing Concerns – South Central AAAD is unique, in that, it is the only AAAD in Tennessee to administer and manage Housing Programs that benefit older adults and adults with disabilities. Both the HOME Grant Program and Emergency Home Repair Program, funded through the Tennessee Housing Development Agency (THDA), are now administered by the South Central AAAD. Because of the lack of resources and ability of the AAAD to create new housing opportunities, the AAAD is making an impact in affordable, accessible housing for older adults and adults with disabilities through these two home repair programs, which make necessary repairs or ADA-accessible accommodations to allow homeowners to remain in their home in a safer manner for a longer period of time. The AAAD will assist older adults in seeking rental assistance and other housing needs by identifying resources and maintaining a list of available rental options in the PSA.

- Collaboration – The AAAD will continue to build on the existing partnership with THDA and HUD to secure additional funding opportunities for senior housing programs. In its work with the Emergency Repair Program (ERP), the AAAD has developed new or strengthened existing partnerships with other agencies, such as the USDA Rural Development office, the South Central Human Resource Agency’s Weatherization Assistance Program, Habitat for Humanity, faith based organizations, and local housing coalitions. The HOME Grant Program coordinates directly with city and county mayors who are awarded the HOME Grants. The AAAD collaborates with USDA Rural Development to maintain a list of available rental housing in the PSA.
- Diversity - The AAAD will continue to reach out to community leaders, service providers, housing authorities and other agencies that predominately serve seniors and adults with disabilities who are low-income or low-income minority to ensure that senior adults of all populations have the information and ability to access the housing programs. The HOME Grant Program applications are scored based on demographic criteria that is based on economic status, age, minority status, disability/frailty, etc. that provides a greater opportunity for home repair assistance for target populations.
- Streamlined –Calls received by the AAAD for home repair needs are directly routed to the AAAD Housing Director’s office for information and application assistance. The AAAD I&A Specialists and Service Coordinators provide referrals of eligible homeowners in need of repair assistance, along with referrals from the partnership agencies mentioned above.

- Data-driven – The AAAD maintains a report on all housing projects showing the number of homes assisted and the amount of funds spent for ERP and HOME Grant Programs. A list of rental housing available will be maintained.
 - Anticipatory – The administration of these two home repair programs have made a significant impact on the lives of low-income homeowners who are an older adult or adult with a disability. With the new increase in HOME Grants applied for by local governments, one local government alone can apply for up to \$750,000 and two local governments together (city and county) can apply for up to \$1 million, which will provide additional funding to help repair, modify or rebuild homes for older adults and adults with disabilities in order to remain safely in their home for as long as possible.
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%)

Transportation:

- Expand MyRide Senior Volunteer Transportation to more counties in the PSA, as funding allows, to remove the barrier of accessing assisted transportation.
- Support existing senior volunteer transportation programs through federal Title IIIB and other available funding.
- Advocate for state funding and apply for additional grant opportunities to maintain existing MyRide’s and expand to start new programs.
- Develop a volunteer recruitment campaign effort to recruit enough volunteer drivers to meet capacity of ride requests.
- Explore and advocate for alternative transportation models that meet variety of needs in different types of communities, as there is no “one size fits all” when it comes to transportation.

Plan for Program Development and Coordination

The AAAD is proposing to use \$8,440 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 4% 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: To coordinate programs, services and resources within the AAAD and among service providers and community partners, in order to reach and better serve older adults and adults with disabilities in the PSA.

- Coordinate bimonthly meetings with the Senior Center Directors Association for South Central Tennessee to provide training, share resources and provide for networking among senior center directors.
- Facilitate quarterly meetings of the Advisory Council on Aging & Disability and coordinate all communication among council members, agency representatives and service providers.
- Provide volunteer recruitment and coordination for the annual South Central District Tennessee Senior Olympics, in collaboration with the Lawrenceburg Parks & Recreation.
- Administer the Personal Emergency Assistance Program (PEAP) and coordinate with other agencies, businesses, faith-based organizations and/or individuals to provide assistance to low-income older adults and adults with a disability when no other program or resource is available.
- Serve on the Tennessee Department of Health's Injury Prevention Council, and network with area partners on safety and injury prevention efforts that focus on older adults.
- Serve on the statewide Fall Prevention Coalition and coordinate that information and safety efforts with senior centers, in-home service providers and other agencies in the network to identify and/or provide programs and activities that focus on fall prevention for older adults.
- Provide coordination activities and quarterly meetings for three (3) MyRide Steering Committees for Bedford Lawrence and Maury Counties, which includes mayors of each city/county and various other community leaders.
- Serve as a member of the local Maury Providers meeting, which is a group of health care providers, primarily long-term care, who come together monthly to share education and information.
- Serve as a board member and officer for the Tennessee Federation for the Aging, Inc. (TFA) which is a non-profit organization that meets quarterly for the purpose of improving the lives of older Tennesseans; Serve on the TFA Conference Program

Committee, which meets bi-weekly, to plan the annual training conference and other webinars and educational series throughout the year.

- Provide training and technical assistance for the 13 focal point senior centers, including new senior center director's orientation training and assistance with the SAMS data entry.
- Develop and edit the quarterly AAAD newsletter that is distributed to over 900 email contacts, as well as mailed to Advisory Council members, senior centers, and other service providers.
- Serve on the South Central Area Coordinated Transportation Plan Committee along with representatives from the Tennessee Dept. of Transportation, SCTDD Public Transportation and other transportation agencies to study transportation needs of all populations in our area.

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

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:

❖ Title III-B Information & Assistance (I&A)

- PM 1: Participated in 100 of the estimated 50 marketing and outreach events, so far, in FY-22.
- PM 2: Received 1,918 of the projected 4,000 calls from 1,475 of the projected 2,500 individuals.
- PM 3: I&A staff responded to 100% of all I&A requests within 48 hours.

❖ Title III-B Homemaker Program

- PM 1: Served 78 of the 75 persons projected, receiving 4,036 of the estimated 4,600 units of Title III-B Homemaker services.
- PM 2: Still making efforts to recruit new service providers.
- PM 3: Reduced the number of individuals on the wait list by 29 consumers of the projected 10; no existing homemaker clients received an increase in service hours this fiscal year as of 12/31/2021.

❖ Title III-B Transportation

- PM1: Through South Central Area Transit Service (SCATS) and MyRide Senior Volunteer Transportation Programs, have spent \$3,256 of the \$10,000 allocated to provide accessible transportation for older adults age 60 and older.
- PM 2: Provided 305 of the estimated 500 trips to 43 of the projected 50 older adults.

❖ Title III-B & State Funds - Senior Centers

- PM 1: Collectively, the 13 Senior Centers provided 101,001 of the projected 375,000 units of service to 2,983 of the 7,500 older adults projected.
- PM 2: Met with Senior Center Directors Association every other month (7/16/21, 9/10/21, 12/2/21, 1/28/22), and providing an annual training retreat in Spring 2022.
- PM 3: Assistance with additional funding opportunities this year have included the competitive \$5,000 grant through TCAD, AARP Community Challenge grant, West End Home Foundation's Digital Literacy grant, and Community Foundation of Middle TN.

❖ Title III-B Legal Assistance

- PM 1: Legal Aid Society (LAS) provided legal assistance services to 73 of the projected 125 low-income seniors age 60 and older.
- PM 2: LAS conducted legal education at senior centers in the PSA quarterly.

- PM 3: AAAD I&A staff maintains and updates legal resources for referrals to include the local Legal Aid Society, local elder law attorneys, www.onlinetnjustice.org, www.justiceforalltn.com, www.tn.freelegalanswers.org, www.HELP4TN.org, and the statewide Senior Legal Helpline at 1-844-HELP4TN (435-7486).

- ❖ **Title IIIC Nutrition Services:**
 - PM 1: Meal site location study was discontinued due to the pandemic. During that time, locations that did not meet appropriate numbers were suspended.
 - PM 2: Annual training and quarterly training sessions were held on 9/23/2020, 12/18/2020, 6/15/2021 and 9/23/21, and 9/23/21 per COVID-19 guidelines. One-on-one training sessions have been held 06/04/2021. Strategic planning meetings with the Nutrition Program Director were held 4/29/21, 6/3/21, and 7/21/21.
 - PM 3: The Nutrition provider, South Central Human Resource Agency (SCHRA) has:
 - Title III-C1 Congregate Meals: At mid-year, served 21,734 of the projected 77,950 to 752 of the estimated 1,000 congregate meal participants as of 1/31/2022;
 - Title III-C2 Home-Delivered Meals: At mid-year, served 27,323 of the estimated 72,358 home-delivered meals to 290 of the 450 projected participants; and
 - PM 4: Nutrition Counseling provided by a Registered Dietician to 2 of 5 estimated participants.
 - PM 5: The Nutrition provider, South Central Human Resource Agency (SCHRA) has:
 - Nutrition Screening for 100% of the 752 congregate participants of 750 projected;
 - Nutrition Outreach activities to 230 of the 750 projected participants; and
 - Nutrition Education to 3,023 of the estimated 3,000 units to 926 of the 1,000 projected participants.

- ❖ **Title III-D Evidence Based Program (EBP)**
 - PM 1: Quality Assurance Coordinator is conducting annual on-site monitoring visits to evaluate progress in EBP's at contracting senior centers; and Fiscal Manager conducts monthly reviews when processing requests for reimbursement of Title III-D funds.
 - PM 2: Training session for senior center directors on building or strengthening EBP partnerships was held in May 2021, at the senior center annual training retreat, rather than waiting until FY-22; Technical assistance is ongoing, as needed.
 - PM 3: All EBP's being reported in SAMS are monitored by AAAD to ensure U.S.DHHS requirements and specific EBP requirements are being met. Bedford, Coffee, Giles, Lincoln, Maury, Moore, and Perry have completed IID programs this year.

- ❖ **Title III-E National Family Caregiver Support Program (NFCSP)**
 - PM 1: Provided
 - 5,024 of the estimated 8,000 units of in-home personal care and homemaker services,
 - 707 home-delivered meals of the 700 projected, and
 - 32 Personal Emergency Response Systems providing 242 units of service in installation and monthly monitoring;
 - to 64 of the estimated 100 caregivers.
 - PM 2: Still making efforts to recruit new service providers for the NFCSP.

❖ **Title VII Elder Rights**

- PM 1: Adult Abuse Coalition (AAC) has had two (2) of its four (4) scheduled quarterly meetings on 9/1/21 via Zoom, and 11/3/21 at Lawrence County Senior Center.
- PM 2: Recently updated Community Resource Directories have been available at 45 health/community fairs through 1/31/22; Plan to distribute to approximately 175 people at the AAC Conference on 5/19/22.
- PM 3: The AAC annual training conference was rescheduled twice in 2021 due to the pandemic. It is scheduled for May 19, 2022 with 175 expected to attend.
- PM 4: Due to pandemic and some senior centers being closed in October 2021, the regular Fraud & Financial Abuse Awareness Month presentations were not done, but educational materials were still shared with each of the 13 senior centers.
- PM 5: The AAC participated in 45 health fairs and/or community events, including new, two First Friday events held in Columbia on 10/1/21 and 11/8/21.
- PM 6: SMP participated in 80 of the projected 200 trainings/meetings/community events as of 12/31/21, reaching 4,860 of the estimated 5,000 individuals with SMP education.
- PM 7: AAAD allocated \$5,100 in Title VII Elder Abuse Prevention funds to support the AAC community education and awareness efforts.

❖ **Title VII Long Term Care Ombudsman (LTCO)**

- PM 1: LTCO attended Regional Survey Team meetings: Middle TN Call 7/14/21, West TN Call 7/15/21, 10/13/21 Middle TN Call and 10/21/21 West TN Call this year.
- PM 2: LTCO worked 57 of the expected 100 new complaints, provided 66 of 100 projected individual consultations to residents and/or family/friends, and provided 136 of the estimated 100 consultations/trainings to long term care facility staff this fiscal year.
- PM 3: LTCO recently mandated to conduct quarterly visits to the 63 LTC facilities in the PSA beginning January 2022; Up until February 2020, the LTCO were taken out of facilities due to Covid.
- PM 4: LTCO recruited one (1) new volunteer Ombudsman and has one (1) new recruit in the application process, reaching two (2) new volunteers of the five (5) projected for a current total of (3) volunteer Ombudsmen.

State Funds (NOTE: Senior Centers: See above under Title IIIB)

❖ **OPTIONS for Community Living Program**

- PM 1: Reduced the number of individuals on the waiting list for OPTIONS by 81 consumers.
- PM 2: Through contracted service providers, provided 13,992 units of OPTIONS services of the 31,000 projected to 186 of the 215 persons projected. Served 6,815 of the 15,000 projected home-delivered meals to 68 of the projected 90 participants.
- PM 3: Still making efforts to recruit new service providers for OPTIONS services.
- PM 4: HCBS staff attended trainings and sessions, such as, TNPASRR Training with TennCare, Caregiver Voucher Program, TN NCI Training, Estate Recovery 101 by SE4A webinar, SHIP Medicare training, Elder Abuse Training by SE4A, Quarterly Dementia Capable, and CHOICES AAAD Regional and MCO Advisory meetings.

❖ **Public Guardianship**

- PM 1: Increased number of clients served by almost 5% in FY-2022, to current average caseload of 64 clients.
- PM 2: Utilized additional staff support to focus on volunteer recruitment and retention efforts for approximately 50 hours per month, rather than 30 hours projected.
- PM 3: Have not yet increased number of Public Guardian Volunteers to 15, but have 14 volunteers as of mid-year.
- PM 4: The AAAD continues to keep Title IIIB funds out of the Guardian budget.
- PM 5: New “fact card” about the Public Guardian Program have been distributed to most Clerk and Masters; distributed to Unit 14 APS and staff at their meeting where Public Guardian provided education session. Continue to distribute as appropriate.
- PM 6: Continue to meet with APS Supervisor or APS staff member at least quarterly.
- PM 7: Continue to seek court approval for fees, when appropriate.
- PM 8: Continue to make visits with as many clients within the same facility or county on the same day to save time and travel for visits.
- PM 9: Due to increase in Public Guardianship funds, we can now afford necessary supplies, but continue to recycle and conserve funds, when possible.
- PM 10: a) Caseload has increased from 72 in FY20 to 75 served in FY21. Currently, have served 64 unduplicated clients in FY22; b) the AAAD does not use any federal Title IIIB funding for Public Guardian program; and, c) continuing to implement cost effective measures to work toward sustainability.

Other:

❖ **State Health Insurance Assistance Program (SHIP)**

- PM 1: As of 12/31/2021, provided one-on-one counseling and information to 7,239 of the projected 9,000 Medicare beneficiaries.
- PM 2: Conducted 5 of the 10 scheduled, free public education sessions, “The ABC’s of Medicare” to 54 of the projected 40 individuals. Participate in 31 of estimated 53 commodities and food bank events, reaching 3,775 of the estimated 9,000 individuals.
- PM 3: Recruited one of projected four new volunteers and maintaining a total of 19 of the projected 25 SHIP volunteers.
- PM 4: Assisted with completion of 61 of estimated 140 Low-Income Subsidy applications and 61 of estimated 140 Medicare Savings Program applications.
- PM 5: Distributed SHIP information at 132 of the estimated 100 events, including senior centers, Advisory Council meetings and available community fairs and events.

Families First

• **IIC Nutrition**

Contracted with one restaurant in each of the 13 counties and the SCHRA to provide 817 consumers with 38,885 meals. Services funded under Families First ended July 2021, due to depletion of funds and consumers were moved to other funding sources.

