

SUBMITTAL PAGE

- (X) Area Plan for July 1, 2022 - June 30, 2026
- () Amendment (Date): _____

This Area Plan for Programs on Aging and Disability is hereby submitted for the Upper Cumberland fourteen (14) county planning and service area. The Upper Cumberland 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: 3-16-2022
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: 3-16-22
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: 3/31/22
Director, Grantee Agency

Signature:  Date: 4/20/2022
Chair, Grantee Agency Board

AREA PLAN on AGING and DISABILITY

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

Upper Cumberland Area Agency on Aging and Disability
Designated Area Agency on Aging and Disability

for the

Fourteen Counties of the Upper Cumberland Region
Planning and Service Area

**in TENNESSEE for
July 1, 2022 – June 30, 2026**

Designated Planning and Service Area

AAAD Name:	Upper Cumberland Development District / Area Agency on Aging and Disability
Physical Address:	1104 England Drive, Cookeville, TN 38501
Mailing Address (if different):	same
AAAD Phone and Fax Number:	P: (931) 476-4136 F: (931) 476-4094
AAAD Email Address:	hwilliams@ucdd.org
Website:	www.ucdd.org
AAAD Director:	Holly Williams
In Operation Since:	1969
Mission:	Upper Cumberland Area Agency on Aging and Disability will plan, advocate, coordinate, contract for services and provide technical assistance and quality assurance in the implementation of programs policies that assure accessible, responsive and comprehensive services that improve the quality of life of older adults and other adults with disabilities in the Upper Cumberland region.

AAAD County Data

Upper Cumberland Area Agency on Aging and Disability							
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
Cannon County	3,561	5%	1.43%	9.95%	10.20%	0.54%	81.13%
Clay County	2,447	7%	2.34%	21.86%	21.93%	0.38%	100.00%
Cumberland County	20,842	3%	2.37%	6.71%	7.06%	0.18%	60.89%
DeKalb County	4,656	3%	3.35%	7.98%	11.73%	0.52%	78.37%
Fentress County	5,058	2%	0.67%	14.95%	14.69%	0.29%	100.00%
Jackson County	3,343	2%	1.19%	18.63%	17.13%	0.00%	100.00%
Macon County	4,997	3%	0.00%	12.04%	14.80%	0.00%	79.57%
Overton County	5,920	2%	1.79%	13.11%	13.57%	0.14%	84.22%
Pickett County	1,738	4%	0.00%	14.12%	10.87%	2.13%	100.00%
Putnam County	16,199	4%	2.14%	11.59%	11.26%	0.00%	34.98%
Smith County	4,065	4%	0.78%	13.72%	13.52%	1.99%	82.88%
Van Buren County	1,653	1%	3.39%	9.23%	12.89%	0.00%	100.00%
Warren County	9,102	4%	1.31%	11.55%	11.57%	0.61%	61.38%
White County	7,121	6%	1.53%	11.91%	13.50%	0.63%	78.17%

Needs Assessment and Program Challenges

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

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

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

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

From the Needs Assessment and Program Challenges identified above, the Upper Cumberland AAAD will focus on impacting change in the following three (3) areas over the next four (4) years: Social Needs, Home and Community Based Services (HCBS), and Financial Concerns of Older Adults.

2. As the State plans to be effective in the provision of services and supports to Older Tennesseans, we must utilize all available resources, including both people and money. In your planning and coordination, outline the strategies the AAAD will use to address these challenges and include the use of the following solutions:

- Collaborative - build on new and existing partnerships
- Diverse - provide a greater variety of services and programs to meet the needs of all populations
- 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

Social Needs

- **Collaborative - build on new and existing partnerships**

The AAAD will:

- Partner with UCHRA to provide more transportation options that assist older adults in remaining connected with others such as at churches and senior centers.
- Promote UCHRA’s Temporary Assistance for Needy Families (TANF) peer support program.
- Collaborate with UCDD’s Economic and Community Development department, local governments and AARP to expand Age-Friendly Communities across the Upper Cumberland.

- **Diverse - provide a greater variety of services and programs to meet the needs of all populations**

The AAAD will:

- Participate in Cookeville Regional Medical Center (CRMC) Foundation’s family engagement events to promote AAAD services and social engagement.
- Encourage and provide technical support to senior centers in the implementation of new activities while continuing to offer those such as brain games that promote socialization and healthy living.
- Identify HCBS clients who are interested in TCAD’s Care Through Conversations program which provides weekly conversations with the program’s volunteers.
- Expand local telephone reassurance services through senior centers.
- In collaboration with long term care facilities, the AAAD’s Public Conservators will identify clients who are interested in having stuffed robotic pets.

- **Streamlined - create easier access to services and programs**

The AAAD will:

- Promote the utilization of the UCAssist kiosks throughout the region so seniors can more easily access social activity options in their respective county.
- Encourage and assist senior centers in applying for TDOT 5310 grants for purchasing vans that will be used to transport older adults to the centers.
- Promote communities becoming certified as Age-Friendly in order to improve

mobility and safety of older adults therefore their access ability.

- Expand virtual technology services through senior centers such as evidence-based programs.

- **Data-driven - use data to inform decisions and track successes**

The AAAD will:

- Utilize data from AARP and UT for determining priority communities for Age-Friendly initiatives.
- In partnership with UCHRA, utilize their data tracking software for determining successes and future needs of MyRides and OAA transportation voucher services.
- Track volunteerism of programs to identify geographic and service gaps for recruitment / marketing purposes.

- **Anticipatory - address both immediate needs of older adults and the needs of future older adults**

The AAAD will:

- Continue the TN M.I.N.D.S (Music Intervention Navigating Dementia Symptoms) program offering personalized music that enhances socialization, communication and quality of life while reducing dementia symptoms.
- Promote volunteer opportunities such as caregiver peer support program, telephone reassurance, TN M.I.N.D.S, SHIP/SMP, Ombudsman, Nutrition, Public Guardianship, letter-writing, senior center activities, etc.
- Partner with Alzheimer's TN to continue providing Memory Café events.
- Partner with the Relative Caregiver Program to provide support groups to grandparents and other relatives raising children.
- Have a greater focus on providing education and respite for caregivers which has been reported as their top two needs, based upon Westat survey results.

Home and Community Based Services

- **Collaborative - build on new and existing partnerships**

The AAAD will:

- ❖ Partner with Adult Protective Services (APS) to coordinate the CREST (Collaborative Response to End Self-neglect in Tennessee) program which will provide emergency and long-term support services to individuals who have been abused, financially exploited as well as self-neglected.
- ❖ Recruit new providers in an effort to expand services (Chore, Personal Emergency Response Services and Grocery Assistance) offered to clients and to alleviate challenges related to adequate providers / staff to deliver homemaker, personal care and in-home respite services.
- ❖ Increase the frequency of HCBS provider meetings.
- ❖ Implement a survey for providers to measure their level of satisfaction related to the AAAD's support and assistance.

- **Diverse - provide a greater variety of services and programs to meet the needs of all populations**

The AAAD will:

- ❖ Expand services to include Chore, Personal Emergency Response Services and Grocery Assistance.
- ❖ Expand the Family Caregiver voucher program to include the new services above as well as all in-home respite and other supplemental services. Caregiver training will be a more focused component of the Family Caregiver program.