CARES Act

❖ CARES IIIB Supportive Services

- Goal 2: Obj 1: Strat 1: PM: Through participating senior centers, served 93 older adults in first six months of FY-22, and served 460 total (FY21-22) of the 1,560 projected to provide the grocery and household supplies pickup and delivery service.
- Goal 2: Obj 1: Strat 2: PM: No existing homemaker service providers participated, so grocery/household supply delivery services were provided by the senior centers (above).
- Goal 2: Obj 1: Strat 3: PM: Through participating senior centers, purchased groceries/household supplies for 71 older adults in the first half of FY-22, and served 433 total (FY21-22) of 390 low-income older adults projected at a average cost of \$75/person.
- Goal 2: Obj 1: Strat 4: PM: Through participating senior centers, provided 844 food boxes to 519 consumers in first half of FY-22, and provided 1,069 food boxes overall (FY21-22) of 1,300 projected. NOTE: Numbers appear lower due to transfer to state funds in SAMS in FY21 to offset under-spending. Boxes transferred to state funds were 626, for an actual total of 1,695 total boxes.
- Goal 3: Obj 1: Strat 1: PM: Of the \$65,000 allocated (\$5,000 per senior center), \$38,359 has been used as of mid-fiscal year. Two senior centers have used all of their allocation.
- Goal 3: Obj 1: S2: PM: Collectively, Senior Centers are serving an average of 1,022 per month, well over the projected 200 per month.
- Goal 4: Obj 2: Strat 1: PM: Provided incontinence supplies to 42 of the projected 75 older adults.
- Goal 4: Obj 2: Strat 2: PM: Did not provide grab bars and installation through Title IIIB, as initially planned.
- Goal 4: Obj 2: Strat 3: PM: Did not provide any pest control services, as initially planned, due to no providers wanting to complete RFP and sign contract.
- Goal 4: Obj 2: Strat 4: PM: One consumer received Heavy Chore service of 20 projected.
- Goal 4: Obj 2: Strat 5: PM: Funded 113 trips for 34 consumers through contract with the South Central Area Transit Service (SCATS) and MyRide Senior Volunteer Transportation Programs at a cost of \$4,657. (Projected 1,500 trips for 65 consumers)

❖ CARES IIIC Nutrition

❖ III-C1 (Congregate)

- Goal 1: Obj 1: Strat 1: PM 1: Through SCHRA, provided average of 832 home-delivered meals per week through alternative, drive-thru/pick-up service method due to the pandemic.
- Goal 1: Obj 1: Strat 2: PM 1: AAAD Quality Assurance Coordinator monitored the implementation of the Nutrition Program's COVID-19 safety practices on a quarterly basis: 9/22/20, 12/18/20, 3/19/21, 6/15/21 and 9/23/21.

❖ III-C2 (Home-Delivered)

- Goal 1: Obj 2: Strat 1: PM: Through SCHRA, provided 50,183 meals to 1,083 consumers in alternative, drive-thru/pick-up service methods during the pandemic.
- Goal 1: Obj 2: Strat 2: PM: Of 394 consumers on the screened waiting list, 264 were served 19,697 home-delivered meals. (Projected 255 consumers @ 66,555 meals)

- Goal 1: Obj 2: Strat 3: PM: Contracted with six (6) restaurants in FY-22, providing 12,000 meals to 159 older adults.
- Goal 1: Obj 2: Strat 4: PM: Provided 3,710 of the estimated 10,440 frozen; 880 of the estimated 2,610 shelf stable meals to 745 of 50 projected older adults.

❖ **CARES III-E Caregiver**

- Goal 4: Obj 1: Strat 1: PM: Continuing to seek counselors or counseling agencies to provide counseling to caregivers.
- Goal 4: Obj 1: Strat 2: PM: Projected to provide respite care for care recipients when caregiver was affected by COVID, but AAAD could not get service providers to contract/provide respite at the low-cost reimbursement rate. However, AAAD provided 16,753 units of personal care and homemaker services to 120 consumers.

❖ **COVID III – Home-Delivered Meals Supplemental - IIC Nutrition**

- Served 306 consumers with a two-week emergency meal supply to get through meal site closures due to COVID, providing 6,420 emergency meals, as of mid-year.
- Served 247 consumers with 12,306 home-delivered meals.
- COVID III-HDM Supplemental funds will be exhausted this fiscal year.

❖ **Vaccine 5**

- Hire a part-time staff person to implement vaccine-related services.
 - To promote COVID vaccination and provide information and resources to access a COVID-19 vaccine or booster shot by running social media campaign, as well as newspaper and radio stations in the PSA
 - Procure and distribute COVID vaccine and booster shot educational and promotional materials.
 - Assist with appointment scheduling and access, such as transportation, to get to vaccine and/or booster shot appointments.
 - Provide monthly reporting as required by TCAD.

❖ **Collaborative Response to End Self-Neglect in Tennessee Program (CREST)**

- Contract with the State of Tennessee, Dept of Human Services, Adult Protective Services (APS) to implement CREST in the PSA.
- Hire a full time staff person to serve as the CREST Advocate and implement the program to:
 - Provide client-centered, emergency and long-term services and resources, in accordance with the contract and policies of the State and APS.
 - Provide resources and information to link APS clients to CREST services such as, emergency housing, food and clothing; home modifications, transportation, homemaker services, durable medical equipment and/or medication.

FY 2022 Highlight of Accomplishments from Other Funding Sources

Provide a status update of any accomplishments from other funding sources that have been made regarding goals included in the FY 2022 Area Plan Update.

- **Home & Community Based Services (HCBS)**
- PM 1: Provided 147 of the estimated 275 intake screenings and completed 96 of the projected 225 in-home assessments for the CHOICES Program, so far, this fiscal year.
- PM 2: Currently serving two (2) private pay consumers, and have served as many as ten (10) of the 25 individuals projected. NOTE: Several came off private pay and were served through CARES Act funding,
- PM 3: HCBS staff has not met with service providers in the first two quarters due to Covid, but meeting is planned for 3/2/2022, and another date will be set for 4th quarter.

- **Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA) Program**
- PM 1: Attended 12 of the 16 regularly scheduled VAPIT meetings as of 12/31/21.
- PM 2: Established at least two new partnerships, which are Haven of Hope in Lincoln County and The Shelter in Lawrence County. Also, attend quarterly CCR meetings that is made up of over 20 agencies with serving and protecting vulnerable adults.
- PM 3: CREVAA services and resources have been provided to 62 of the estimated 145 eligible consumers, as of 12/31/21.

- **Senior Volunteer Transportation Program**
- PM 1: Continue coordinating quarterly MyRide Steering Committees meetings for the three programs in Maury, Lawrence and Bedford Counties. 8/16/21, 11/29/21, 2/11/22, 2/15/22, 2/24/22.
- PM 2: Additional funding for fourth MyRide has not been secured this fiscal year.
- PM 3: Collectively, MyRide's have served 159 senior riders, recruited 79 volunteer drivers, taken 5,008 rides, driven 39,556 miles and given 3,606 hours of time. This fiscal year through 1/31/2022, MyRide's have taken 1,400 rides, driven 11,818 miles and given 1,040 hours, as reported in Assisted Rides software.
- PM 4: Collectively, MyRide Coordinators have engaged in over 40 meetings/social events/exhibit booths this fiscal year.
- PM 5: The Regional Senior Volunteer Transportation Coordinator continues to meet with all three MyRide Coordinators at least monthly to provide assistance and program development.

- **Housing**
- PM 1: At mid-year, assisted 16 of the 17 projected homeowners with necessary home repairs through the Emergency Repair Program at a cost of approximately \$245,600.
- PM 2: At mid-year, have been awarded grants for seven (7) local governments, which has assisted 14 homeowners.
- PM 3: The Housing Programs established three (3) new partners, exceeding the goal of two.
- PM 4: The Housing Program staff educated approximately 65 of the projected 40 homeowners on home repairs, home maintenance and affordable housing programs.

- **Food Insecurity**

- PM 1: SNAP Coordinator conducted 20 of the projected 25 outreach events, distributed 5,572 of the projected 5,000 outreach materials, provided 1,200 of the estimated 1,000 community screenings, and assisted 442 of the projected 400 people with SNAP applications.
- PM 2: Attended and assisted with 31 of projected 40 Food Commodities distribution events.
- PM 3: Provided boxes of food and household necessities for 39 of the 54 individuals served as part of the Santa for a Senior & Adult with a Disability Program in December.
- PM 4: Have not, yet, provided groceries out of PEAP funds, as initially planned, since grocery shopping and food boxes were provided under the CARES funding.

- **Veterans**

- PM 1: Provided Veterans Self-Directed Care to all eight (8) veterans referred and approved by the Veterans Administration for home and community-based services.
- PM 2: Donnie Morris, Lawrence County Veterans Service Officers, serves on the Advisory Council on Aging & Disability to represent area veterans service organizations.
- PM 3: Mailing packets of AAAD information in May 2022 for Older Americans Month to all Veteran's Service Officers in the PSA to share with veterans and their caregivers.

- **Falls Prevention**

- PM 1: Provided home safety assessments for 100% of the 16 homes assisted through the Emergency Repair Program.
- PM 2: Assistant Director participates in quarterly conference calls for the Tennessee Falls Prevention Coalition, when available.
- PM 3: Falls Prevention Awareness Day educational and awareness information was distributed to all 13 senior centers and approximately 30 advisory council members on or around September 9, 2021.

- **Advocacy**

- PM 1: TFA Aging Day on the Hill for 2022 to advocate on top priority needs of older Tennesseans has not been set by TFA, yet.
- PM 2: Continue to support coordinated advocacy efforts with network partners, such as AARP, Alzheimer's Tennessee, Tennessee Disability Coalition, TFA, SE4A, N4A, and many other lead advocacy groups.
- PM 3: AAAD will share legislative issues and priorities to educate key AAAD stakeholders, such as service providers, advisory council, board members, and other groups of interest, during months when the legislature is in session, as needed.

- **Advance Directives**

- PM 1: Included advance directives information in the AAAD in-home assessment folders to educate 147 consumers.
- PM 2: There has been no new training and/or materials on advance directives provided by TCAD since the last plan update.

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 easily accessible **Information & Assistance (I&A)** on aging and disability programs and services through telephone, email, virtual, and in-person contacts.

- Strategy 1. Market the toll-free I&A telephone line on SCTDD website and AAAD Facebook page, as well as by distributing materials to service provider agencies, senior centers, at health fairs, network meetings, community events, and to other target groups.
- Strategy 2. Update and maintain an I&A resource database with federal, state, and local agencies and organizations serving our target population in the area.
- Strategy 3. Ensure that all I&A staff receive training to become AIRS certified, when eligible.
 - PM 1: In FY-2023, the AAAD will receive approximately 4,000 I&A contacts/units of services to assist approximately 2,500 individuals.
 - PM 2: The AAAD will participate in approximately 50 marketing and outreach events throughout FY-23.
 - PM 3: Within this four-year plan cycle, the newest I&A staff member will become AIRS certified, as soon as eligible.

Objective 2: Identify and implement strategies to improve the cost efficiency of the **Title III-C Nutrition Program** that provides congregate and home-delivered meals.

- Strategy 1. Meet with Nutrition Program provider to develop strategies to improve customer satisfaction while being cost efficient.
- Strategy 2. Encourage the Nutrition Program provider to expand volunteer recruitment efforts to improve the capacity for congregate and home-delivered meals.
- Strategy 3. Contract with a Registered Dietician to provide Nutrition Counseling.
- Strategy 4. Require Nutrition Program provider to conduct outreach and nutrition education, and provide nutrition screening for all congregate participants.
 - PM 1: Provide annual training for Nutrition Program staff and participate in quarterly training sessions with managers of meal sites and the two central kitchens, along with one-on-one strategic planning meetings with the Nutrition Program Director, as needed.
 - PM 2: Nutrition Counseling will be provided by a Registered Dietician to approximately 5 participants, as referred.
 - PM 3: Serve a minimum of 80,175 congregate meals to approximately 1,500 congregate meal participants.
 - PM 4: SCHRA will conduct Nutrition Screening for 100% of congregate meal participants, Nutrition Outreach activities to approximately 750 participants, and approximately 1,500 units of Nutrition Education to 800 participants.

Objective 3: Ensure that the **Title III-B Homemaker Program** is administered in the most cost-effective manner and best meets the in-home needs of the individuals who qualify.

- Strategy 1. Provide initial phone screenings and in-home assessments to determine eligibility and to evaluate the level of need.
- Strategy 2. Promote the Request for Proposal (RFP) process to existing and potentially new service providers to address the gaps in those areas of the PSA who lack enough providers and/or provider staff and to offer consumers more choice.
- Strategy 3. Utilize federal dollars received to increase direct service capacity for homemaker services, which will also reduce the waiting list.
 - PM 1: Reduce the number of individuals on the waiting list by approximately 10 consumers for Title III-B Homemaker services.
 - PM 2: Through contracted service providers, approximately 4,700 units of Title III-B Homemaker services will be provided to 75 persons in FY-2023.
 - PM 3: The AAAD will strive to increase the number of service providers for Homemaker services.

Objective 4: Ensure access to services and supports to caregivers through the **Title III-E National Family Caregiver Support Program (NFCSP)**, in an effort to assist them in continuing to provide care for the care recipient.

- Strategy 1. Participate in conference calls with TCAD and other AAAD's who oversee the NFCSP to discuss innovative ways to identify and meet the needs of caregivers.
- Strategy 2. Strengthen partnerships with Alzheimer's Tennessee, Caregiver Relief Program, Alzheimer's Association, Tennessee Respite Coalition and other groups and organizations that focus on the needs of caregivers for respite and other support services.
- Strategy 3. Promote the RFP process to existing and potentially new service providers to address the gaps in those areas of the PSA who lack enough providers and/or provider staff and to offer consumers more choice.
 - PM 1: In FY-23, the AAAD will participate in a minimum of four (4) conference calls, trainings and/or meetings regarding the NFCSP.
 - PM 2: Provide approximately 8,000 units of homemaker and personal care, 700 home-delivered meals, and 50 Personal Emergency Response Systems to approximately 80 caregivers in FY-23.
 - PM 3: The AAAD will strive to increase the number of service providers for the NFCSP in FY-23.

Objective 5: Increase the availability and sustainability of **Evidence Based Programs (EBPs)** that improve the quality of life, health, independence, and overall well-being of older adults.

- Strategy 1. Contract with and annually monitor focal point senior centers to provide at least one EBP.
- Strategy 2. Coordinate with senior centers to develop new and strengthen existing partnerships with parks and recreation offices, local health departments, UT Extension, healthcare, etc. to leverage additional resources to provide for the expansion of EBP's.
- Strategy 3. Ensure that all Title III-D funded EBP's meet federal Administration for Community Living (ACL) criteria of being an EBP approved by any of the operating divisions of the U.S. Dept. of Health and Human Services (DHHS).

- PM 1: Contract with all thirteen (13) senior centers in the PSA to provide at least one EBP in FY-23.
- PM 2: Provide at least one technical assistance/training session for senior center directors to focus on partnerships and sustainability for EBP opportunities.
- PM 3: All EBP's being reported in SAMS will be monitored to determine Title III-D funding eligibility, as required by ACL and U.S. DHHS.

Objective 6: Support focal point **Senior Centers** to improve programming and to create innovative ways for older adults to access services and activities, virtual and in-person, in order to meet the growing needs of the older population during and post pandemic.

- Strategy 1. Contract with a focal point Senior Center in each of the 13 counties to provide the services of Health Education, Health Screening, Education/Training, Physical Fitness, Recreation and Telephone Reassurance
- Strategy 2. Encourage Senior Centers to utilize technology, social media, and non-traditional methods and settings to increase the center's reach of volunteers and to serve more seniors.
- Strategy 3. Encourage Senior Centers to create new and expand existing partnerships to bring digital literacy classes to older adults to reduce isolation and access telehealth.
 - PM 1: Collectively, the 13 Senior Centers will provide approximately 300,000 units of service to 4,000 older adults in FY-2023.
 - PM 2: During FY-2023, the AAAD will meet with Senior Center Directors every other month (5-6 times), and provide an annual training retreat to include the topics geared toward senior center programming.
 - PM 3: Provide technical assistance to senior center in accessing funding, equipment and other needed resources to provide smartphone and tablet classes, social media startup classes, and other digital literacy programming.

Objective 7: Increase outreach and education to help prevent **abuse, neglect, and exploitation** of elderly and vulnerable adults with a disability.

- Strategy 1. Provide administrative support for the Adult Abuse Coalition (AAC) of South Central Tennessee to encourage partnering and coordination of available resources to expand awareness and education activities.
- Strategy 2. Maintain and distribute the Community Resource Directory for providers, advocates, caregivers and individuals to know where to access available resources for reporting or to assist victims of abuse, neglect and/or exploitation.
- Strategy 3. Provide annual educational and networking opportunities through the AAC Conference for professionals, service providers, and other interested groups dealing with issues regarding abuse, neglect and/or exploitation of vulnerable adults.
- Strategy 4. Distribute public outreach materials and make in-person presentations at senior centers and to other agencies during Fraud & Financial Abuse Awareness Month.
- Strategy 5. Participate in area conferences, health fairs, community events, and other activities for the AAC to expand awareness and distribute educational materials.
- Strategy 6. Senior Medicare Patrol (SMP) will continue its efforts to empower and assist Medicare and Medicaid beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors and abuse through outreach and education.

- PM 1: During FY-23, AAAD staff will facilitate at least four (4) meetings of the Adult Abuse Coalition, and manage all correspondence and reports, as needed.
- PM 2: The Adult Abuse Coalition will distribute over 500 Community Resource Directories throughout FY-23.
- PM 3: AAAD staff and members of the Adult Abuse Coalition will provide an annual training conference in May with approximately 170 in attendance.
- PM 4: In October 2022, Adult Abuse Coalition members will provide Fraud & Financial Abuse Awareness Month presentations and distribute educational materials at senior centers and at community events reaching nearly 500 seniors.
- PM 5: SMP will participate in over 160 area trainings, meetings and community events to reach over 6,000 individuals to provide education on SMP efforts.
- PM 6: The AAAD will allocate \$5,100 in Title VII Elder Abuse Prevention funds to support the Adult Abuse Coalition efforts.

Objective 8: Work with the State **Long Term Care Ombudsman (LTCO)** to identify and implement strategies to ensure that the District LTCO Program is effective and efficient in advocating for residents in all long-term care facilities in the South Central PSA.

- Strategy 1. Ensure that all LTCO data are entered into the OmbudsManager database in a timely manner and that reports are submitted to the State LTCO, as required.
- Strategy 2. Participate in Regional Survey Team meetings to build relationship with the Department of Health and to stay informed on issues regarding long term care facilities.
- Strategy 3. Participate in trainings provided by the State LTCO for District LTCO and Volunteer Ombudsman Representatives (VOR's).
- Strategy 4. Recruit a temporary, part-time Ombudsman that will be credentialed to work from April to September 2022 to promote advocacy-related services for residents and community members pertaining to quality of care and quality of life in Long Term Care facilities in the South Central TN District.
 - PM 1: During FY-23, the LTCO will attend at least four of the Regional Survey Team meetings and participate in 100% of the trainings offered by the State.
 - PM 2: For FY-23, the LTCO projects to work 100 new complaints, provide 100 individual consultations to residents and/or their family/friends, and provide 125 consultations/trainings to long term care facility staff.
 - PM 3: In FY-23, the District LTCO will visit each of the 63 long term care facilities in the PSA at least quarterly, as required by the State.
 - PM 4: In April 2022, start advertising to hire a temporary, part-time, credentialed ombudsman staff for 29 hours/week at \$15/hour to provide LTCO advocacy.

Objective 9: Increase awareness of agencies and other resources that provide **Legal Assistance** to the senior population, with particular emphasis on the most vulnerable and victims, or suspected victims, of crimes such as abuse, neglect, harassment, and/or financial exploitation.

- Strategy 1. Require through contract that legal service provider offer legal assistance and legal education opportunities for older adults in all counties of the PSA at least quarterly.
- Strategy 2. Strengthen coordination and collaboration among legal service provider, senior centers and AAAD staff.
- Strategy 3. Maintain an updated list of legal resources to make the appropriate referrals to meet the need of legal inquiries from seniors and/or their family.

- PM 1: In FY-23, the Title III-B Legal Assistance provider will provide legal assistance services to approximately 125 low-income seniors age 60 and older, and conduct legal education in each of the 13 counties at least quarterly.
- PM 2: Coordinate at least one annual in-service networking meeting with legal service provider, senior centers and appropriate AAAD staff.
- PM 3: The AAAD will maintain and continue to semi-annually update legal resources information for referrals to include the local Legal Aid Society, pro bono attorneys, local elder law attorneys, www.onlinetnjustice.org, www.justiceforalltn.com, www.tn.freelegalanswers.org, www.HELP4TN.org, and the statewide Senior Legal Helpline at 1-844-HELP4TN (435-7486).

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: In response to the waiting list for federal and state-funded **Home & Community Based Services (HCBS)**, provide additional opportunities to access in-home services to help individuals remain in their home for as long as possible and prevent or delay long term institutional care.

- Strategy 1. Contract with the Bureau of TennCare to provide initial eligibility screenings and in-home assessments for Medicaid-qualifying individuals to access the **CHOICES** in Long Term Care Program to receive a variety of in-home services and supports.
- Strategy 2. Continue to offer the **Private Pay System** for individuals on the waiting list or that do not qualify for any of the HCBS Programs to receive home-delivered meals, personal care, and/or homemaker services.
- Strategy 3. Facilitate meetings among all HCBS staff and HCBS service providers to provide updates, trainings, and networking opportunities.
 - PM 1: In FY-23, the AAAD will provide approximately 275 intake screenings and 225 in-home assessments for the CHOICES Program.
 - PM 2: The AAAD will serve approximately 12 individuals through the Private Pay System during FY-23.
 - PM 3: HCBS staff will meet with service providers at least twice in FY-23.

Objective 2: Continue to support and provide coordination of **Senior Volunteer Transportation** Programs (MyRide), which is especially for seniors, who are unable to drive, have no one else to drive them, and are unable to utilize regular public transportation programs.

- Strategy 1. Continue to coordinate MyRide Steering Committees in counties that have the Volunteer Senior Transportation Program, MyRide.
- Strategy 2. Provide technical assistance and support with Assisted Rides software, in order to track and monitor the number of senior riders, number of trips, and the number of volunteer drivers on a monthly, quarterly and annual basis for MyRide programs.
- Strategy 3. Support future growth of new MyRide programs and sustainability of existing ones through advocacy and establishment of partnerships with mayors and other local officials, foundations, businesses and organization.

- Strategy 4. Provide for a scholarship (donation) method from the general public, family, corporations, and any others wanting to make a donation to help cover rider fees for those seniors who cannot afford it.
 - PM 1: Facilitate quarterly meetings of Steering Committees for each MyRide Program.
 - PM 2: Collectively, MyRide programs will serve approximately 100 senior riders, provide 40 volunteer drivers, and provide 2,500 rides in FY-23.
 - PM 3: Seek out funding opportunities through federal, state, local and private entities to support MyRide programs in FY-23.
 - PM 4: AAAD will manage United Healthcare grant funds, Title IIIB Transportation grant funds, and any other specific funding designated for riders who cannot afford it.

Objective 3: In response to the need for safe, affordable **Housing** for seniors and adults with disabilities, increase awareness of and access to home modification programs to allow seniors and adults with disabilities to remain in their home in an affordable, safe environment for as long as possible.

- Strategy 1. The AAAD will contract with the Tennessee Housing Development Agency (THDA) to administer the Emergency Repair Program (ERP) for the PSA to provide up to \$15,000 in repairs per home.
- Strategy 2. The AAAD will contract with THDA to administer the HOME Program, which awards eligible city/county governments with grants up to \$750,000 for home rehabilitation and re-build for low-income homeowners.
- Strategy 3. Although match funds are no longer required, the AAAD Housing staff will continue to partner with USDA Rural Development Agency, Weatherization Assistance Program, Habitat for Humanity and other local housing and home modification agencies to leverage more funds for homeowners' needs.
 - PM 1: In FY-23, the AAAD will provide necessary home repairs for approximately 25 people through the Emergency Repair Program at a cost of approximately \$375,000.
 - PM 2: In FY-23, the HOME Program will administer approximately 12 grants to local city and county government who qualify.
 - PM 3: In FY-23, the Housing Programs will establish at least one new partner.

Objective 4. Partner with non-profits, for-profits, government agencies, faith-based organizations, and other entities to create additional resources to deal with **Food Insecurity** of older adults and adults with disabilities.

- Strategy 1. Administer the Supplemental Nutrition Assistance Program (SNAP) Benefits Outreach program to provide outreach, education, screening, and application assistance to help eligible older adults to qualify for new or additional SNAP benefits.
- Strategy 2. SHIP/SMP will maintain the unique partnership with the SCHRA to provide support for the Food Commodities Program held in each of the 13 counties by providing recipes for food distributed, having staff or volunteers in attendance to provide SHIP/SMP and AAAD information while assisting at food sites.
- Strategy 3. Through the Santa for Senior Program, provide food boxes for individuals on HCBS programs who are identified as socially isolated and most in need.

- Strategy 4. Provide food and necessary household and personal items for low-income seniors and adults with disabilities through the Personal Emergency Assistance Program.
 - PM 1: SNAP will provide 25 community outreach events, 5,000 screenings, and 1,000 application assistance activities to serve 400 older individuals.
 - PM 2: Attend and assist with at least 50 Food Commodities distribution events.
 - PM 3: Provide food boxes for approximately 60 individuals through the Santa program in December 2022.
 - PM 4: Provide up to \$150 in groceries for approximately 10 eligible low-income seniors and adults with disabilities and their families during FY-23.

Objective 5. Build upon existing and create new partnerships to advocate for and assist in meeting the needs of **Veterans** in the South Central PSA.

- Strategy 1. Administer the Veteran's Directed HCBS Program through contract with the Pennyriple Area Agency on Aging & Independent Living to provide education and training to empower veterans to make decisions of when, where, how and by whom to receive care in the home within a set budget.
- Strategy 2. Ensure representation of at least one veteran's service organization on the AAAD's Advisory Council to strengthen communication and coordination efforts among agencies serving veterans.
- Strategy 3. Increase awareness of the Veterans Directed HCBS Program and other AAAD programs at Veterans Service Offices in each county.
 - PM 1: Provide Veterans Directed Care to all referrals deemed eligible and approved by the Veterans Administration.
 - PM 2: Maintain a member agency slot for a veteran's service organization on the Advisory Council on Aging & Disability.
 - PM 3: Make contact with each of the Veteran's Service Officers in each of the 13 counties in the South Central PSA to provide information on services available.

Objective 6. Increase public awareness and identify strategies to improve **Fall Prevention** among older adults.

- Strategy 1. Market the availability of and refer older adults to local evidence-based programs, such as Tai Chi for Arthritis, Bingocize, SAIL, Walk with Ease, Matter of Balance and other fall prevention programs that are provided at focal point senior centers.
- Strategy 2. Coordinate with the Tennessee Falls Prevention Coalition, housed under TCAD, for networking and coordination with other agencies addressing the issues of falls among older adults in Tennessee.
- Strategy 3. Provide public education awareness materials for Falls Prevention Awareness Day and encourage activities across the PSA.
 - PM 1: Maintain a list of evidence-based programs for fall prevention referrals.
 - PM 2: Participate in quarterly conference calls for the Tennessee Falls Prevention Coalition.
 - PM 3: Distribute Falls Prevention Awareness Day educational and awareness information to 13 senior centers and approximately 30 advisory council members.

Objective 7. Support and enhance multi-disciplinary responses to victims of elder abuse, neglect and exploitation through the new **Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA) Program**, funded by the Victims of Crime Act (VOCA) of 1984.

- Strategy 1. CREVAA Coordinator shall provide input and assistance to the areas Vulnerable Adult Protective Investigative Teams (VAPIT's) to establish and build partnerships with those referral agencies.
- Strategy 2. Partner with Adult Protective Services, local District Attorney offices, law enforcement, and other members of VAPIT to streamline the referral and response system to best meet the needs of victims of crime in a timely manner.
- Strategy 3. Identify new and existing programs to better leverage CREVAA resources and to best meet the unmet needs of victims in order to help them recover from the crime perpetrated against them.
- Strategy 4. Where appropriate, provide for CREVAA-approved services of Emergency Housing/Housing Assistance, Assistance with food, clothing, home repairs/modifications, Medications, Homemaker services, Personal Care Services, Therapy and Counseling, Durable Medical Equipment, Transportation, along with Case Management.
 - PM 1: Attend regularly scheduled VAPIT meetings in the PSA in FY-23.
 - PM 2: Maintain open communication with APS Field Investigators to ensure effective and efficient delivery of necessary, non-duplicative services to the targeted population.
 - PM 3: In FY-23, establish at least one new partnership among agencies involved in elder abuse, neglect and exploitation prevention, investigation and/or prosecution.
 - PM 4: Track data for accepted cases to show 100% client stabilization achieved through abatement of emergency circumstances and/or coordination of long-term supports for at least 20 older and vulnerable adult victims of crime in FY-23.

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

Objective 1. Ensure consumer access, along with staff and service efficiency in the **OPTIONS** for Community Living Program (an HCBS Program).

- Strategy 1. Provide initial phone screenings and in-home assessments to determine eligibility and to evaluate the level of need.
- Strategy 2. Make efforts to recruit new service providers to address the gaps in those areas of the PSA lacking enough providers and/or provider staff and to offer consumers more choice.
- Strategy 3. Provide training for Options Counselors to promote a greater awareness of needs of elderly persons and person with disabilities, including cultural diversity, infection control, confidentiality of records, types of abuse, and other important issues.
 - PM 1: Through contracted service providers, approximately 30,000 units of OPTIONS services will be provided to 210 persons in FY-2023.
 - PM 2: Increase the number of service providers for OPTIONS services for the FY-23 contract period.
 - PM 3: Conduct weekly team meetings, and provide training opportunities, for all HCBS staff.

Objective 2. Maintain the capacity of the **Public Guardianship** for the Elderly Program to assist those who are unable to manage their healthcare and/or financial decisions; this may be through court appointment or power of attorney.