- **Streamlined - create easier access to services and programs**

The AAAD will:

- ❖ Expand the Family Caregiver voucher program.
- ❖ Partner with UCHRA to establish resource kiosks (UCAssist.org) at senior centers, and other community locations, throughout the region which offers easy access to review services and make a referral to the AAAD.
- ❖ On a bi-annual basis, update the Upper Cumberland Caregiver and Senior Resource Guide for distribution and upload it to the UCDD / AAAD website.
- ❖ Advocate for a shared database with TennCare that will aid in reducing the duplication of services for clients enrolled in the AAAD's in-home services programs by having access to real-time approval and the onset of service provision by MCOs.

- **Data-driven - use data to inform decisions and track successes**

The AAAD will:

- ❖ Partner with HCBS providers to utilize a barcode scanning software to streamline service delivery data and invoicing.
- ❖ Create a dashboard to track missed visits and the timeframe from referral to the onset of homemaker and personal care service provision by providers.
- ❖ Continue tracking the number of clients served and units of service provided by county on a monthly basis utilizing the UCDD dashboard.
- ❖ Track access of the UC Caregiver and Senior Resource Guide on the UCDD / AAAD website.

- **Anticipatory - address both immediate needs of older adults and the needs of future older adults**

The AAAD will:

- ❖ Begin conducting HCBS client surveys on a monthly basis to identify client needs or provider issues in a more timely manner.
- ❖ Continue analyzing the expansion of new types of HCBS services that will support the long-term independence of older adults in their home or other community setting.

Financial Concerns

- **Collaborative - build on new and existing partnerships**

The AAAD will:

- Create a formal partnership with Life Church's DUO (Do Unto Others) Ministry to provide free dental, medical, nutrition and haircuts in all fourteen (14) counties by having "care" buses at the senior centers.
- Disseminate the Senior Medicare Patrol Program's *Healthcare Trackers* booklets and scam prevention materials to AAAD clients and partner organizations.
- SHIP staff will partner with the Social Security Administration offices, UCHRA, St. Thomas Medical Center and Kindred Hospice to provide information about Medicare benefits, low-income assistance for beneficiaries and volunteer opportunities.
- SHIP will partner with Get Covered Tennessee through Family and Children's Services to receive referrals on low income individuals who already have Medicare and are seeking assistance through Medicaid.

- **Diverse - provide a greater variety of services and programs to meet the needs of all populations**

The AAAD will:

- Through the Family Caregiver Program, develop a *Caregiver Atlas* that will guide caregivers through many facets of long-term care including financial planning by utilizing AARP's Financial Workbook.
- In partnership with Adult Protective Services, TCAD and the Office of Criminal Justice, assist vulnerable adults who are alleged victims of a crime through the CREST (Collaborative Response to Elder Self-neglect in TN) and CREVAA (Collaborative Response to Elder and Vulnerable Adult Abuse) programs.
- Offer grocery assistance (purchasing, shopping and delivery) as an alternative to home-delivered meals in an effort to maximize the funds spent by obtaining more food (i.e meals) than provided through the current home-delivered meal program.
- Offer Chore services to alleviate the expense of heavy indoor tasks and outside home tasks such as yard maintenance, window washing, etc.

- **Streamlined - create easier access to services and programs**

The AAAD will:

- Continue partnering with the Relative Caregiver Program to update the *UCDD Resource Guide* on a bi-annual basis in order to provide caregivers and others with available resources.
- Promote the UCAssist.org resource directory website and partner with UCHRA to establish UCAssist kiosks at senior centers.

- Promote Vanderbilt’s Tennessee Disability Pathfinder to support those with disabilities in accessing resources that can assist in maintaining their independence.
- Expand services available through the Family Caregiver Program’s voucher system.

- **Data-driven - use data to inform decisions and track successes**

The AAAD will:

- Utilize Every Door Direct Mail postal service data to identify low-income areas to target outreach materials about services.
- Create dashboards to track new services offered such as grocery assistance and chore services.

- **Anticipatory - address both immediate needs of older adults and the needs of future older adults**

The AAAD will:

- Continue partnering with Cumberland Regional Development Corporation, UCHRA, CRMC Foundation and Helping Hands to meet the housing assistance needs of low-income older adults and those with disabilities.
- Contract with the Department of Human Services to continue the Supplemental Nutrition Assistance Program (SNAP) to provide funds for purchasing food. Explore partnerships with farmers markets to accept SNAP as a form of payment.
- Refer individuals to UCHRA’s new Temporary Assistance for Needy Families (TANF) program which aims to support families by developing long term solutions for those living in poverty.

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%)

The AAAD will focus on addressing the category of “Not Enough Services / Organizations” in the following ways:

- Expanding the types of services offered to home and community-based clients such as grocery assistance, chore and personal emergency response systems.
- Strive to maintain a robust HCBS provider network in each of the fourteen counties.

Area Plan, FY 2023 - 2026

- Partner with senior centers to expand services available at their facilities and ensure relevancy of the centers.
- Continue using current methods and develop new ways for individuals to become aware of available resources and services while emphasizing AAAD programs.
- Continue to identify new partners and funding to expand upon existing services.

Plan for Program Development and Coordination

The AAAD is proposing to use \$ 42,702 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 7.6% 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: Ensure senior center and nutrition services are administered effectively and efficiently and best meet the needs of the older adult population in the Upper Cumberland.

Objective 1: Provide technological and operational support to senior centers in an effort to increase center participation and streamline data entry.

- Strategy 1: Have SeniorStat operational at eleven (11) senior centers.
- Strategy 2: Continue utilizing the AAAD’s senior center email account as the primary means of submitting monthly documentation to the AAAD.
- Strategy 3: Assist senior centers with the development of new programs and utilization of volunteers.
- Strategy 4: Provide training sessions for senior center directors as a component of the quarterly meetings with AAAD staff.

Objective 2: Manage the daily operations of the nutrition program, as a component of senior center operations, to ensure that quality services are provided across the region.

- Strategy 1: Communicate with nutrition providers for menu development and meal orders.
- Strategy 2: Develop quarterly nutrition education materials for congregate and home-delivered meal clients and coordinate the distribution of these materials.
- Strategy 3: Develop and distribute training education materials to providers.
- Strategy 4: Provide technical assistance to nutrition sites and nutrition providers as needed.
- Strategy 5: Coordinate menu approval and nutrition counseling referrals with the registered dietician.
- Strategy 6: Maintain quality assurance standards at the nutrition site level through annual monitoring.