- Strategy 1. Continue to increase public awareness of the Public Guardianship Program by distributing program fact card to area judges, chancellors, court clerks, and area attorneys as opportunities arise,
- Strategy 2. Continue to maintain appropriate number of staff to efficiently implement the guardian program.
- Strategy 3. Strive to remain in compliance with TCAD's current Public Guardianship Program Policies.
- Strategy 4. Increase awareness of the Public Guardian Volunteer Program to attempt to have a volunteer for as many clients as possible by distributing information whenever opportunities arise, running ads in the newspapers in counties where volunteers are needed and listing the counties where volunteers are needed in the quarterly AAAD newsletter.
- Strategy 5. Continue to coordinate with partnering agencies, such as Adult Protective Services, Legal Aid Society, the Long Term Care Ombudsman, local attorneys, healthcare providers and others in order to better serve the client's needs.
 - PM 1: Serve approximately 65 unduplicated clients in FY-23.
 - PM 2: Continue to have two (2) full-time and one (1) part-time staff.
 - PM 3: During FY-23, submit 100% of Guardian reports to TCAD accurately and in a timely manner.
 - PM 4: Develop new training materials for new volunteers, per TCAD policy, by the end of FY-23 and recruit one (1) new volunteer by end of FY-23.
 - PM5: Coordinate with partnering agencies to help mutual clients in the best way possible, and come together when needed to find resolutions to difficult cases.

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: Contingent upon **State Health Insurance Assistance Program (SHIP)** funding being available to continue the program, provide objective one-on-one counseling and assistance on Medicare, Medicaid and all other health insurances for consumers with Medicare, their family, and their advocates, to include providing public education and media outreach events.

- Strategy 1. Conduct free "The ABC's of Medicare" Classes once a month, except December, to provide an overview of Medicare information to the general public.
- Strategy 2. Maintain, recruit, and train a cadre of SHIP counselors and volunteers in each of the 13 counties.
- Strategy 3. Assist Medicare beneficiaries to find affordable prescription drug plans.
- Strategy 4. Screen and provide application assistance for low-income subsidy or Medicare Savings Program for low-income beneficiaries.
- Strategy 5. Distribute information about Medicare and related health insurance benefits to encourage health aging.

- PM 1: Provide one-on-one counseling and information to 8,010 Medicare beneficiaries during FY-23. (NOTE: This projection is based on prior performance each year, but is not realistically attainable since SHIP can no longer count client contacts for those Medicare beneficiaries contacted via the annual mail-out for Open Enrollment.)
- PM 2: Conduct at least 10 free public education sessions, “The ABC’s of Medicare” to over 50 individuals in FY-23.
- PM 3: Recruit at least two (2) new volunteers per quarter and maintain a total of at least 25 SHIP volunteers throughout FY-23.
- PM 4: Assist with completion of 96 MIPPA applications out of a total of 2,394 MIPPA client contacts.
- PM 5: Distribute SHIP information to all 13 senior centers, Advisory Council members and at all available community health fairs and events, at least annually.

Objective 2: Increase awareness of the needs of seniors and adults with disabilities through **Advocacy** efforts and effective communication with key local and state officials.

- Strategy 1. Participate and assist with organization of the Aging Day on the Hill, sponsored by the Tennessee Federation for the Aging (TFA), to talk with state legislators about the top legislative policy initiatives to improve the lives of older Tennesseans.
- Strategy 2. Inform Advisory Council, service providers and board members regarding legislative issues impacting the aging network and encourage communication with their local, state and federal policy makers.
 - PM 1: AAAD staff will participate in the annual TFA Aging Day on the Hill.
 - PM 2: Share state and federal legislative issues and priorities at least annually to educate key AAAD stakeholders on new bills or laws impacting older adults and/or the service provider network.

Objective 3: Continue AAAD efforts to help raise awareness about the importance and ease of access of **Advance Directives**.

- Strategy 1. Provide a toolkit in each assessment folder for all in-home HCBS programs and at health fairs and community events.
- Strategy 2. Utilize training and materials provided by TCAD to increase knowledge about advance directives for AAAD staff, senior centers, service providers, caregivers and to use in public presentations.
 - PM 1: During FY-23, include an advance directive toolkit in 100% of in-home assessment folders for each in-home consumer, and shared with the aging network partners in the PSA.
 - PM 2: Share any new training and/or materials on advance directives provided by TCAD with the aging network and general public.

Objective 4: To provide **Vaccine 5** services to expand access to COVID-19 vaccines and booster shots to older individuals and adults with a disability.

- Strategy 1: To promote COVID vaccination and provide information and resources to access a COVID-19 vaccine or booster shot by running social media campaign, as well as newspaper and radio stations in the PSA
- Strategy 2: Procure and distribute COVID vaccine and booster shot educational and promotional materials.

- Strategy 3: Assist with appointment scheduling and access, such as transportation, to get to vaccine and/or booster shot appointments.
 - PM 1: Provide for approximately 20 marketing and outreach campaigns through Facebook, newspapers and radio stations.
 - PM 2: Provide approximately 100 older adults and adults with a disability with vaccine-related education.
 - PM 3: Assisted approximately 25 eligible individuals with access to getting their COVID-19 vaccine and/or booster shot.

Objective 5: To administer support services to Adult Protective Services clients through the **Collaborative Response to End Self-Neglect in Tennessee Program (CREST)**

- Strategy 1: Hire a full-time CREST advocate to implement CREST in the PSA.
- Strategy 2: Provide client-centered, emergency and long-term services and resources, in accordance with the contract and policies of the State and APS.
- Strategy 3: Provide resources and information to link APS clients to CREST services such as, emergency housing, food and clothing; home modifications, transportation, homemaker services, durable medical equipment and/or medication.
 - PM 1: Maintain staffing to support the CREST Advocate role and responsibilities.
 - PM 2: Provide resources and information to approximately 20 clients, as referred by APS.
 - PM 3: Refer approximately 20 clients to the CREST program for services and/or information to meet their emergent needs.

Objective 6: Ensure that caregivers get much needed support through the **Powerful Tools for Caregivers program** and that care receivers with dementia receive a music player with a personalized playlist thru the **TN MINDS Program**.

- Strategy 1: Improve self-care behaviors, emotions and stress, and increase the use of community resources for caregivers.
- Strategy 2: Reduce behavioral and psychological symptoms of dementia and increase socialization, communication and the quality of life with the use of personalized music.
 - PM 1: In FY-23, they AAAD will conduct 2 TN MINDS classes for individuals with dementia and their caregiver with a 6 weeks class for 90 minutes.
 - PM 2: The AAAD will participate in 3 of the 4 quarterly Dementia Capable meetings of the TN Commission on Aging and Disability.

Program Planning for FY 2023

Information & Assistance

1. Complete the following table:

Total # of I&A Staff:	3
Total # of AIRS Certified I&A Staff:	2

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.

Senior Centers and Nutrition Meal Sites reach out to and provide services for those in greatest social and economic need. In turn, those locations refer those individuals to the AAAD Information & Assistance for screening for programs and services available to meet their needs. In addition, the SCHRA provides services to these target groups through their Neighborhood Services Centers in each county, and they make referrals to the AAAD, when appropriate. Also, various AAAD staff, whose programs target low-income and minority seniors and seniors with limited English proficiency, conduct outreach by speaking to groups, attending community events and health fairs, partnering with faith-based organizations, with special emphasis on churches with minority congregations, and attending other activities where low-income, minority, limited-English speaking, and socially isolated seniors and adults with disabilities reside or receive other services. See targeting plan in Exhibit B-6.

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

1. Complete the following table:

	FY 2021	FY 2022 – Projected (Served/Units)	FY 2023 – Projected (Served/Units)
State – Options Allocation Amount	\$704,500	\$671,700	\$671,700
# Served	339	250	250
Units of Service	34,328	31,506	28,696

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	\$81,095	\$159,630	\$161,079
# Served	75	85	85
Units of Service	3,952	7,630	7,555

- Describe the methodology for the projections listed above.

With OPTIONS state funds decreased this year and expected to next year, we are projecting that we will serve a lower a number of individuals and have less units of service. A new rate increase is also implemented midway through the year that will make the units of service lower since the cost is higher. The carryover funds from FY-21 for the Title III-B Homemaker funds are mainly being used in the III-B Homemaker program. Focus has currently been on adding more consumers to the Title III-B Homemaker and Personal Care, and adding additional consumers to Title III-E. A significant number of consumers that had refused in-home services due to COVID-19 have allowed workers into their homes again, resulting in our numbers being higher this fiscal year. Next fiscal year, if COVID-19 is behind us, we are projecting to resume in-home services at full capacity and be able to utilize any carryover funds from this current year.

- Complete the following table:

Number of Individuals on OPTIONS Category A Waiting List	169
Number of Individuals on OPTIONS Category B Waiting List	146
Number of Individual on Title IIIB Waiting List	344

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

Monthly calls are made to re-screen individuals on the waiting list to update priority scores. Self-Direction was implemented, in order for consumers to identify workers for provider agencies to hire to provide services.

- 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.

Funds are reviewed on a monthly basis to determine where increase in services or adding consumers is needed to meet the 92% of funding rule. Currently, the capacity of in-home service providers is an issue because they do not always have enough workers to cover the extra hours that we ask them to provide.

Title IIIC Nutrition Services

- 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.

The AAAD subcontracts with only one Nutrition provider, which is the South Central Human Resource Agency (SCHRA), to provide congregate meals at nineteen (19) meals sites within the 13-county area. Also, the AAAD administers assessments for home-delivered meals that are also provided and delivered by SCHRA across all 13 counties. Meals are prepared in two central kitchens, one located in Fayetteville serving the eastern counties in the district, and the other kitchen located in Hohenwald serving the western counties in the district. (See Exhibit G-2 for list of meal site locations.)

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 2023
SCHRA	\$ 920,000	\$98,300	\$1,018,300	19	92,500	62,000

3. Complete the following table:

Service	Amount IIC Allocated
Nutrition Counseling	\$ 250.00
Nutrition Education	\$ 1,000.00
Other Services (Describe): _____	\$

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

SCHRA has completed a bid process to purchase the highest quality foods at the most efficient cost from vendors. An inventory system has been put into place to make the process more efficient. Also, the plan for reducing costs includes identifying sites that serve fewer meals and put efforts toward increasing those numbers due to higher volumes reducing costs and improving efficiencies.

5. Describe both your fiscal and programming approach to Congregate funding and the use of congregational 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.)

While all 19 congregational meal sites are open and available, not all sites are as full as before the pandemic. Due to the large amount of pickup meals being utilized, the AAAD will transfer C-1 Congregate funds to C-2 Home-Delivered funds to continue to allow pickup.

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

SCHRA conducts a survey of congregational consumers on an annual basis. Those surveys are analyzed for food quality. From those efforts, some menu items have been changed and new items have been added.

7. Describe how your agency and its providers target congregational 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?

Congregate meal sites are located inside senior centers and satellite senior centers in all thirteen counties. Senior Center Directors reach out to those in the greatest social and economic need, which also targets congregate nutrition services. Also, South Central Human Resource Agency reaches out to those in the greatest social and economic need through the Neighborhood Service Centers, where referrals are made to the congregate meal site.

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.
 - Consumers receiving hot meals 5x/week should receive shelf stable (sack) meals for use during emergencies, weather-related emergencies or nutrition staff training events, when the nutrition program cannot provide meals.
 - Consumers receiving any number of frozen meals should not receive any shelf stable (sack) meals.
 - Consumers receiving any number of frozen meals will receive three (3) extra meals at the very first delivery and will receive exactly the same amount and frequency, as stipulated on every subsequent delivery.
 - 1-Hot/4-Frozen with first delivery on a Monday would get one (1) hot and seven (7) frozen; then, EVERY OTHER WEEK from then on would receive 1-Hot/4-Frozen, regardless of the day of the week that the meals are delivered.
 - 1-Hot/4-Frozen with first delivery on a Wednesday would get one (1) hot and five (5) frozen (with the hot meal for Wednesday, two (2) frozen meals for Thursday and Friday, and three (3) frozen meals to be used as Emergency/Holiday meals); then, EVERY OTHER WEEK from then on would receive 1-Hot/4-Frozen, regardless of the day of the week that the meals are delivered.
 - Consumers receiving frozen meals will have their delivery day rescheduled within the same week, if their regular delivery day falls on a holiday or any other day that meals are not provided (staff training days, weather emergency, etc.).

Guardianship:

1. Complete the following table:

	2021 Calendar Year	2022 Calendar Year – Projected	2023 Calendar Year – Projected
Active Caseload	79	67	68

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

To maintain existing volunteers, the volunteer coordinator will call all volunteers at least quarterly to check-in, express appreciation and offer opportunities to keep them engaged in their volunteer work. All volunteers will receive a small token of appreciation during December. Volunteer coordinator will attend community events, put ads in the AAAD newsletter and on Facebook, and otherwise distribute the public guardian volunteer information card to recruit new volunteers in those counties most needed.

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>)	126	109	125
Units of Service (<i>Excluding Case Management, Information Services, and Information & Assistance</i>)	13,889	11,945	13,750

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

By strengthening partnerships with the Alzheimer’s Association, Tennessee Respite Coalition, and the Caregiver Relief Program, plan to provide more assistance with Respite and In-Home Services. To assist with medical needs, we will assist with transportation to and from medical appointments through MyRide or SCTDD Public Transportation. We will seek out providers and resources that will assist for little to no cost for services.

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.

Due to COVID-19, outreach is difficult, other than presentations being done at senior centers, and outreach with agencies that are in contact with individuals and family. As facilities and clinics open back up, outreach and education will increase.

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

Funds are reviewed on a monthly basis to determine where increase in services or adding consumers is needed to meet the 92% of funding rule. Currently, the capacity of in-home service providers is an issue because they do not always have enough workers to cover the extra hours we ask them to provide.

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.

Legal priorities are defined as Income, Healthcare/Long term care, Nutrition, Protective Services, Housing, Utilities, Guardianship Defense, Abuse/Neglect and Age Discrimination. The top legal priority cases served by Legal Aid is Income with 19 cases, Housing with 18 cases, Healthcare / Long Term Care with 14 cases, Protective Services with 12 cases, Nutrition with 9 cases, and Abuse/Neglect with 5 cases.

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?

Housing is the highest number of referrals given to Legal Aid from Information and Assistance in this area. In the first two quarters of this fiscal year, 39 referrals for housing were made to Legal Aid, and 18 of those cases were taken by Legal Aid. The second highest referral is protective services with 37 received and 12 of those taken on by Legal Aid. The third highest referral involves Healthcare/ Long Term Care with 28 referrals and 14 of those cases being taken by Legal Aid. Educational efforts are addressed in other areas through the Adult Abuse Coalition, Senior Centers, Advisory Council, and the Adult Protective Services M Team meetings.

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?

The minority in poverty population represents less than 50 percent of those served through legal assistance. Outreach will continue through the Adult Abuse Coalition and Senior Centers across the 13-county service area.

4. 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?

The AAAD and legal provider, Legal Aid, will continue to provide outreach to those identified economically or socially needy. The AAAD and Legal Aid will continue to identify legal priority needs through Information and Assistance and legal referrals to meet the needs in the PSA.

Senior Centers

1. Complete the following table:

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
Bedford County	600	118	94	595	0
Coffee County	288	24	16	285	0
Franklin County	275	61	39	270	0
Giles County	80	15	19	79	0
Hickman County	118	16	9	117	0
Lawrence County	121	38	19	121	0
Lewis County	116	23	5	106	0
Lincoln County	42	6	3	38	0
Marshall County	353	62	61	224	0
Maury County	1048	310	339	196	0
Moore County	182	33	8	159	0
Perry County	379	106	7	364	0
Wayne County	243	65	5	203	0

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

Quality Assurance staff monitors data of the senior centers to assure that the percentage of low-income and minority served is an appropriate ratio of the county’s total senior population in those target groups. When senior centers need to improve their reach to target populations, recommendations are written during the annual monitoring visit and suggestions are given to help reach target groups.

Emergency Preparedness

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

Robin Rochelle

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

The Emergency Phone Tree, which includes implementation instructions, is provided to all AAAD staff annually. The phone tree document also includes where the full emergency plan is located within the AAAD office.

SHIP

1. Complete the following table:

	Grant Year 2021 (April – March)	Grant Year 2022 (April – March)	Grant Year 2023 (April – March)
# Client Contacts	9,323	8,890	8,010
# of Consumers Reached Through Outreach Events	12,214	7,551	8,010
# of Client Contacts Under Age 65	2,381	2,213	1,444
# of Hard to Reach Client Contacts	10,541	10,425	8,798
# Of Enrollment Contacts	8,903	8,191	8,010
# of Overall MIPAA Client Contacts	105	98	2,394

2. Describe your efforts to increase the number in each column in the table above.
- **# Client Contacts** – Advertising SHIP/SMP Medicare Counseling in newspapers across the district; Facebook articles/posts on SCAAAD Facebook page. (NOTE: This projection is based on prior performance each year, but is not realistically attainable since SHIP can no longer count client contacts for those Medicare beneficiaries contacted via the annual mail-out for Open Enrollment.)
 - **# Consumers Reached Through Outreach Events** – Volunteers attend Commodities Distribution in all 13 counties, handing out SHIP/AAAD information; As COVID allows, we will set up booths at health/educational fairs and community events, and hold enrollment events at senior centers across the district.
 - **# Client Contacts Under Age 65** – Provide Social Security offices with SHIP information to reach new Medicare recipients receiving Social Security Disability benefits; Commodities food distribution handouts; Food pantry exhibit; Host ABC’s of Medicare in-person classes. (NOTE: Projection no longer realistically attainable without being able to outreach to this population through mail or email, as have done for many years.)
 - **# of Hard to Reach Client Contacts** – Utilize Home Delivered Meals Program to reach shut-ins with SHIP/SMP information; Commodities events; Food pantries.
 - **# of Enrollment Contacts** – Pre-annual Enrollment Presentations at Senior Centers and to Advisory Council members; Senior Centers advertise to older adults through their newsletters that SHIP/SMP is available to counsel by phone, email or in person. (See NOTE above)
 - **# of Overall MIPPA Client Contacts** – Commodities; Food Pantries; South Central Human Resource Centers have staff that serve as volunteers for SHIP providing screenings, brochures, etc., to those who come for heat/cooling assistance, commodities food and other resources.
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.

Outreach to minority churches across PSA, inviting churches who have limited English speaking members, and provide a special ABC’s of Medicare class, and attempt to gain volunteers with access to that population. Provide information on counseling sites, classes available, Extra Help financial assistance, and work on recruiting volunteers and additional enrollment event sites from this target group.

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
<p>Develop partnerships with other agencies who serve targeted groups in order to better reach and meet the needs of the target groups.</p>	<p>SHIP distributed information to Social Security Admin. Office, SCHRA, Senior Centers, Food Pantries, and at Food Commodity Distribution Events; Newsletter articles that reach partner agencies and individuals (3,766); Held three ABC's of Medicare Classes in 2021.</p> <p>SNAP has attended 10 community events at places such as senior centers, meal sites, housing authority meetings, churches, and civic clubs/organizations.</p> <p>CREVVA continued to operate through strong partnerships with local Adult Protective Services field staff and evolving collaborations with area law enforcement and DA offices. CREVAA also participated in South Central Coordinated Community Response virtual workshops, seeking new opportunities to cultivate and enhance formidable relationships with a broader network of agencies serving the target population. In addition, CREVAA consulted with area domestic violence centers.</p>
<p>Target Nutrition Outreach for congregate meals to older adults with greatest economic and social need, with particular emphasis on low-income minority individuals.</p>	<p>Required in Nutrition provider contract that SCHRA would conduct outreach to minority and low-income minority, as well as persons with limited or no English-speaking ability, and Quality Assurance Coordinator is monitoring that contract through data reported in SAMS.</p>

<p>Support local events/activities that specifically identify and reach minority and low-income minority persons.</p>	<p>SHIP has 90 informational booths with 13,945 people reached through Commodities and distributing SHIP information to area partners serving target groups. SNAP has specifically reached out to all county newspapers to run SNAP publications to reach low-income older adults, and left SNAP cards with various low-income housing offices.</p>
<p>Monitor progress of focal point senior centers outreach efforts to older adults with greatest economic and social need, with particular emphasis on low-income minorities and seniors with disabilities.</p>	<p>As of mid-fiscal year, Senior centers have served approximately 793 low-income seniors, 167 low-income minority seniors, 557 minority, and 474 with a disability.</p>
<p>The AAAD will utilize translation services to communicate with limited and/or non-English speaking minorities</p>	<p>AAAD staff provides annual training and ongoing technical assistance to all service providers on Title VI Civil Rights and Limited English Proficiency Policies & Procedures. Last Title VI & LEP Training was held virtually during the month of June 2021. The AAAD has not had to utilize translation services in the last 12-month period.</p>

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.

The South Central Tennessee Development District (SCTDD) has a Title VI Coordinator, Anita Turnbow, for the entire agency. Ms. Turnbow provides annual Title VI and Limited English Proficiency (LEP) education information to all SCTDD staff and handles all complaints/inquiries within the SCTDD organization.

Katrina Crisp, Quality Assurance Coordinator for the AAAD, serves as the Title VI Coordinator for contracted service providers receiving any federal, state or grant funding flowing through the AAAD. Ms. Crisp provides annual training on Title VI of the Civil Rights Act to all service providers. She also distributes and educates providers on LEP procedures

2. Complete the following table:

	FY 21	FY 22 - Projected	FY 23 - Projected
Total Individuals Served	17,236	17,500	17,875
Total Minority Individuals Served	1885	1900	1,925

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

SCTDD/AAAD contracts with AVAZA Language Services Corporation for translation services and uses the “I Speak” flash cards. This information and service is also extended to each of the focal point senior center in each of the 13 counties.

4. Complaint Procedures

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

SCTDD COMPLAINT PROCEDURE:

Level 1: SCTDD / AAAD Title VI Coordinator

Katrina Crisp – 931-379-2937

101 Sam Watkins Boulevard, Mt Pleasant, TN 38474

If not resolved, go to Level 2.

Level 2: SCTDD Executive Director

Jerry Mansfield – 931-379-2929

101 Sam Watkins Boulevard, Mt Pleasant, TN 38474

If not resolved, go to Level 3.

Level 3: SCTDD Board of Directors
Chairman: Bill Newman – 931-433-3045
Lincoln County Courthouse, 1112 Main Ave, South, Room 101, Fayetteville TN 37334
If not resolved, go to level 4.

Level 4: State of Tennessee Department of Transportation
Civil Rights Title VI Program Director
Attn: Cynthia Howard – 615-741-3681
505 Deadrick Street, Suite 1800, James K. Polk Building
Nashville, TN 37243

Level 5: Tennessee Commission on Aging and Disability
Sidney Schuttrow, MPA, CVA, CNP, CRS-A/D, Title VI Coordinator 615-741-1585
502 Deadrick Street, 9th Floor
Nashville, TN 37203

- b. Describe agency policies related to investigations, report of findings, hearings and appeals, if applicable.
- All levels will be handled the same.
 - The complainant will be contacted by phone within three (3) days of the complaint.
 - The complainant should be informed that they have the right to have a witness or representative present during the interview.
 - The board presiding over the Level at which the complaint was received will review and submit the final report to the Level above them.
 - If corrective action is recommended the alleged discriminatory contractor will be given thirty (30) days to inform the Title VI officer of the actions taken.
 - The complainant has the right to appeal all written reports to SCTDD.
 - The appeal must be made in writing within fourteen (14) days of the receipt of the final report.
 - Anyone suspecting the existence of discriminatory practices by this agency should take the following steps in the order listed. Contact should be made in writing, by telephone, or in person. The complaint should be made within thirty days from the date of the suspected discriminatory practice however, can be made within 180 days of the complaint. All complaints/grievances will be acknowledged and investigated with results reported to the complainant. All complaints should be copied and faxed to SCTDD, the Tennessee Department of Transportation Title VI Program Director, and the Tennessee Commission on Aging & Disability Title VI Coordinator within thirty (30) days of receiving complaint. If a Title VI complaint is filed on care coordination or other services, the AAAD coordinator shall send a copy of the grievance to the TCAD Title VI Coordinator within seven (7) calendar days of receipt while conducting the investigation. A future email with the outcome of the investigation shall be sent to the TCAD Title VI Coordinator and the Tennessee Human Rights Commission in a narrative of the resolution.
- c. Include a copy of the agency's complaint log, if applicable.
No complaints received to be logged to date.

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.

The AAAD has contracts with nine (9) providers for HCBS programs, two Personal Emergency Response Systems (PERS) providers, one Nutrition Program provider, one Nutrition Counseling provider, one Legal Assistance Provider, one contract for Public Guardian Program Attorney, six (6) contracts with local restaurants for home-delivered meals during the pandemic, and 13 contracts with focal point senior centers. The Giles County Senior Center has a minority woman director, and receives \$24,511, which is 8% of total dollars allotted for senior centers. Of the six restaurants providing home delivered meals, five of them are women-owned businesses and accounted for \$100,000 in CARES Act funding, which was 83% of total CARES Act funding spent on Home-delivered meals. The Housing Program has four (4) minority contractors receiving \$332,500, which is 32% of Housing program funds.

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.

The Quality Assurance Coordinator monitors all contractors annually. During the monitoring visit, the Quality Assurance Coordinator conducts a Title VI Compliance Review and checks the contractor's Policy and Procedure Manual for the non-discriminatory policy and complaint procedures. The Quality Assurance Coordinator reviews minority participation on governing boards and advisory bodies on an annual basis.

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?

- a. The AAAD staff continue to work with various agencies and groups such as APS, Legal Aid, Social Security Administration, local health departments, faith-based organizations, local housing authorities, senior apartments, health clinics, grocery stores, pharmacies, senior centers, and others to distribute AAAD brochures and resource material, set up information booths, and promote the toll free Information & Assistance line and the SHIP/SMP hotline.

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

This information is reflected in other exhibits in the original full four-year Area Plan. In summary, demographic data from the census information provided showed that 11 of the 13 counties in the South Central PSA have less than 2% of people age 65 and older who are low-income minority, with Giles at 2.07% and Lewis County at 4.13%. AAAD programs, such as SHIP, SNAP, and Nutrition will increase efforts with the Giles

and Lewis County Senior Centers and other appropriate agencies to outreach to these low-income minority populations. SCTDD/AAAD has two minority staff members. The AAAD no longer has any minority-owned or operated HCBS service providers, but contracts with Giles County Senior Center, which is led by a minority female director. The AAAD Advisory Council has one minority representative. AAAD staff and advisory council members will outreach to the minority communities to recruit more minority members to fill existing vacancies on the Advisory Council. The SCTDD Governing Board has three minority representatives.

- 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?

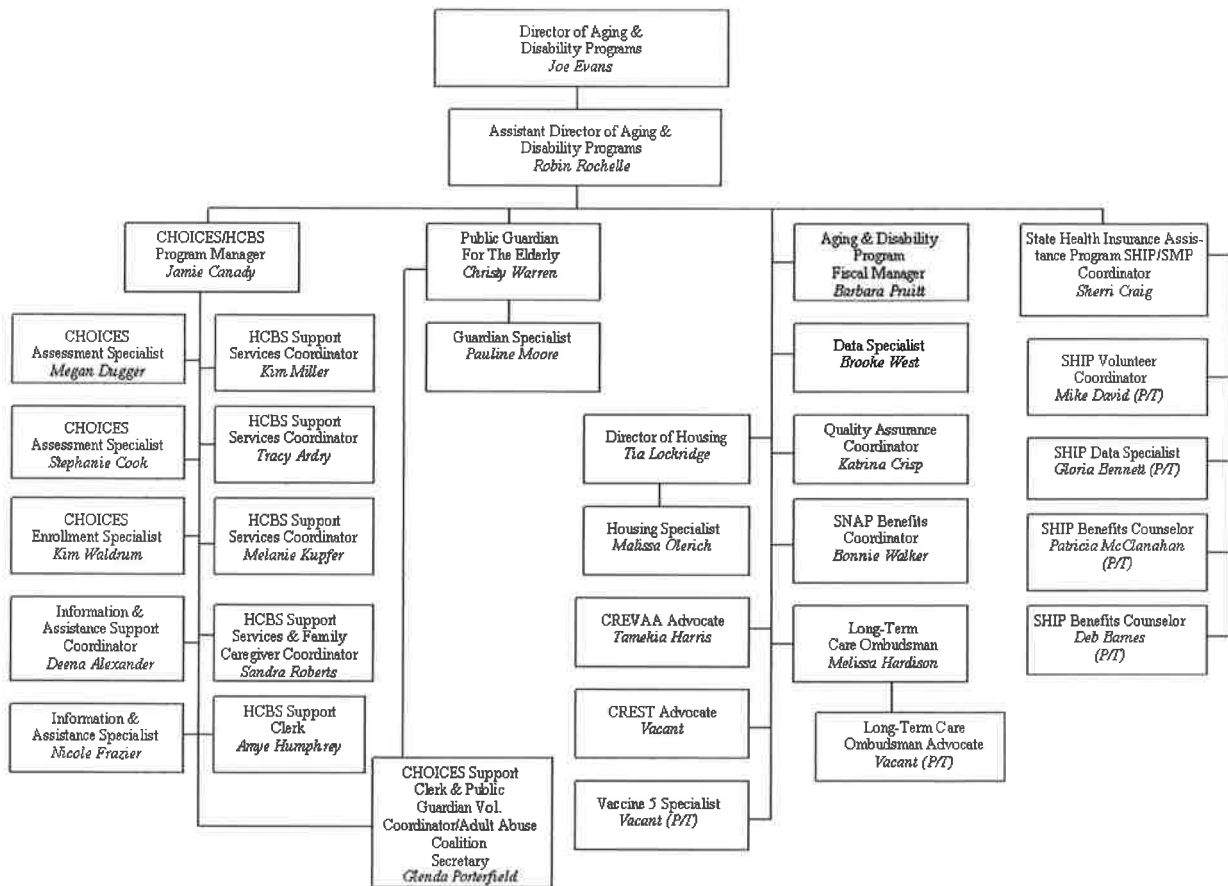
The AAAD uses the SAMS database to track information regarding activities that target and serve minority and low-income minority persons. General information that cannot be entered and tracked in SAMS, such as information booths or presentations at events where personal information cannot be obtained, is kept on file to show outreach and participation by the AAAD staff.