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

(Please limit your response to 3 pages)

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

Older Americans Act Funding

❖ Title IIIB Supportive Services:

- The UCAAAD contracts with UCHRA's Public Transportation program to provide older adults age 60 and above with vouchers to ride the UCARTS vans at no cost to the senior utilizing OAA funds. Despite the impact COVID-19 had on the utilization of public transportation, 252 older adults took 7,391 trips between July 2021 – January 2022.
- Through January 2022, senior center directors and volunteers made 4,200 telephone reassurance calls to 634 participants.
- The Senior Center Services Coordinator, with help from the Preventive Health Outreach Coordinator, has created "UC Senior Centers Activity Board", a private Facebook group for UC Senior Center Directors to share stories and activities involving their centers. Out of 19 centers, 14 are present on social media.
- Through January 2022, 22 clients received 611 units of personal care service and 73 clients received 2,393 units of homemaker service.
- Through January 2022, I&A received a total of 3,075 incoming referrals through calls, faxes, and emails. A total of 490 assessments were completed by I&A staff.

❖ Title IIIC Nutrition Services:

- Between July 2021-January 2022, there were 1,153 older adults who received 43,373 congregate meals.
- In FY22, the UCAAAD added Overton County Senior Center as a new provider to cook and serve hot, fresh meals on a daily basis to congregate and home-delivered meal clients in Overton County. In addition, Van Buren County Senior Center became a provider cooking fresh congregate meals in March 2022.
- Through January 2022, the UCAAAD provided 39,887 home-delivered meals.
- The UCAAAD continued its contract with Institutional Wholesale Corporation and expanded their service area to include Overton County and Jackson County.
- Through January 2022, senior centers and volunteers completed 4,963 reassurance calls for home delivered meal clients.

❖ Title IIID Disease Prevention & Health Promotion:

- In FY21, only two (2) senior centers were able to provide three (3) evidence-based programs with fifty (50) individuals participating. Fifteen senior centers signed up to offer evidence-based programs in FY22. As of February 28, 2022, three (3) seniors centers have provided evidence-based classes.

- The AAAD Assistant Director and Preventive Health Outreach Coordinator participates in quarterly conference calls for the TN Falls Prevention Coalition.
 - In partnership with the Family Caregiver Coordinator, the Preventive Health Outreach Coordinator is certified in providing Powerful Tools for Caregiver classes.
 - Four (4) senior centers participated in Falls Prevention Week in September 2021.
- ❖ Title III National Family Caregiver Support Program:
- The Family Caregiver Program has provided 8,653 units of respite, supplemental services, support groups and counseling to 124 caregivers through January 2021.
 - The Family Caregiver Program continues to utilize the self-directed voucher program that enables caregivers to hire and manage their own in-home services workers. Through January 2022, twenty (20) caregivers have utilized the voucher program.
 - The 2021 Senior Expo was held as a drive through event in October. In total, 485 people including volunteers and staff attended.
 - A second edition of the Senior Expo Resource Guide was developed and copies were distributed at the 2021 Senior Expo.
 - The NFCSP received three (3) interns during the Fall of 2021 whose main duties were to help coordinate the Senior Expo and the screening of the movie *Alive Inside*. In Spring 2022, two (2) new interns were recruited. Both are continuing to work on the ADPI grant for music intervention with upcoming concerts/classes for care recipients beginning in March.
 - A Family Caregiver newsletter continues to be distributed every two (2) months.
 - The Family Caregiver Coordinator continues to offer caregiver training through TTU's Caregiver Center for college students and healthcare professionals.
- ❖ Title VII Elder Rights:
- The Ombudsman Program is a member of VAPIT (Vulnerable Protection Investigative Team), which meets monthly to review all reports of abuse & neglect of vulnerable adults. These meetings have continued virtually throughout the fiscal year.
 - Through January 2022, the Ombudsman Program opened 226 cases and provided 429 service units.
 - The Ombudsman staff resumed in person visits in January 2022. Prior to January, most cases/complaints were investigated and resolved by phone or outside visits.
 - As senior centers have gradually reopened, the Legal Assistance Program has provided educational presentations to 185 individuals on topics of elder abuse & exploitation, scams and advance directives.

State Funds

- ❖ OPTIONS Home and Community Based Services:
- Through January 31, 2022, 202 Options clients received 21,462 units of service.
 - Staff developed a Google form for providers to report missed visits and other service updates.

❖ Public Guardianship (PG):

- The PG staff includes three (3) full-time Conservators, one (1) full-time financial/administrative assistant and a part-time PG Outreach/Volunteer Coordinator.
- Through February 2022, the PG program has provided care for sixty-four (64) clients.
- In September 2020, PG staff identified and reported to police/authorities of possible financial exploitation by a client's son. In March 2021, charges were brought against the son. In January 2022, the son plead guilty to all charges and is now serving time in jail.
- The PG intake packet has been placed on UCDD's website.
- Three (3) of the Program staff attended the FY22 virtual CAT conference.

Other

❖ SHIP:

- Through December 2021, SHIP increased its number of Extra Help applications to 69 and Medicare Savings Program applications to 164.
- A level 3 SHIP/SMP volunteer helped establish new partnerships with local medical offices and others who interact with Medicare beneficiaries. SHIP flyers are sent to these partners.
- Between October 1 – December 7, 2021, SHIP recorded 2,147 client contacts regarding Medicare benefits and the Annual Enrollment Period for Part D. The utilization of six (6) level three volunteers and six (6) in-kind volunteers made efforts possible for counseling services during Annual Enrollment Period.
- SHIP and SMP staff attended the statewide 2021 SHIP/SMP Volunteer Conference, the National SHIP/SMP Virtual Conference and National Train-the-Trainer virtual Medicare workshops.

❖ Senior Medicare Patrol:

- The Statewide SMP program sponsored and attended the 2021 Tennessee Federation for the Aging Conference in Pigeon Forge, TN.
- Through January 2022, the statewide SMP program has provided twenty-five (25) initial and update trainings (virtual and/or in-person) for all SMP partners and team members.
- SMP sponsored and attended the UC Senior Expo in October 2021.

❖ ADRC-COVID

- The UCAAAD received an Aging and Disability Resource Center COVID-19 grant of \$95,000 for the period of December 1, 2020 – September 30, 2022. The funds were used to: establish telehealth stations in thirteen (13) senior centers; purchase and install at eleven (11) senior centers the SeniorStat software scanning system to streamline data entry; provide funding for senior centers to offer online grocery shopping classes and \$50 food boxes to 125 seniors who completed the classes; partner with TTAP to provide tablets for in-home telehealth and other technology purposes to twenty-eight (28) Family Caregiver clients; and purchase home-delivered meal supplies for providers.

FY 2022 Highlight of Accomplishments from Other Funding Sources

(Please limit your response to 3 pages)

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

Families First

- ❖ IIC – completed prior to FY22

Cares

❖ CARES Overview

- The UCAAAD received \$1,152,500 through the CARES Act to provide carryout and home-delivered meals; grocery delivery services; establish telehealth stations, supply exercise equipment and coin change machines at eight low-income, senior housing complexes; provide counseling services; supply senior centers with funding to stock food and household supplies pantries; increase enrollment into the Family Caregiver Support program; and hire staff to assist in the administration of these services.