<p>Support local events/activities that specifically identify and reach minority and low-income minority persons.</p>	<p>Partner with resource agencies, city/county mayors, local housing authorities, minority churches etc. in community education /health fairs when safe to resume after COVID. Provide AAAD information at SCHRA Commodities distribution events.</p>	<p>SHIP Coordinator SHIP Volunteers Assistant Director HCBS Manager SNAP Coordinator</p>
<p>Monitor progress of focal point senior centers outreach efforts to older adults with greatest economic and social need, with particular emphasis on low-income minorities and seniors with disabilities.</p>	<p>Monitor progress reports quarterly and annual on-site monitoring visit to evaluate the percentage of minority, low-income, low-income minority and disabled seniors being served.</p>	<p>Quality Assurance Coordinator</p>
<p>The AAAD will utilize translation services to communicate with limited and/or non-English speaking minorities</p>	<p>SCTDD/AAAD contracts with AVAZA Language Services Corp. for translation services and uses the “I Speak” flash cards. The AAAD extends the availability of this translation services to the focal point senior centers in each county. AAAD staff provide annual training and technical assistance to all service providers on Title VI & LEP</p>	<p>Quality Assurance Coordinator</p>

AAAD STAFFING

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

Area Agency on Aging and Disability/South Central Tennessee Development District Organizational Chart—FY 2023



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)

a. ***Nicole Frazier, Information & Assistance Specialist*** – Full Time

Qualifications: Customer service management, excellent communication skills, experienced in coordination and leadership skills, Lewis County High School, University of Northern Alabama.

b. ***Malissa Olerich, Housing Assistant*** – Full Time

Qualifications: Program and event coordination skills, customer service experience, RSA certified, Emergency Medical Technician, Lawrence County High School, Southwestern Assembly of God University.

c. ***Vacant, Vaccine 5 Specialist*** – Part Time

Excellent organizational and communication skills, proficient with computer and good letter-writing skills; Knowledge of basic administrative and business management procedures; Must have good time management skills along with being self-motivated. Minimum High School Diploma or equivalent required with at least two years of coordination and/or administrative experience. Experience working with seniors is preferred.

d. ***Vacant, CREST Advocate***- Full Time

Knowledge of basic administrative and business management procedures. Excellent communication and organizational skills; Ability to coordinate referrals and resources; Good management time skills; Self-motivated. Minimum four-year degree preferred; high school diploma with at least two years of administrative and/or coordination experience required. Experience working with vulnerable adults preferred.

e. ***Vacant, Long Term Care Ombudsman Advocate*** – Part Time

Knowledge of long-term care services and support systems. Ability to communicate effectively, orally and in writing, to carry out advocacy-related job duties. Ability to coordinate and follow-up on referrals. Good time management skills. Minimum four-year degree required and experience working with long term care and vulnerable adults preferred.

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

Jerry Mansfield, Executive Director of South Central Tennessee Development District

4. The total number of staff at the AAAD is 29, currently, with intention of adding two part-time, temporary positions, along with one full-time position. Of the total number of current AAAD staff, the following are:
 - Age 60+: 8
 - Female: 27
 - Minority: 2
 - 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.
Four (4) full-time Options Counselors.

6. What is the average caseload for Options Counselors managing cases for OPTIONS, III-B In-home Services, III-C, and/or III-E?
K.Miller = 142, M.Kupfer = 174, T.Ardry = 156, S.Roberts = 168

7. What is your plan for increasing capacity in programs with regards to Options Counselor's caseloads as funding for programs increase?
Number of cases for each Options Counselor are observed often and assignments adjusted, as needed, according to county and the need in each county. Also, implemented the use of online documents to assist in decreasing the time in paperwork.

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	
Senior Center Directors: Annual Training Retreat	4	13		Spring 2023
Senior Center Director Association Meetings <i>(Specific Topics to be Determined)</i>	4	13		Bi-Monthly 2022-2023
HCBS In-Home Service Provider Training	6-8	8-10		Nov 2022 June 2023
Managed Care Organizations Advisory Council Meetings	1	20-30		Quarterly
Nutrition Service Providers' Meal Site Managers Trainings	1	25-30		Sept 2022 Dec 2022 March 2023 June 2023
Title VI Civil Rights & Limited English Proficiency	22	20-25		April - June 2023
Adult Abuse Coalition of South Central TN Annual Conference	15	170	8	May 2023
CARES Elder Abuse Conference provided by TSU, APS & TVAC	2			June 2023
Public Guardian Training by Conservatorship Association of Tennessee (CAT)	2			April 2023
Guardian/Conservator Training by TCAD	2			April 2023
National Guardian Association Conference*	1			October 2022
Region IV SHIP Training by CMS*	2			August 2022
SHIP/SMP Annual Statewide Training	2			March 2023

Area Plan, FY 2023 - 2026

SHIP/SMP Webinars	4		19	Monthly Jan-Sept
SHIP/SMP Volunteer Semi-Annual Update Sessions	4		19	Sept 2022 April 2023
Level II SHIP Volunteer Training (13 HRA Neighborhood Service Centers)		20		April/May 2023
SHIP/SMP New Volunteer Certification (18 hours)			2	April 2023
Volunteer Ombudsman Representative Orientation & In-Service Trainings	1		4	Quarterly
District LTC Ombudsman Training By TCAD	1			TBD by TCAD
LTC Facility Staff Training by LTC Ombudsman		30		As Requested
Understanding Your Rights as a Resident Training (Family Council) by LTC Ombudsman		30		As Requested
Southeastern Association of Area Agencies on Aging (SE4A) Annual Conference & Webinar Sessions	5 8			Sept 2023 (Webinar Training Ongoing)
Tennessee Federation for the Aging Annual Conference	8	15	2	October 2023
Tennessee Elder Justice Conference	4			May 2023
Housing Department trained by: Tennessee Housing Development Agency	2			March 2022
Housing Department: HUD webinars	1			Quarterly
Housing Department: THDA webinars	2			As Requested

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
Kirk Sumpster	A, d, f, m
Mary Sumpster	A, d, f, m
Wanda Duke	A, f, m
Connie Cleghorn	A, f, m
Edward Gill	A, d, f, m
Rondalynn Gill	A, d, f, m,n
Mike Cesarini	A, d, f, k, m
Ricky Keith	A, d, f, k, m
Liz Spears	A, d, f, m
Nancy Leathers	A, d, f, m
Bert Spearman	A, d, f, k, m
Roylyn Barber	A, d, f, m
Peggy Towry	A, d, f, m
Hundley Ford, Sr.	A, b, d, f, m
Charlie Mann	A, f, m
Sue Mann	A, f, m
Cathi Rowlison	A, d, f, m
JoyLea Robertson	A, d, f, m
Joanne Lord	A, d, f, m
Linda Krueger	A, d, f, m, k

Mary Staggs	A, d, h, i
Fran Gray	A, f, g, h, i, j
Andrea Brown	F, g, h, i
Erin Watkins	F, g, h, i, j
Renee Martin	F, g, h, i, j
Donnie Morris	D, g, i, l
Glynis Smith	C, f, h, j
Jeana Mills	D, f, j

B. SCHEDULE OF ADVISORY COUNCIL MEETINGS for FY 2023

Give Dates and Times of Scheduled Meetings

September 14, 2022

December 14, 2022

March 8, 2023

June 14, 2023

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Charlie Mann	Chairman	December 2023
Wanda Duke	Vice-Chairman	December 2023
Liz Spears	Secretary	December 2023

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review. (See Attachment 1)

Public Hearings on Area Plan

A. PUBLIC HEARING INFORMATION

Date(s) of Public Hearing	March 9, 2022
Time(s) when hearing was held	9:00am
Place(s) where hearing was held	SCTDD Conference Room 101 Sam Watkins Blvd, Mt. Pleasant TN
Was Place Accessible?	Yes
Type of Notice(s) or Announcement(s)	Legal Notice in The Daily Herald Newspaper, Press release to all 13 county newspapers and radio stations. Public Hearing Notice and Area Plan Draft was mailed to all 13 senior centers, advisory council members, and all aging network subcontractors and partners.
Date(s) of Notices or Announcements (attach copy)	Legal Notice in The Daily Herald on February 23, 2022 Press Release to newspaper/radio sent February 28, 2022 Notice to Advisory Council, Senior Centers & partners on February 28, 2022

B. ATTENDANCE*

County	# of Advisory Council Members from County	Total from County**
Franklin	2	2
Perry	2	2
Maury	2	5
Bedford	1	1
Giles	1	1
Coffee	1	1
Lawrence	1	3
Moore	1	1
Lincoln	1	1
Total # Advisory Council Members in column 2	12	
Total Attendance*		17

* 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.
See Attachment 2.

Attach one example of each type of notice sent out and describe who notices were sent to.

- See Attachment 3 for Legal Notice sent 2/17/22 to put in The Daily Herald, and attachment 3a for actual tear sheet showing run in newspaper on 2/23/22.
- See Attachment 4 for Press Release that was mailed to newspapers and radio stations in all 13 counties.
- See Attachment 5 for notice of public hearing and advisory council review sent to Advisory Council, Senior Centers and Service Providers on 2/28/22.
- See Attachment 6 for sign-in sheet for Public Hearing.

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.

The AAAD included a legal notice in the newspaper where it's the largest populated county with the most minority seniors. The AAAD network of providers includes representatives from agencies that serve low-income and the most vulnerable, such as Adult Protective Services, housing programs, legal aid, and senior centers. Senior Centers receive a copy of the area plan for citizens in the community to have local access to review the plan.

D. DESCRIPTION

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

Unfortunately, we had several Advisory Council members who could not attend due to schedule conflict or sickness, which resulted in a lower than normal attendance. With the rising cost of fuel/gasoline, the decision was made to hold the Public Hearing and Advisory Council meeting on the same day to make travel more feasible for those attending.

E. SUMMARY of PUBLIC COMMENTS

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

After the oral presentation of the Area Plan by the AAAD Assistant Director, time was provided for comments and questions. Perry Council Council member, Joanne Lord, noted that the senior center contact name in Exhibit G-1 should be updated. That change was noted, along with the Franklin County Senior Center contact name change. Perry County Council member, Linda Krueger, noted her phone number was off one digit in the Advisory Council contact list, and to add “elected official” to her representation under Council members.

AAAD Assistant Director informed everyone at the Public Hearing that comments or questions will be received for the next two weeks, up until March 23, 2022, and that those comments or questions may be directed to her via email at rochelle@sctdd.org, fax at (931) 379-2685, phone (931) 379-2931, or in person at the SCTDD office in Mount Pleasant, TN.

F. SUMMARY of CHANGES

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

Exhibit G-1 was updated with most recently hired senior center director contact names.

Exhibit E-1 was updated for one council member to add “elected official” representation and one council member to add “disability.”

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.

Area Plan Review Committee met and reviewed the first draft of the Area Plan on February 25, 2022. (See Attachment 7) Then, the draft was mailed to the Council to review prior to meeting. (See Attachment 5) The full Advisory Council reviewed the Area Plan at the Public Hearing at 9:00am and at the regular Council meeting at 10:30am, both held on March 9, 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 Attachment 2 and Attachment 9.
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.
 - At the Area Plan Review Committee meeting, the following Advisory Council members were present: Kirk Sumpter, Mike Cesarini, Linda Krueger, Charlie Mann.
 - See Attachment 9 for Council members in attendance for full Council's Area Plan Review meeting.
 - Plans were mailed to all Council members, senior centers and service providers two weeks prior to the Public Hearing and Advisory Council meeting.
 - Comments or questions received for two weeks following Public Hearing & Council meeting, up until March 23, 2022, and those comments or questions directed to AAAD Assistant Director via email at rrochelle@setdd.org, fax at (931) 379-2685, phone (931) 379-2931, or in person at the SCTDD office in Mount Pleasant, TN.
4. Provide a summary of comments made by advisory council members about the completed plan.

In the Area Plan Review Committee meeting on 2/25/2022:
Mike Cesarini (Giles County) asked where the AAAD got the population demographics in Exhibit A-2. Robin Rochelle, AAAD Assistant Director, explained that the demographics chart came from the state office (TCAD). Mr. Cesarini commented that the numbers in the chart appear much lower than recent numbers he had seen for Giles County. Robin responded that TCAD informed the AAAD that the data is based on the last viable Census data pulled from the 2019 American Community Survey, and unfortunately, the Census Bureau did not certify their ACS results for 2020 or 2021 due to COVID and did not provide county level data, so we had to rely on previous number. Joe Evans, AAAD Director, added

had to rely on previous number. Joe Evans, AAAD Director, added that those numbers are normally updated annually, and we expect they will be updated by next time.

- b. Mike Cesarini asked about how the 5G upgrade would impact PERS devices since they are connected to a phone line. Joe informed him that PERS providers have been updating to make sure there is no interruption in service.
- c. Kirk Sumpter asked why we are not providing respite care as we predicted in CARES planning. Robin explained the service provider shortage crisis, which is statewide, and how the respite reimbursement rate is so low that no providers want to contract for that service. Therefore, it has left us with no choice but to provide personal care and homemaker services in place of respite, so that providers get that rate they need and the consumer gets someone in the home to be with them.
- d. Mike Cesarini asked about the housing crisis and if we could add some resources in the plan to address that. Robin Rochelle agreed that there is a dire need for safe, affordable housing and rental assistance, especially for older adults. Robin explained that the AAAD does have some home repair programs to help modify homes for safety and for repairs to help keep people in their homes longer. Ideas were discussed and Robin added that the AAAD would provide rental housing resources and continue to make efforts to address the housing crisis for older adults.

In the regular Advisory Council meeting where the Area Plan was reviewed by the full Council in attendance:

Ricky Keith (Giles County) asked the AAAD Director and Assistant Director how confident they are with the information in the Area Plan after the minor changes made earlier from the Public Hearing. Joe Evans and Robin Rochelle expressed that now that the AAAD staff, Council members, providers and guests have all reviewed the plan and have had opportunity to comment or question, that they felt confident in the final preparation of the Four-Year Area Plan. With that, Mr. Keith made the motion for the Advisory Council to approve the plan, received a second, and the Council voted to approve the AAAD's Area Plan.

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

See paragraph 4d above. Additional efforts to collect resources and information on affordable housing opportunities and rental assistance programs was added to Exhibit A-3.

**Request for Waiver for FY2023-2026
South Central AAAD
DIRECT PROVISION OF SERVICES PROVIDED BY
OLDER AMERICANS ACT FUNDING**

Please check the service(s) for which the AAAD is requesting waiver(s) to provide the service(s) directly instead of through contracts with area service providers. Then, answer the related questions under each service checked.

X Case Management (also known as Service Coordination or Options Counseling)

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

Addus HomeCare, Aid & Assist at Home, A Plus Medical Staffing, At Home Healthcare of Middle TN, Caring Hearts Home Healthcare, Home Health Care of Middle Tennessee, Home Instead Senior Care, CareAll Home Care, South Central Human Resource Agency, Tennessee Quality Home Health, Quality First Home Care, NHC Homecare, Maury Regional Home Services, Medi Home Care, Senior Solutions Home Care, Compassus, Bishop Home Care, Caring Hands Healthcare, D&L Homecare, Family Staffing Solutions, The Summit at Home, Health Angels Staffing Agency, Visiting Angels, Rolling Hills Homecare, Springview Compassionate Care, Acts of Kindness Homecare.

The AAAD provides case management/service coordination (CM/SC) for consumers receiving Homemaker (HMK) and Personal Care (PC) services from the agencies listed above. It would pose a conflict of interest for home health and other in-home services agencies, like the ones above, to provide CM/SC for the very same direct services of HMK and PC because it could interfere with consumer choice. The AAAD is best-suited to be the unbiased agency to provide CM/SC because it does not provide any of the direct services for which CM/SC is conducted. Therefore, the AAAD is the only agency that does not have a conflict of interest in providing the initial assessment, re-assessment, and CM/SC for elderly and adults with physical disabilities, and that will maintain the best interest of the consumer and provide them with choice.

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

As explained above, the issue is not that there is a lack of case management agencies in our service area, but rather that the case management agencies serving the AAAD's program target population are also providing the direct, in-home services for which they provide the CM/SC. Therefore, if they provided the initial assessment and CM/SC for a consumer, they may be biased in encouraging the consumer to choose their own agency, prohibiting the consumer from their own choice of provider.