❖ IIIB

- Grocery purchasing and delivery has continued since August 2020 for 167 seniors living in eight low-income housing complexes across the region. They receive an average of \$145 in groceries delivered to their apartment each month which has totaled \$75,256 from July 2021-January 2022. This assists them financially as well as reduces their risk of exposure to COVID-19 by reducing trips to the grocery stores.
- Residents continue using the exercise equipment that was provided to each of the eight housing complexes in August 2020 to encourage seniors to maintain physical activity during the pandemic.
- Residents continue using coin machines that were provided to each of the eight housing complexes in August 2020 to reduce the need for seniors to utilize public transportation and to go to the bank to obtain change (i.e. reducing their risk of exposure to COVID-19) for laundry machines in the apartment complex.
- By the end of September 2021, telehealth stations were set up in each of the housing facilities to encourage health care and reduce out-of-pocket expenses and risk of exposure.
- Between July 2021 – January 2022, 43.5 hours of counseling has been provided to seniors by a local, Licensed Professional Counselor to support the effects the pandemic has had on mental health due to social isolation and other related factors.
- Between July – September 2021, senior centers provided emergency food and household supply items to 609 participants.

❖ IIC

- Between July – September 2021, 536 senior center participants received 13,122 carryout and dine-in meals.
- Between July – September 2021, 199 seniors received 11,167 home-delivered meals.
- In December 2021, 130 low-income senior housing residents received a bag of Christmas-themed food items valued at \$50 that were delivered to their homes.

❖ IIIE

- Between July – September 2021, thirty (30) caregivers and their care recipient on the Family Caregiver program received \$34,298 worth of homemaker, personal care, respite, home-delivered meals and medical supplies.

Covid III – HDM Supplemental

❖ IIC

- In order for home-delivered services to continue after CARES meal funding ended in September 2021, 186 CARES home-delivered meal clients were transferred to the COVID III program. Between July 2021 - January 2022, 205 seniors received 15,865 home-delivered meals.

MyRides Upper Cumberland Volunteer Transportation Program

- ❖ Since the implementation of the program in October 2018, 45 drivers have transported 72 riders who have taken 3,685 trips. Between July 2021 – January 2022, 13 drivers transported 23 riders who have taken 522 trips.

SNAP:

- Through January 2022, the SNAP Coordinator submitted 69 applications to DHS.
- Through January 2022, the SNAP Coordinator partnered with SHIP to provide 1,637 outreach materials through a targeted mailing to all 14 counties.
- Through January 2022, I&A, HCBS and SNAP staff screened 1,368 individuals for SNAP benefits.

CREVAA:

- CREVAA recruited one (1) volunteer in Cumberland County to help clean, sort, and pack donated items for clients in need of emergency relocation.
- CREVAA Advocate is a member of the VAPIT teams for all fourteen (14) counties.
- Through January 2022, CREVAA received 208 Adult Protective Services 1215 forms for review of potential clients that fit CREVAA's definition of service eligibility.
- Through January 2022, CREVAA spent \$6,769.13 on fourteen (14) eligible clients who were victims of crimes.

TennCare's CHOICES Program

- Through January 2022, the AAAD's CHOICES staff submitted 144 applications with 90 of them being enrolled.
- CHOICES staff received 58 new Community Living Supports (CLS) ombudsman referrals through January 2022.

Other Programs

- ❖ Community Partnerships:
 - Averitt Express employees purchased Christmas gifts for 20 HCBS clients and 55 Public Guardian clients.
 - Putnam Rescue Mission provided Thanksgiving dinners to 75 HDM clients.
 - Carthage United Methodist Church delivered Christmas dinner to 16 HDM clients in Smith County.
 - Fair Park Senior Center received donations that allowed them to provide gift baskets to 50 HDM clients who they make weekly telephone reassurance calls to.
 - Home Instead Senior Care’s “Be A Santa To A Senior” program provided 100 of the AAAD’s in-homes services clients with Christmas gifts.

- ❖ Miscellaneous:
 - The AAAD created a dashboard to track services such as Home Delivered and Congregate Meals, Homemaker and Personal Care services.
 - The MIS Coordinator worked with UCDD and UCHRA staff to pinpoint valid resources in the community to develop a web-based resource database with local contact information and descriptions. These resources are also available on kiosks throughout the Upper Cumberland.
 - From July 2021 – February 2022, Ani-Meals of the Upper Cumberland delivered 2,119 lbs of pet food to fifteen (15) homebound seniors and their twenty-six (26) pets in partnership with the local PetSmart.

Conferences / Training

- ❖ Thirty members of the AAAD team participated in portions of N4A’s virtual conference which was held in July 2021
- ❖ The AAAD Director completed N4A’s Bootcamp, a ten-month webinar series, for new AAAD Directors across the country.

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 (Information and Assistance (I&A)): Implement best practices that enhance the knowledge and utilization of resources, methods of communication and AAAD outreach initiatives.

- **Strategy 1:** I&A staff will utilize and promote the newly-developed web-based UCAssist Resource Directory (<https://ucassist.org>) and the *Upper Cumberland Development District (UCDD) Resource Guide* books.
- **Strategy 2:** I&A staff will incorporate new methods of communication such as online chatting via the UCDD / AAAD website and text-to-chat.
- **Strategy 3:** I&A staff will maintain AIRS certification and expand training related to SHIP such as the online training platform through TCAD called “Absorb” to strengthen skills related to being an Aging and Disability Resource Center (ADRC).
- **Strategy 4:** Participate in quarterly networking calls or virtual meetings with other AAAD’s I&A staff to share best practices and identify solutions that aim to improve daily operations.
- **Strategy 5:** Resume post-pandemic I&A outreach activities at local events throughout the fourteen-county region.
- **Strategy 6:** Expand the content and targeted population of the bi-monthly newsletter, *Caregiver Chatter*, in order for it to be more inclusive of AAAD services along with rebranding it as *Upper Cumberland Senior and Caregiver Chatter*.

Objective 2 (Nutrition): Address the unmet financial and nutritional needs of older adults and adults with physical disabilities by expanding food provision options and access to nutrition resources.

- **Strategy 1:** Through the RFP process, secure nutrition providers for each county that will provide fresh, hot daily meals for congregate and home-delivery programs.
- **Strategy 2:** Implement a grocery purchasing, shopping and delivery service as an alternative to the traditional home-delivered meal program.
- **Strategy 3:** Increase meals served and participation in the congregate and home-delivered meal programs utilizing additional funding allocated by the State of Tennessee for the Options for Community Living program and the federal American Rescue Plan.
- **Strategy 4:** Provide each congregate meal participant with a three-day emergency meal kit that can be used in the event of weather-related or other emergency situations.

- **Strategy 5:** Promote SNAP application assistance at congregate meal sites by incorporating it into the annual nutrition screening process.
- **Strategy 6:** Ensure all meal participants receive quarterly nutrition education materials and nutrition screening for counseling services.
- **Strategy 7:** Assist nutrition providers with recruiting and maintaining volunteers for congregate and home-delivery.

Objective 3 (IIB In-home Services): Expand and enhance in-home supportive services that will allow older adults to remain independent and in a home-based setting as long as possible.

- **Strategy 1:** Implement a scanning barcode software to improve and streamline data collection and billing documentation.
- **Strategy 2:** Utilizing federal American Rescue Plan funds, increase the number of clients age 60 and above receiving homemaker, personal care and other supportive services.
- **Strategy 3:** Expand the types of supportive services clients can select from by adding Personal Emergency Response Systems (PERS) and Chore as new services.
- **Strategy 4:** Increase the frequency of in-home service provider meetings to improve communications and enhance AAAD support related to reimbursement rates, staffing and other provider issues.
- **Strategy 5:** Develop a survey to measure the satisfaction in-home service providers have of the AAAD's assistance and support of providers and identify opportunities for improvement or growth.

Objective 4 (National Family Caregiver Support Program (NFCSP): Develop and implement new supportive services for caregivers to help them care for relatives with chronic illnesses and disabilities as long as possible.

- **Strategy 1:** The AAAD will expand the Family Caregiver voucher program allowing vouchers to be used for in-home respite, medical supplies, assistive technology, and / or chore services.
- **Strategy 2:** The AAAD will add a grocery voucher service to include shopping and delivery as an alternative to home-delivered meals.
- **Strategy 3:** Utilize the Results Oriented Management and Accountability (ROMA) and Professional Quality of Life (ProQol) tools to identify, assess and prioritize caregiver needs.
- **Strategy 4:** Use TN M.I.N.D.S as a music intervention tool for identified caregivers of individuals with dementia.
- **Strategy 5:** The AAAD will continue to utilize interns through TTU and other local universities in supporting the Family Caregiver Program.
- **Strategy 6:** Expand services to caregivers and care recipients using ARP funds

Objective 5 (Evidenced Based Services): Increase the participation in evidence-based programs through new partnerships and utilization of technology.

- **Strategy 1:** Partner with the University of Tennessee's Extension Service to provide evidence-based programs at low-income senior housing complexes, Assisted Care Living Facilities, YMCAs and for faith-based groups.
- **Strategy 2:** Assist in the coordination of virtual evidence-based program participation.
- **Strategy 3:** Research additional evidence-based programming with emphasis on falls prevention.

Objective 6 (Senior Centers): Administer support to senior centers to meet the needs of the growing senior population; assist senior centers in expanding community partnerships and services.

- **Strategy 1:** Senior centers will use Senior Stat scanning software for data integration into SAMs to easily import senior center participant information and services for cost and time efficiency.
- **Strategy 2:** Encourage and assist centers in using Facebook and other platforms to share best practices with other centers within and outside of the Upper Cumberland.
- **Strategy 3:** Support senior centers in implementing programs / classes (use of telehealth, online grocery shopping) that incorporate the use of technology for attendees in-person and those who cannot participate in-person.
- **Strategy 4:** The AAAD will offer a computer train-the-trainer type class for senior center directors/staff so, in turn, they can recruit volunteers to provide/assist with teaching classes to participants.
- **Strategy 5:** UC AAAD Senior Center Services Coordinator will assist senior center directors in the facilitation of providing a wider range of art and exercise classes.

Objective 7 (Transportation): Partner with the Upper Cumberland Human Resource Agency (UCHRA), senior centers and others to sustain current transportation options and expand other mobility options for older adults and adults with disabilities.

- **Strategy 1:** As funding allows, expand MyRide Upper Cumberland's door-through-door volunteer transportation program throughout the region while ensuring the sustainability of the current MyRide UC programs.
- **Strategy 2:** Continue partnering with senior centers to provide Title IIIB transportation vouchers to low-income seniors in each of the fourteen counties.
- **Strategy 3:** Encourage and assist senior centers in applying for TDOT's 5310 grants in order to secure passenger vans.

Objective 8 (Elder Abuse): Increase awareness of abuse, neglect and exploitation through outreach and education.

- **Strategy 1:** Continue participating in the Upper Cumberland Adult Abuse Coalition to provide outreach and education to professionals (such as attorneys, social workers and nurses), caregivers and seniors in an effort to protect vulnerable adults.
- **Strategy 2:** Strengthen partnerships within the community to provide outreach and education that will increase awareness of abuse, neglect and exploitation.
- **Strategy 3:** Enhance partnership with SMP to increase public awareness on Medicare/Medicaid fraud, errors and abuse.

Objective 9 (Ombudsman): Assist the Ombudsman with increased awareness of the Ombudsman Program and help identify ways to be effective and efficient while serving the highest number of individuals possible.

- **Strategy 1:** Between March-September 2022, support increased hours of the Ombudsman Program Assistant from 7.5 to 15 hours per week utilizing a portion of the CARES Ombudsman funding.
- **Strategy 2:** Through outreach/education and presentations, as well as a multi-media outreach campaign, increase the number of Volunteer Ombudsman Representatives (VORs) and referrals.
- **Strategy 3:** Increase the number of new volunteer trainings.

Objective 10 (Legal Assistance): Increase exposure of the Legal Assistance Program to the senior population and strengthen community partnerships within the region.

- **Strategy 1:** Partner with senior housing complexes to provide presentations and legal intakes to residents.
- **Strategy 2:** Through outreach and presentations, as well as a multi-media outreach campaign, provide legal education to seniors.
- **Strategy 3:** Increase legal assistance outreach materials during public events.

Goal 1 Performance Measures (FY23)

- **PM 1:** Track in SAMS the number of contact episodes for resources accessed on the AAAD's website.
- **PM 2:** Track nutrition screening results of home-delivered clients prior to receiving meals and annually thereafter to measure the nutritional benefit of the service.
- **PM 3:** Increase the number of HCBS providers to a maximum of 7 in each county.
- **PM 4:** Pilot the use of scanning software with two (2) homemaker and personal care providers.
- **PM 5:** Utilizing American Rescue Plan funds, provide in-home services to approximately 150 clients.
- **PM 6:** Partner with one new organization to implement an evidence-based program.

- **PM 7:** Have SeniorStat software operational at eleven (11) senior centers.
- **PM 8:** Provide transportation services to 300 older adults through MyRide Upper Cumberland and the OAA Title IIIB transportation voucher program.
- **PM 9:** Using SAMS reports, monitor the number of clients in the Family Caregiver program utilizing grocery services to ensure proper use of funds.
- **PM 10:** Coordinate with an art club/art instructor to provide a series of art classes at five (5) senior centers.
- **PM 11:** Increase Volunteer Ombudsman Representatives (VOR) from 15 in FY22 to 17 in FY23.
- **PM 12:** In FY23, the Ombudsman program will offer three trainings for new VORs.
- **PM 13:** Provide legal intakes and presentations at senior housing complexes in at least two counties.
- **PM 14:** Forward available grant opportunities to senior center directors in FY 23.

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: Improve the daily lives of older adults by providing services and other opportunities that focus on meeting social needs.