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

The AAAD is charged with the overall implementation and coordination of four different home and community-based services (HCBS) programs: OPTIONS for Community Living, National Family Caregiver Support Program, Older Americans Act Title III-B Homemaker/Title III-C Home-Delivered Meals, and TennCare-funded CHOICES for Community Living Program. The AAAD has a centralized, toll-free line where people are initially screened for eligibility for all HCBS programs. Information & Assistance Specialists provide initial phone screenings, and HCBS Service Coordinators provide in-home assessments and reassessments for these programs. All HCBS staff are under the general supervision of the AAAD Director (administration). This structure within the AAAD allows for staff to maintain the best interest of the consumer to promote independent living, while evaluating program goals and consumer benefits.

4. Explain why it is more cost effective for the AAAD to provide this service than contracting it out on a unit cost contract. Include the AAAD cost per client for Case Management Services.

It is more cost effective for the AAAD to provide CM/SC because the cost per client is less than if contracted out with other providers. The average cost per client through the AAAD case management is \$260 per consumer. Other case management providers across the state receive as much as \$200 per month, per client, at an annual average cost of \$2,400. Therefore, the AAAD provides a savings of over \$2,100 per client annually by providing the CM/SC directly.

X Ombudsman

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

There are no other agencies in the PSA that currently provide any type of ombudsman services for long term care residents.

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

Currently, the LTCO is not inadequate because it was brought within the AAAD several years ago due to inadequacy of two other agencies who were not able to administer the LTCO program within the standards set by the state and federal regulating agencies.

The majority of the south central PSA is rural, and there are no other agencies that provide this LTCO service. The funding provided is very limited for the amount of facility visits (quarterly), consultations, and trainings required, and there is no funding to staff a Volunteer Coordinator to recruit, train, and retain an adequate number of Volunteer Ombudsman Representatives needed to assist with the needs of residents and their families at 63 long-term care facilities in our rural PSA.

3. Explain why it is a best practice for the AAAD to provide this service directly.

The AAAD is the agency best-suited to provide the LTCO Program because of its experience and knowledge of services and resources in the PSA for 50 years. The AAAD is the best option considering the scale and scope of its other programs and services already in place. The AAAD made attempts in the past for the LTCO Program to be

provided by an outside agency, but within that time span of several years, both agencies failed to meet compliance with state and federal policies, forcing the SCTDD/AAAD to move the LTCO program in-house to ensure it is properly administered and managed. Since the SCTDD/AAAD has directly administered this program, there have been no issues of non-compliance and the program has met all program standards set by the state and federal policies.

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.*)

* Of the NFCSP services listed above, the South Central TN AAAD directly provides information and assistance (I&A) and case management/service coordination (CM/SC). All other NFCSP services listed above are provided through contract with various other agencies. Therefore, this waiver request only pertains to I&A and CM/SC services for the NFCSP. For responses below on providing CM/SC, please see the CM/SC information provided above under Case Management

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

No other agency in the PSA provides this level of I&A for elderly in our area covering all 13-counties and the various types of programs and resources. The AAAD is designated by TCAD and ACL as the Aging & Disability Resource Center (ADRC) for this PSA, directing all inquiries on the ADRC website to the AAAD for I&A services.

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

No other agency in the PSA provides the level of unbiased, comprehensive I&A services than provided by the AAAD. The AAAD is the only agency designated to serve as the ADRC for this area because it is the only entity with this type of information on various programs, services, and resources available for elderly persons and their caregivers across the PSA.

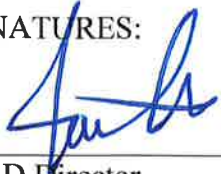
3. Explain how this service is directly related to the AAAD's administrative function.

When elderly, caregivers, service providers and others call our toll-free I&A line, I&A Specialist staffed by the AAAD may provide as little as general information on resources and as much as initial phone screenings for the AAAD's programs, referrals to agencies to meet other needs, and/or screenings for public benefits in which they may qualify. The AAAD also serves as the ADRC for this area, tying together the I&A and ADRC functions. I&A staff are under the general supervision of the AAAD Director.

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

I&A is already a function of the AAAD for other programs very similar NFCSP, making it a simple, streamlined process for staff to make referrals to the NFCSP as needed.

SIGNATURES:



AAAD Director

3/29/22
Date



Chief Administrative Officer of Grantee Agency

3/24/22
Date



Advisory Council Chairperson

3/30/22
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

- (9) (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii); 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
- (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 3-24-22



Grantee Agency Director

Date 3/24/22

Availability of Documents

South Central Tennessee Development District/Area Agency on Aging & Disability (AAAD) 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

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 3/24/22



Grantee Agency Director

Date 3/24/22

Title VI of the Civil Rights Act of 1964 Compliance

The South Central Tennessee Development District/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 South Central Tennessee Development District/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 individuals 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 South Central Tennessee Development District/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 3-24-22



Grantee Agency Director

Date 3/24/22

ADDITIONAL DOCUMENTS *(Attached)*

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
G-1	List of Subcontracting Agencies
G-2	List of Nutrition Sites
<i>H-1</i>	<i>Budget Area Plan (Sent Separately to TCAD Finance Director)</i>
<i>H-2</i>	<i>Personnel Area Plan (Sent Separately to TCAD Finance Director)</i>

ATTACHMENTS:

- 1 – Advisory Council Bylaws
- 2 – Public Hearing Agenda
- 3 – Legal Notice of Public Hearing
- 3a – Legal Notice in Newspaper
- 4 – News Release for Public Hearing
- 5 – Public Hearing Memo to Advisory Council & Service Providers
- 6 – Public Hearing Sign-in Sheet
- 7 - Advisory Council Review Committee Meeting Notice
- 8 – Advisory Council Agenda
- 9 – Advisory Council Sign-in Sheet

South Central Tennessee Area Agency on Aging & Disability

List of Sub-Contracting Agencies for FY 2023

Contracting Agency Identifier (If multiple contracts, list separately)	Contracting Agency Name (Use the name as it will appear on the contract)	DBA/AKA Name	Contact Person	Address of Contracting Agency	Phone Number	For-Profit/ Non-Profit/Government Status	Funding Source (List All Covered in Contract)	Services to be Provided Within the Contract
06-2022-01	Curra Partners LLC	Addus Home Care	Darby Anderson	4560 Trousdale Drive, Suite 100 Nashville, TN 37204	615- 457-3373	For-Profit	OPTIONS, Title III-B, Title III-E	HMK, PC
06-2022-19	Advancecare Health Services		Marcus Foster	3310 Lebanon Pike, Suite 208 Hermitage, TN 37076	615-891-4132	For Profit	OPTIONS, Title III-B, Title III-E	HMK, PC
06-2022-02	A Plus Medical Staffing, Inc		Elaine Turner	108 E McLean Street Manchester, TN 37355	931-723-3770	For-Profit	OPTIONS, Title III-B, Title III-E	HMK, PC
06-2022-03	Caring Hearts Home Healthcare, LLC		Kelly Good	807 Northside Plaza, Suite 10 Columbia, TN 38401	931-381-5470	For-Profit	OPTIONS, Title III-B, Title III-E	HMK, PC
06-2022-05	Tenn HQ, Inc	Home Instead Senior Care	Jessie Schewe	101 West Lincoln, Suite 210 Tulahoma, TN 37388	931-454-2202	For-Profit	OPTIONS, Title III-B, Title III-E	HMK, PC
06-2022-06	Senior Moments Healthcare, Inc		Janette Paynter	404 East College St., Suite J Dickson, TN 37055	615-441-3464	For-Profit	OPTIONS, Title III-B, Title III-E	HMK, PC
06-2022-07	South Central Human Resource Agency		Donna Ward	PO Box 638 Fayetteville, TN 37334	931-433-7182	Not for Profit	OPTIONS, Title III-B, Title III-E, III-C	HMK, PC, HDM
06-2022-10	Guardian Angel Healthcare Services		Ruth Bowling	146 Deerpoint Drive Unionville, TN 37108	931-294-2979	For-Profit	OPTIONS, Title III-B, Title III-E	PERS
06-2022-12	Valued Relationships, Inc		Chris Hendriksen	1400 Commerce Center Drive Franklin, OH 45005	800-860-4230	For-Profit	OPTIONS, Title III-B, Title III-E	PERS
06-2022-13	Legal Aid Society of Middle Tennessee and the Cumberlandands		DarKenya W. Waller	300 Deaderick Street Nashville, TN 37201	615-244-6610	Not for Profit	Title III-B	Legal Assistance
06-2022-14	South Central Human Resource Agency		Sara Brown	PO Box 638 Fayetteville, TN 37334	931-433-7182	Not for Profit	Title III-C	Nutrition
06-2022-16	Tree of Life Homecare, LLC		Hollie Bailey	71 West Littell Drive Tracy City, Tn 37387	931-592-8733	For Profit	OPTIONS, Title III-B, Title III-E	HMK, PC

06-2022-17	Senior Solutions at Home, LLC		Kunu Kashaal	209 Ward Circle , Suite 102 Brentwood, Tn 37027	731-300-2300	For Profit	OPTIONS, Title III-B, Title III-E	HMK, PC
06-2022-18	South Central Area Transit Services		Richard Stewart	101 Sam Watkins Blvd, Pleasant, TN 38474 Mt.	931-379-2929	Not for Profit	Title III-B	Transportation
06-2022-101	Shelbyville-Beauford County Senior Citizens, Inc		Sonia Miller	111 JG Helton Drive Shelbyville, TN 37160	931-684-0019	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-102	Coffee County Senior Citizens, Inc		Vickie Fulmer	410 N. Collins Street Tullahoma, TN 37388	931-455-2504	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-103	Franklin County Senior Citizens, Inc		Robin Gilliam	74 Clover Drive Winchester, TN 37398	931-967-9853	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-104	Giles County Senior Citizens, Inc		Sonya Redd	100 Senior Citizens Way Pulaski, TN 38478	931-363-6610	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-105	Hickman County Senior Citizens, Inc		Teresa Craft	107 Armory Street TN 37033 Centerville,	931-729-2102	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-106	Lawrence County Senior Citizens Club, Inc		Stephanie Anderson	220 Centennial Blvd Lawrenceburg, TN 38464	931-762-9259	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-107	Lewis County Senior Citizens, Inc		Bill Webb	347 East Main Hohenwald, TN 38462	931-796-5558	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-108	Fayetteville-Lincoln County Senior Citizens, Inc		Samantha Freeman	P. O. Box 1204 Fayetteville, TN 37334-1204	931-433-7271	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-109	Marshall County Senior Citizens, Inc		Frances Murdock	230 College Street TN 37091 Lewisburg,	931-359-1808	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-110	Maury County Senior Citizens, Inc		Jan Graves	1020 Maury County Park Drive Columbia, TN 38402-0993	931-380-3950	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-111	Moore County Senior Citizens, Inc		Sharon Prigel	85 High Street Lynchburg, TN 37352	931-759-7317	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-112	Perry County Council on Aging, Inc		April Plunkett	113 Factory Street Linden, TN 37096-0367	931-589-5111	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
06-2022-113	Wayne County Senior Citizens, Inc		Terrah Hinton	202 Fairlane Drive Waynesboro, TN 38485	931-722-3161	Not for Profit	Title III-B, Title III-D, State Funds	Senior Services, Health Promotion
LSA -2	Middle Tennessee Law Group		T. Jake Wolaver	PO Box 1431 TN 38402-1431 Columbia,	931-548-0819	For Profit	Public Guardianship Program	Guardianship Program
MOU-2	Kelly Marcus, RD, LDN		Kelly Marcus	17 Belew Road TN 38464 Lawrenceburg,	397-477-5060	For Profit	Title III-C (2)	Nutrition Counseling

BY-LAWS
SOUTH CENTRAL TENNESSEE ADVISORY COUNCIL
ON AGING & DISABILITY

ARTICLE I - NAME

The name of the organization is the South Central Tennessee Advisory Council on Aging & Disability, hereafter referred to as "the Council".

ARTICLE II - PURPOSES

The Council shall carry out advisory functions which further the Area Agency's mission of developing and coordinating community-based systems of services for all older persons and adults with disabilities in the planning and service area. The Council shall be responsible for aiding and advising the Area Agency on Aging & Disability staff relative to:

- a) Identification of nutritional, social and health needs of the elderly and disabled population in their respective communities;
- b) Assisting staff with identification of local resources that meet the needs and/or fill the identified gaps in services;
- c) Reviewing and commenting on all community policies, programs, and actions affecting elderly and persons with disabilities, with intent of assuring maximum coordination and responsiveness to those individuals;
- d) Assistance in the preparation and administration of the Area Plan, including identification of mechanisms and alternative solutions to carry out and support the plan;
- e) Assistance with conducting public hearings , when required;
- f) Representing the interest of older persons and persons with a disability.

ARTICLE III - MEMBERSHIP

1. Composition: Membership on the Council shall consist of a minimum of 36 members made up from the following:
 - a) Twenty-six (26) voting members, made up of two (2) county representatives from each of the thirteen (13) counties in the district, who are at least 60 years of age and approved by the Senior Center Board of Directors;

ARTICLE IV - OFFICERS

1. The Officers of the Council shall be a Chairperson, Vice-Chairperson, Secretary and Past Chairpersons who are current members of the Advisory Council. These officers shall be elected at the Annual meeting in December of each election year, and shall serve a term of two years with a two-term limit.
2. Duties of Officers:
 - a) The Chairperson shall preside at all meetings of the Council and shall have special duties as further prescribed in the Bylaws. Except as otherwise authorized by resolution of the Council, the Chairperson shall submit such recommendations and information as he/she may consider proper concerning the business affairs and policies of the Council. The Chairperson shall be an ex-officio member of all committees, except the Nominating Committee.
 - b) The Vice-Chairperson shall, in the absence of the Chairperson or his/her inability to act, assume the duties of the Chairperson.
 - c) The Secretary shall call roll at all Council meetings, sign approved minutes, and perform such other duties in regard to records as the Council or Chairperson may direct.
 - d) Past Chairpersons, who are current members of the Advisory Council, shall serve as an advisor to the Chairperson, and in the absence of the Chairperson and Vice-Chairperson or their inability to act, assume the duties of the Chairperson.
3. Vacancies in any office shall be filled by election by the Council as soon as possible and shall be for the unexpired term only. However, the Council's Executive Committee may make an interim appointment until such election can be held.

ARTICLE V - MEETINGS

1. The meeting occurring during the month of December is designated as the Annual Meeting of the Council.
2. Regular meetings of the Council will be held the second Wednesday of the last month of the quarter (March, June, September, December), or as special called. When necessary, a regular meeting may be re-scheduled with proper notice to the full Council within thirty (30) days of the date of the original meeting date.

2. Standing Committees

a) Comprehensive Area Plan Committee

Its responsibilities shall be to advise and assist in developing a final Area Plan of Action initiating, expanding and/or improving delivery system for all programs for the elderly and disabled.

b) Nominating Committee

At the designated regular business meeting held in September of each election year, a Nominating Committee consisting of three members shall be appointed by the Chairman. It shall be the duty of this committee to recruit and nominate candidates for the offices to be filled at the annual business meeting or vacancies existing during the year. Before the election to fill any office, additional nominations from the floor shall be permitted.

c) Executive Committee

The Executive Committee may make temporary appointments of any officer position vacancies. The Executive Committee is composed of the Chairperson, Vice-Chairperson, Immediate Past Chairperson and Secretary.