- **Strategy 1:** Continue the TN M.I.N.D.S (Music Intervention Navigating Dementia Symptoms) program offering personalized music that enhances socialization, communication and quality of life while reducing dementia symptoms.
- **Strategy 2:** Promote volunteer opportunities such as caregiver peer support program, telephone reassurance, TN M.I.N.D.S, SHIP/SMP, Ombudsman, Nutrition, Public Guardianship, letter-writing, senior center activities, etc.
- **Strategy 3:** AAAD staff will participate in Cookeville Regional Medical Center (CRMC) Foundation's family engagement events to promote AAAD services and social engagement.
- **Strategy 4:** Encourage and provide technical support to senior centers in the implementation of new activities while continuing to offer those such as brain games that promote socialization and healthy living.
- **Strategy 5:** Partner with Alzheimer's TN to continue providing Memory Café events.
- **Strategy 6:** Identify HCBS clients who are interested in TCAD's Care Through Conversations program which provides weekly conversations with the program's volunteers.
- **Strategy 7:** Partner with the Relative Caregiver Program to provide support groups to grandparents and other relatives raising children.
- **Strategy 8:** In collaboration with long term care facilities, the AAAD's Public Conservators will identify clients who are interested in having stuffed robotic pets.
- **Strategy 9:** Partner with UCHRA to provide transportation services that assist older adults in remaining connected with others such as at churches and senior centers.
- **Strategy 10:** Promote UCHRA's Temporary Assistance for Needy Families (TANF) peer support program.

- **Strategy 11:** Collaborate with UCDD’s Economic and Community Development department, local governments and AARP to expand Age-Friendly Communities across the Upper Cumberland.

Objective 2: Improve the lives of older adults and adults with physical disabilities by expanding services and the provider network of the Home and Community Based Services (HCBS) system.

- **Strategy 1:** Contract with providers to offer new services such as Personal Emergency Response Systems (PERS), Chore and Grocery Assistance.
- **Strategy 2:** Partner with Guardian Angel Healthcare Services to provide free medication dispensary systems to homebound clients in need of medication management assistance.
- **Strategy 3:** Collaborate with TCAD and the Personal Support Services Agencies to create a structure that can effectively meet and sustain quality, reliable service provision through enhanced staff training and payment structure.
- **Strategy 4:** Partner with the Alzheimer’s Association to provide respite services for clients on the AAAD’s in-home services waiting list.

Objective 3: Foster partnerships that will connect older adults with services and resources that will aid in relieving financial strain and stress.

- **Strategy 1:** Create a formal partnership with Life Church’s DUO (Do Unto Others) Ministry to provide free dental, medical, nutrition and haircuts in all fourteen (14) counties by having “care” buses at the senior centers.
- **Strategy 2:** Through the Family Caregiver Program, develop a *Caregiver Atlas* that will guide caregivers through many facets of long-term care including financial planning by utilizing AARP’s Financial Workbook.
- **Strategy 3:** Continue partnering with the Relative Caregiver Program to update the *UCDD Resource Guide* on a bi-annual basis in order to provide caregivers and others with available resources.
- **Strategy 4:** Disseminate the Senior Medicare Patrol Program’s *Healthcare Trackers* booklets and scam prevention materials to AAAD clients and partner organizations.
- **Strategy 5:** In partnership with Adult Protective Services, TCAD and the Office of Criminal Justice, assist vulnerable adults who are alleged victims of a crime through the CREST (Collaborative Response to Elder Self-neglect in TN) and CREVAA (Collaborative Response to Elder and Vulnerable Adult Abuse) programs.
- **Strategy 6:** Promote the UCAssist.org resource directory website and partner with UCHRA to establish UCAssist kiosks at senior centers.
- **Strategy 7:** SHIP staff will partner with the Social Security Administration offices, UCHRA, St. Thomas Medical Center and Kindred Hospice to provide information about Medicare benefits, low-income assistance for beneficiaries and volunteer opportunities.
- **Strategy 8:** Continue partnering with Cumberland Regional Development Corporation, UCHRA, CRMC Foundation and Helping Hands to meet the housing assistance needs of low-income older adults and those with disabilities.

- **Strategy 9:** Contract with the Department of Human Services to continue the Supplemental Nutrition Assistance Program (SNAP) to provide funds for purchasing food. Explore partnerships with farmers markets to accept SNAP as a form of payment.
- **Strategy 10:** Promote Vanderbilt's Tennessee Disability Pathfinder to support those with disabilities in accessing resources that can assist in maintaining their independence.
- **Strategy 11:** Refer individuals to UCHRA's new Temporary Assistance for Needy Families (TANF) program which aims to support families by developing long term solutions for those living in poverty.
- **Strategy 12:** SHIP will partner with Get Covered Tennessee through Family and Children's Services to receive referrals on low income individuals who already have Medicare and are seeking assistance through Medicaid.

Goal 2 Performance Measures (FY23)

- **PM 1:** Increase volunteer engagement in AAAD programs by 10%.
- **PM 2:** Identify and assist one (1) city or county in becoming designated as an Age Friendly Community.
- **PM 3:** In partnership with Guardian Medical Monitoring, provide thirty (30) free medication dispensers to HCBS clients.
- **PM 4:** Secure at least two (2) providers each for PERS, Chore and Grocery Assistance to begin offering these new services to HCBS clients.
- **PM 5:** Using Public Guardianship Program fees, Public Conservators will collaborate with long-term care facilities in four counties to identify clients who are interested and would benefit from the purchase of a robotic pet.
- **PM 6:** Identify and assist at least 10 caregivers in utilizing the TN M.I.N.D.S. program.
- **PM 7:** Serve 130 self-neglect clients who qualify for CREST services.
- **PM 8:** Increase CREVAA outreach by securing at least (5) new partnerships with law enforcement and victim services agencies.
- **PM 9:** Expand "Welcome to Medicare" classes to at least two (2) new counties in the Upper Cumberland.
- **PM10:** Identify and increase new SHIP partnerships by 10%.

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

Objective 1: (Options for Community Living): Serve the most clients possible with the highest quality service while maintaining conservative administrative costs and increasing knowledge of resources.

- **Strategy 1:** The AAAD will continue to review caseloads and other responsibilities of the Options Counselors to ensure the most effective and efficient utilization of program funds. Workflow processes will be evaluated to identify opportunities to streamline processes for serving clients.

- **Strategy 2:** As with IIB In-Home services, implement a scanning barcode software to improve and streamline data collection and billing documentation.
- **Strategy 3:** Expand services to include PERS, Grocery Assistance and Chore.
- **Strategy 4:** Increase the frequency of in-home service provider meetings to improve communications and enhance AAAD support related to reimbursement rates, staffing and other provider issues.

Objective 2: Increase awareness of the Public Guardianship program and provide efficient, effective and quality services to our clients based on their specific needs.

- **Strategy 1:** Continue to increase awareness of the Public Guardianship Program in the Upper Cumberland Region through outreach and education to financial institutions, faith-based organizations, health care facilities, and community partners.
- **Strategy 2:** Update UC AAAD Public Guardianship's policy and procedure manual in an effort to streamline workflow and processes.
- **Strategy 3:** Increase awareness on the differences between powers of attorney and conservatorships.
- **Strategy 4:** Update the UC AAAD Public Guardianship program's Volunteer Training Manual and education materials.
- **Strategy 5:** Client visits will include a rotation of evening and/or weekends to evaluate facilities during "non-business" hours.
- **Strategy 6:** Begin regular emails and other communications communication from Public Guardian Outreach/Volunteer Coordinator to the Volunteers for the purpose of disseminating pertinent information, appreciation and encouragement.

Goal 3 Performance Measures (FY23)

- **PM 1:** Track the use and effectiveness of new services (PERS, Grocery Assistance and Chore).
- **PM 2:** Utilize the Missed Visit & Provider Request Service Change logs to identify patterns and offer support to providers in reducing missed visits by 5% and service start/resume times to improve to an average of seven (7) days from notification.
- **PM 3:** Options counselors will identify clients during reassessments to consider for Group 3 CHOICES, in particularly the non-SSI clients.
- **PM 4:** AAAD Management, QA and PG program staff will update the Public Guardianship component of the AAAD's Policies and Procedures manual.
- **PM 5:** A Public Guardianship Volunteer Information section will be added to the UCDD website.
- **PM 6:** By the end of FY 23, the PG program will have thirteen (13) active volunteers.
- **PM 7:** In FY 23, the Public Guardianship program will have an average monthly caseload of 62 clients.

Goal 4: Ensure that Tennesseans have access to information about aging issues, programs, and services 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: Develop and / or promote new resources, programs and educational opportunities that will empower caregivers, older adults and adults with physical disabilities to live healthy and independent lives.

- **Strategy 1:** Through the Family Caregiver Program, develop a *Caregiver Atlas* that will guide caregivers through many facets of long-term care including financial planning by utilizing AARP's Financial Workbook.
- **Strategy 2:** Expand the content and targeted population of the bi-monthly newsletter, *Caregiver Chatter*, in order for it to be more inclusive of AAAD services along with rebranding it as *Upper Cumberland Senior and Caregiver Chatter*.
- **Strategy 3:** Refer individuals to UCHRA's new Temporary Assistance for Needy Families (TANF) program which aims to support families by developing long term solutions for those living in poverty.
- **Strategy 4:** Partner with the Power of Putnam to provide opportunities for safe medication disposal and distribute related materials to AAAD clients.
- **Strategy 5:** Encourage senior centers to use Facebook and other social media, as well as help from UCDD marketing department to promote senior center activities.
- **Strategy 6:** Offer the Caregiver Simulation to community partners, providers and students in the region.

Objective 2: Promote existing resources, programs and educational opportunities that will empower caregivers, older adults and adults with physical disabilities to live healthy and independent lives.

- **Strategy 1:** Continue coordinating the Annual Upper Cumberland Senior and Caregiver Expo.
- **Strategy 2:** Update the *UCDD Resource Guide* on a bi-annual basis in order to provide caregivers and others with available resources. Make the guide available on the AAAD's website and in bulk copies to partner organizations.
- **Strategy 3:** Distribute the new Upper Cumberland AAAD Program Guide at community events, to elected officials, HCBS clients, senior centers, other providers, partners, etc.
- **Strategy 4:** Partner with the Upper Cumberland Adult Abuse Coalition to coordinate the Annual Upper Cumberland Adult Abuse Summit.
- **Strategy 5:** Continue having UC AAAD representation on the Tennessee Federation for the Aging board, assisting in the coordination of the annual conference, and encouraging others to become TFA members.
- **Strategy 6:** Distribute TCAD's "State of Aging in Tennessee: A County by County Snapshot" and the AAAD's Annual Report to advisory board members; local, elected officials; senior center directors; and others as appropriate.
- **Strategy 7:** Promote AAAD and senior center activities through social media outlets, radio stations, the postal service's Every Door Direct Mail, newspapers and community health fairs and other events.

- **Strategy 8:** Promote the UCAssist.org resource directory website and UCAssist kiosks at senior centers.
- **Strategy 9:** Promote Medicare Preventive Benefits through Every Door Direct Mail via the USPS.
- **Strategy 9:** I&A staff will use TCAD’s Community Resource Guide to provide information to clients on available services in the community.
- **Strategy 10:** Through PSA’s and social media, promote the availability of the Legal Services attorney to speak on relevant topics such as Advanced Directives.
- **Strategy 11:** Provide SMP education materials to community partners, senior centers, and others contracted Tennessee AAADs.

Goal 4 Performance Measures (FY23)

- **PM 1:** Provide the *Caregiver Atlas* guides to 25 caregivers.
- **PM 2:** Distribute the “State of Aging in Tennessee: A County by County Snapshot,” new AAAD Program Guide and the AAAD’s Annual Report to 100 board members, elected officials, providers and other key partners.
- **PM 3:** Every Door Direct Mailings will be disseminated in at least one low-income focused mail route of each county of the Upper Cumberland region.
- **PM 4:** Add a link on the UCDD website to access advance directive forms.

Program Planning for FY 2023

Information & Assistance

1. Complete the following table:

Total # of I&A Staff:	2
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.

In addition to participating at local health fairs and other community outreach events as available in FY23, the AAAD will continue to use all media outlets (radio, newspaper, social media) and Every Door Direct Mail to reach those of higher social and economic need (low-income, rural, minorities, language barrier) in the Upper Cumberland. For FY23, the focus will be on areas that contain saturated areas of the target populations utilizing the Director of Informatics' mappings of the Upper Cumberland region. Staff will continue to conduct outreach in partnership with the My Ride Program, SHIP/SMP, SNAP, and the Senior & Caregiver Expo as well as via newspaper PSA's, mail-outs, flyers, Every Door Direct Mail, newsletters, UCDD website, Facebook posts, and provide education via radio interviews. The information to be disseminated will highlight SHIP/SMP, SNAP, in-home services, congregate sites, evidence-based programs and the I&A referral form.

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	\$685,000	\$653,000	\$630,600
# Served	271	237	208
Units of Service	41,932	33,962	27,123

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	\$110,000	\$104,858	100,000
# Served	92	91	80
Units of Service	5,384	5,150	4,690

3. Describe the methodology for the projections listed above.

Fiscal and programmatic projections are based on historical data and services that have been rendered year-to-date for Title IIIB services. The average # of clients receiving services per month, average # of units of services per client per month, and the average cost per unit of service are calculated by program to determine projections.

For the period July 1, 2021 – January 31, 2022, the Options program averaged 198 clients per month, ranging from 208 high and 171 low, 15.2 units of services per client per month, and an average cost of \$11.41 per unit of service. Based upon this information, an increase in hourly rates for homemaker and personal care services and a projected decrease in Options passthrough funding of ~\$50,000 in FY23, the AAAD will plan to maintain a caseload of 136 clients.

For the period July 1, 2021 – January 31, 2022, the Title IIIB program averaged 71 active clients per month, ranging from 81 high and 53 low, 5.6 units of services per client per month, and an average cost of \$18.69 per unit of service. Based upon this information, an hourly rate increase, and a projected decrease in Title IIIB passthrough funding of \$5,000 in FY23, the AAAD plans to maintain a caseload of 69 clients. If service costs exceed the budget, clients will be transferred to ARP funding to offset any additional costs.