3. Ad Hoc committees will be appointed, as needed, by the Chairperson of the Council.

4. Committees shall submit their findings and recommendations in writing to the Council (through the Chairperson), who may take official action thereon. No findings or recommendations of any committee shall be reported or published until approved by the Council, and no standing or ad hoc committee shall represent the advocacy of, or opposition to, any project without the specific authorization of the Council.

ARTICLE VII - CONFLICT OF INTEREST

If any matter before the Advisory Council involved a project, transaction or relationship in which a member, his relative, or his affiliated business, institution, or agency has a direct financial interest, the member shall make that interest known to the Advisory Council, and, will excuse himself/herself from proceedings on that matter if so directed by a majority vote of the members present.



South Central Tennessee Development District
Area Agency on Aging & Disability

PUBLIC HEARING
AREA PLAN on AGING & DISABILITY
at SCTDD, 101 Sam Watkins Blvd., Mt. Pleasant, TN
March 9, 2022 - 9:00 am

- Welcome & Introductions
- Explanation of the Older Americans Act
- Description of AAAD Programs/Services (List attached)
- Purpose of the Area Plan
- National, State & Regional Objectives
- Terms & Acronyms Frequently Used (List attached)
- Advisory Council Representatives (List attached)
- Process & Timeline for Area Plan Approval:
 - Public Hearing March 9, 2022
 - AAAD Advisory Council Review & Approval March 9, 2022
 - SCTDD Board Review & Approval at March meeting
 - Final Comments Taken Until March 23, 2022
 - Submit to TCAD Staff by April 4, 2022
 - Reviewed and Approved by TCAD Commission May 10, 2022
- Presentation of the Four-Year Area Plan
- Review of Request for Waiver for Provision of Direct Services for
 - Case Management, Long Term Care Ombudsman & Caregiver Information & Assistance and Case Management
- Comments on the Area Plan
 - Written comments accepted until March 23, 2022 at:

Robin Rochelle rrochelle@sctdd.org Fax: 931-379-2685
101 Sam Watkins Blvd., Mt. Pleasant, TN 38474

THANK YOU FOR YOUR ATTENDANCE!



Attachment 3

South Central Tennessee
Area Agency on Aging & Disability
101 Sam Watkins Boulevard
Mount Pleasant, TN 38474
Main Phone: 931-379-2929
Main Fax: 931-379-2685
Web: www.sctaaad.org

LEGAL NOTICE

February 17, 2022

Contact: Robin Rochelle, (931) 379-2931

Notice of Public Hearing on Four-Year Area Plan for Aging & Disability Programs & Advisory Council on Aging & Disability Meeting

The South Central Tennessee Development District/Area Agency on Aging & Disability will hold a Public Hearing to present the Four-Year Area Plan for the Aging & Disability Programs and Services on **Wednesday, March 9, 2022 at 9:00 a.m.** The Area Plan includes requests for a waiver for direct service provision of long-term care ombudsman, case management, and partial services under the National Family Caregiver Support Program. The Public Hearing will be immediately followed by the Advisory Council on Aging and Disability quarterly business meeting. The public hearing and council meeting will be held at the **South Central Tennessee Development District located at 101 Sam Watkins Blvd., Mt. Pleasant, TN.**



NEWS RELEASE

February 25, 2022

Contact: Robin Rochelle, (931) 379-2931

For Immediate Release

Notice of Public Hearing on Four-Year Area Plan for Aging & Disability Programs & Advisory Council on Aging & Disability Meeting

The South Central Tennessee Development District/Area Agency on Aging & Disability will hold a Public Hearing to present the Four-Year Area Plan for the Aging & Disability Programs and Services on **Wednesday, March 9, 2022** at **9:00 a.m.** The Area Plan includes requests for a waiver for direct service provision of long-term care ombudsman, case management, and partial services under the National Family Caregiver Support Program. The Public Hearing will be immediately followed by the Advisory Council on Aging and Disability quarterly business meeting. The public hearing and council meeting will be held at the **South Central Tennessee Development District located at 101 Sam Watkins Blvd., Mt. Pleasant, TN.**



MEMORANDUM

TO: South Central Area Agency on Aging and Disability
Advisory Council Members

FROM: Charlie Mann, Council Chairman

DATE: February 28, 2022

SUBJECT: Advisory Council Meeting & Public Hearing

The South Central Tennessee Advisory Council on Aging and Disability will conduct its quarterly business meeting on **Wednesday, March 9, 2022**, immediately following the **Public Hearing** on the **Area Plan** at **9:00 a.m.** The meetings will be held at the **South Central Tennessee Development District, 101 Sam Watkins Blvd., Mt. Pleasant, TN.**

Agendas for the Public Hearing and Advisory Council meeting are enclosed. The Council will be reviewing the Four-Year Area Plan for the Aging and Disability Program, as well as the Requests for Waiver to provide direct services of Case Management, Long Term Care Ombudsman and the Caregiver Program's Information & Assistance/Case Management functions. Advisory Council members are encouraged to attend the Public Hearing to hear the presentation of the full Area Plan.

PLEASE remember to use the new **Quarterly Meeting Report Form (enclosed)** to report a **brief summary** of recently held or upcoming **special events** in your community that may be of interest to older adults and adults with disabilities and the agencies that serve them. Please remember to turn in your report at the end of the meeting.

Please contact Robin at (931) 379-2931 or Glenda at (931) 379-2941, should you have questions or need additional information about the meeting.

Enclosures

cc: SCTDD/AAAD Service Providers
SCTDD Aging & Disability Staff



Public Hearing on Four-Year Area Plan for Aging & Disability Programs

South Central TN Development District
Area Agency on Aging & Disability
101 Sam Watkins Blvd, Mt. Pleasant
March 9, 2022 - 9:00am

NAME

AGENCY/COUNTY

Rondalyn Gille

FRANKLIN City

EDWARD GILL

Franklin City

Josane Lord

Perry County

Charlie Ma

Meary

Linda Krueger

Perry County

Kathy Harner

AARP

Sue Mann

Mary County

Glynn Smith

First Farmers

Keik Smith

Bedford County

Ruby Keith

Sikes County

Wanda Duke

Coffee County

Beit A Spearman

Lawrence

Donna Spearman

Lawrence

Jayna Roberts

Moore

Stephanie Anderson

Lawrence Co Senior Center

Gin Wash

Unity Psych

SCTDD STAFF

SOUTH CENTRAL TENNESSEE ADVISORY COUNCIL ON AGING & DISABILITY

Wednesday, March 9, 2022

ROLL SHEET

(PLEASE SIGN)

	NAME		NAME
1.	<u>Sherril Craig</u>	16.	<u>Patricia D. McCann</u>
2.	<u>Patricia Moore</u>	17.	<u>Wally DeWitt</u>
3.	<u>Blinda Postupalski</u>	18.	<u>Ma Rockledge</u>
4.	<u>Robin Rochelle</u>	19.	<u>Malina Oliver</u>
5.	<u>Jamie Canady</u>	20.	<u>Nicole Frazier</u>
6.	<u>Jocay Aichey</u>	21.	
7.	<u>Erudika B</u>	22.	
8.	<u>Kathrina Cox</u>	23.	
9.	<u>Lisa Waldron</u>	24.	
10.	<u>Melanni Supper</u>	25.	
11.	<u>Janet King</u>	26.	
12.	<u>Brooke West</u>	27.	
13.	<u>Barbara Truitt</u>	28.	
14.	<u>Kim Miller</u>	29.	
15.	<u>Debra Alvarado</u>	30.	

From: Robin Rochelle [rrochelle@sctdd.org]
Sent: Thursday, February 24, 2022 10:01 AM
To: 'Linda Krueger'; 'pastorcharlie49@gmail.com'; 'Mike Cesarini'
Cc: 'Kirk and Mary Beth Sumpter'; 'jevans'
Subject: Area Plan Review Committee
Attachments: Area Plan Format FY 2023 to 2026.doc; Area Plan Format FY 2023 to 2026.pdf

Good morning!

Attached is the first draft of the Four-Year Area Plan for Aging & Disability Programs for the committee's review. I have included it in .pdf and word formats so hopefully one of the formats will work for you to open and view. Keep in mind, this is only a first draft. We are still trying to get some information gathered and inserted, as you will see from the highlighted areas. We plan to have those sections complete tomorrow, or at least before the plan is mailed out to the full Advisory Council next week, two weeks prior to the Council meeting in March.

Our Area Plan Review Committee meeting is scheduled for tomorrow, **Feb 25th at 9:00am**, for us to review as a group. We have one committee member who cannot attend in person, so I have included a ZOOM link below to join the meeting virtually. For those of you attending in person, we will meet at our SCTDD office in Mount Pleasant in the conference room (right side when you enter). Remember, you must check your temperature and sign in when you arrive. We will have coffee, water and light refreshments available to help get us through the review meeting.

Thank you for taking the time to serve on this committee. We look forward to talking with you tomorrow.

Robin Rochelle, JD
Assistant Director of Aging & Disability Program
South Central Tennessee Development District
101 Sam Watkins Blvd., Mt. Pleasant TN 38474
931-379-2931 Phone
931-379-2685 Fax



Robin Rochelle is inviting you to a scheduled Zoom meeting.

Topic: Area Plan Review Committee
Time: Feb 25, 2022 09:00 AM Central Time (US and Canada)

Join Zoom Meeting
<https://us02web.zoom.us/j/82473975631>

Meeting ID: 824 7397 5631
One tap mobile

South Central Tennessee Advisory Council on Aging and Disability Meeting

SCTDD Office, 101 Sam Watkins Blvd.
Mt. Pleasant, TN 38474

March 9, 2022 - 10:30am

AGENDA

Call to Order	Charlie Mann, Chairman
Pledge of Allegiance	
Opening Prayer	
Roll Call	Liz Spears, Secretary
Approval of Minutes	Charlie Mann, Chairman
Council Member Reports	Robin Rochelle, SCTDD, Assistant Director of Aging & Disability Programs
Area Agency Reports	Joe Evans, SCTDD, Aging & disability Program Director & Staff
MyRide Senior Volunteer Transportation	Robin Rochelle
Area Plan Review	Robin Rochelle
Special Appreciation Presentation	
Other Business	
Adjourn	



SOUTH CENTRAL TENNESSEE ADVISORY COUNCIL ON AGING & DISABILITY
Wednesday, March 9, 2022
ROLL SHEET

(PLEASE SIGN)

	NAME	AGENCY
1.	Ronda Lynn Gill	Franklin City
2.	Edward Gill	Franklin City
3.	Jeanne Lord	Perry County
4.	Charbi Mann	Maury County
5.	Linda Krueger	Perry County
6.	Kathy Hanner	AARP
7.	Sue Mann	Maury County
8.	Glynis Smith	First Farmers Maury County
9.	Kirk Sumpter	Bedford County
10.	Ricky Keith	Giles County
11.	Wanda Dale	Coffee County
12.	Beil Spearman	Lawrence
13.	Bonnie Spearman	Lawrence
14.	Jayha Robertson	Mooke
15.	Stephanie Anderson	Lawrence Co Senior Center
16.	Eulach	Unity Psych
17.	Peggy Idawig	Jayhonor Co.
18.		
19.		
20.		

SCTDD STAFF

SOUTH CENTRAL TENNESSEE ADVISORY COUNCIL ON AGING & DISABILITY

Wednesday, March 9, 2022

ROLL SHEET

(PLEASE SIGN)

	NAME		NAME
1.	Sherril Craig	16.	Patricia D. MacCubbin
2.	Patricia Moore	17.	Michelle Dyer
3.	Alinda Postupalski	18.	Ida Rockledge
4.	Robin Rochelle	19.	Malissa Oliver
5.	Jamie Canady	20.	Nicole Frazier
6.	Tracy Ardrey	21.	
7.	Stacy Roberts	22.	
8.	Kathina Cox	23.	
9.	Kira Waldron	24.	
10.	Melania Tupper	25.	
11.	Donna King	26.	
12.	Brooke West	27.	
13.	Barbara Pruitt	28.	
14.	Kim Miller	29.	
15.	Debra Alford	30.	

South Central TN Area Agency on Aging & Disability
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	178
Number of Individuals on OPTIONS Category B Waiting List	161

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

	FY 2023 – Projected (Served/Units)
State – Options Allocation Amount	\$667,800
# Served	215
Units of Service	22,300

Describe the methodology for the projections listed above.

The average care plan for OPTIONS consumers at this time is approximately \$3,000. Keeping with the current trend, the AAAD will be able to serve all of the 178 consumers on Category A Waiting List and an additional 37 consumers on the Category B Waiting List, for a total of 215 consumers, with traditional homemaker, personal care and home delivered meals, at a cost of approximately \$645,000. As rates increase for meals, personal care and homemaker services, the number of clients and/or units provided will slightly decrease. In addition, the AAAD plans to provide approximately \$22,800 in additional services that may be needed, such as minor home modification, assistance with groceries and household supplies, chore and/or assistive technology. (See #6)

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.**

All consumers on the Category A Wait List will be contacted and reassessed to start services first. When the Category A Wait List has been eliminated, then, the consumers with the highest priority score on Category Wait List B will be contacted and assessed to start services.

4. **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.**

Monthly reviews of wait lists, existing case loads and funding will be conducted by appropriate AAAD HCBS staff. Also, cases will be reviewed for eligibility of alternative services, such as groceries, assistive technology and minor home modifications, for those consumers that need more than traditional services. Fiscal and HCBS staff will also monitor availability of traditional OPTIONS slots as attrition happens over time, in order to move consumers from OPTIONS 2.0 to traditional OPTIONS, opening up another slot in OPTIONS 2.0 for another consumer on the Wait List.

5. 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:

The AAAD plans to hire an additional full-time HCBS Service Coordinator and a part-time HCBS Support clerk to help address the added case load.

6. 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)
Home Modifications	\$5,000	5	5
Assistive Technology	\$5,000	14	182
Grocery/Household Supply Delivery	\$11,800	78	156
Chore Service	\$1,000	4	4

Describe the methodology for the projections listed above.

Home Modifications – OPTIONS 2.0 funds will be used to assist consumers with minor home modification for safety and quality of life purposes. Modifications may include grab bars, hand rails, support poles, wheelchair ramps, widening doors for access and other home safety modifications. Not knowing what types of modifications may be needed and the cost of supplies and labor associated with it makes it hard to estimate cost per person/project; therefore, the amount budgeted of \$1,000 is estimated to serve at least 5 consumers at \$1,000 for each project.

Assistive Technology – OPTIONS 2.0 funds will be used to assist consumers, who are at risk because of living alone or caregiver being gone for long periods of time, with getting Personal Emergency Response Systems (PERS) to monitor for health-related and other

emergencies. With \$5,000 in OPTIONS 2.0 funding and a cost of \$29/month monitoring fee, approximately 14 consumers will receive one unit for installation (free) and one unit each month for twelve months for monitoring, for a total of 182 units of service. Other eligible assistive technology devices may also be considered based on need.

Grocery/Household Supply Delivery – OPTIONS 2.0 funds will be used to assist consumers in need of accessing food and household supplies by purchasing and delivering approximately \$100 in groceries, plus an estimated two hours (units) of provider rate pay at \$20.52 per hour, for an estimated total of \$150 per grocery purchase. At \$150 per consumer, approximately 78 consumers will receive groceries/household supplies.

Chore Service – OPTIONS 2. funds will be used to assist those consumers who need a higher level of cleaning in and/or around their home, in order for it to be safe for the consumer and to ensure they can continue to get OPTIONS services in a safe, healthy manner. Estimated \$1,000 at approximately \$250 per project to serve approximately 4 consumers.