4. Complete the following table:

Number of Individuals on OPTIONS Category A Waiting List	130
Number of Individuals on OPTIONS Category B Waiting List	393
Number of Individual on Title IIIB Category A Waiting List	133

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

Individuals on the waiting lists are given the opportunity to private pay for services until the time they can be enrolled into one of the HCBS programs. Category A clients will be contacted at least every 18 months to identify any changes in their living arrangements, functional limitations, financial status, types of assistance needed or any other factors that influence their scoring/placement on the waiting list. If it is determined that their needs or condition has changed, a new screening and prioritization form will be completed to more accurately reflect their current situation and update the waiting list score. During this process, each individual will be re-considered for CHOICES eligibility, including non-SSI Group 3, with the intent being for them to receive services as soon as possible while reducing the HCBS waiting list.

The AAAD's staff connects individuals with community resources such as food banks, commodities, churches and senior centers that provide home-delivered meals, and assist or refer for enrollment into programs such as SNAP, LIS, etc. when possible.

The AAAD is eager to expand partnerships and seek other financial avenues to decrease the waiting list and increase enrollment into the HCBS programs. As new federal, state or other funds become available, enrollment will increase accordingly.

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

The information detailed in C-3 (#3) supports the strategies to ensure Options and Title IIIB funds are maximized. Each month, expenditures will be tracked and service trends factored into projections to further ensure effective utilization of funds. The AAAD will be implementing more efficient ways to fulfill available slots in an effort to reduce gaps of time between when a slot is open and a new client is added. This process will reduce fluctuations in services. Lastly, the AAAD will continue to support and strengthen the provider network and advocate for an increase in reimbursement rates in order to reduce delays/gaps in services that occur as a result of staffing issues. The AAAD will also increase the frequency of in-home service provider meetings to improve communications and enhance AAAD support related to reimbursement rates, staffing and other provider issues.

Title IIIC Nutrition Services

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

The AAAD's Quality Assurance staff, Senior Center Services Coordinator, MIS, contract Registered Dietician, Fiscal Director and Management provide technical assistance, nutrition counseling and education, ensure fiscal and programmatic contractual compliance, conduct satisfaction survey and analyses, enter units of service in SAMS and process invoices. The

AAAD administers the nutrition program through contracts with providers serving in a variety of capacities: full service (cook, serve at congregate site, deliver to homes); service provider (heat meals or distribute frozen, serve at congregate site, deliver to homes) or meal provider (provide the meal product only, no prep or home-delivery). Currently, the contracts are as follows:

Provider	Service Area	Type of Service
Institutional Wholesale Corp.	Cumberland, Dekalb, Jackson, Macon, Overton, Putnam, Smith, Van Buren Counties	Service Provider (frozen HDMS)
Institutional Wholesale Corp.	Cannon, Cumberland/Crab Orchard, Dekalb/Alexandria, Jackson, Putnam, Smith Counties	Meal Providers (frozen-congregate only)
Cannon County Senior Center	Cannon County	Service Provider
Ollie’s Place Restaurant	Clay County	Full Service (provide to congregate site & do HDM)
Crab Orchard Care Center	Crab Orchard / Cumberland County	Service Provider (congregate only)
Fair Park Senior Center	Crossville / Cumberland County	Full Service (congregate only)
Alexandria Senior Center	Dekalb County	Service Provider (distribute frozen-congregate only)
Fentress County Senior Center	Fentress County	Full Service
Overton County Senior Center	Overton County	Full Service
The Clark House	Overton County	Full Service (HDM only)
Pickett County Senior Center	Pickett County	Full Service
Cookeville – Putnam County Senior Center	Putnam County	Service Provider (distribute frozen-congregate only)
Algood Senior Center	Putnam County	Service Provider (distribute frozen-congregate only)
Twin Lakes Catfish Farm	Putnam County (partial coverage)	Full Service (HDM only)
Smith County Senior Center	Smith County	Service Provider (distribute frozen-congregate only)
Van Buren County Senior Center	Van Buren County	Full Service (congregate only)
Warren County Helping Hands	Warren County	Full Service (congregate only)
Warren County Home Delivery	Warren County	Full Service (HDM only)

White County Senior Center	White County	Full Service
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*Note: Jackson County (Granville and Fairview) and Smith County Senior Centers distribute frozen meals for congregate participants at no cost to the AAAD therefore, no contract is in effect.

2. Complete the following table:

Provider	IIC Allocation	NSIP Allocation	Total Amount of Contract	# Congregate Meal Sites	# Projected Congregate Meals Served in FY 2023	#Projected Home Delivered Meals Served in FY 2021
Congregate Provider(s) are TBD	\$455,900 (C1)	\$129,100	\$585,000	16	90,000	n/a
HDM Provider(s) are to TBD	\$427,400 (C2)	\$26,100	\$453,500	n/a	n/a	64,785
Registered Dietitian	\$8,000 (C1)	\$0	\$8,000	n/a	n/a	n/a

3. Complete the following table:

Service	Amount IIC Allocated
Nutrition Counseling	\$ 8,000
Nutrition Education	\$ 0
Other Services (Describe): _____	\$ 0

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

The AAAD has continued to take steps towards transitioning from using a frozen meal product for both congregate and home-delivered meal programs. The efforts being made are to improve clients' satisfaction of meals, and the desire to offer fresh cooked, hot, congregate and home-delivered meals in all counties.

Over the past year, the AAAD's congregate nutrition program has gone from heating the frozen meal products for participants at six (6) sites to three (3) sites in Cannon, Crab Orchard and Alexandria. Fresh, cooked meals are being served daily at eight (8) sites. These successes greatly improve the quality of the congregate meal program. Two sites (Alexandria and Crab Orchard) heat and serve the frozen meals at no cost to the AAAD which reduces the

average meal cost. The AAAD has hot, home-delivered meal providers in seven (7) counties doing and frozen meal providers in the other seven (7) counties in the region.

To keep costs low and improve efficiencies, the AAAD relies on the Quality Assurance staff, Fiscal Director, MIS, Options Counselors and management staff. Ongoing analyses of workflows and dashboards will identify opportunities to improve efficiencies. Utilizing ADRC-COVID funds, the AAAD is implementing the SeniorStat barcode system to improve efficiencies by staff as well as providers. Options Counselors will continue to monitor missed visits to identify trends that may lead to a client no longer in need of services. The staff will compare missed visits to invoices in an effort to identify billing discrepancies. The Contracts Manager and Options Counselors will verify that meals are provided to eligible participants through the internal monitoring process. Additionally, the meal providers will continue to notify the Options Counselors when a client's status has changed and they no longer appear to need the service.

The RFPA process currently in progress will determine the provider network for FY23. The AAAD anticipates holding contracts with senior centers, restaurants, non-profit businesses and / or private for-profit business(es). The meal rates remain within the allowable costs established by the State. The AAAD continues to look for innovative ways to maintain a sufficient provider network due to rising inflation costs while maintaining or increasing units and quality of services.

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

All congregate sites that were operational in FY21-22 have reopened with the exception of Algood and Alexandria Senior Centers which are only providing to-go meals. As a part of the congregate meal provision, the distribution of take-home meals (hot and frozen, depending upon the site) remains an option for most sites. Despite having reopened, the participation of eat-in congregate meals has continued to be reduced as compared to pre-pandemic levels. As a result, a portion of the C-1 funds have recently been transferred to C-2 for the remainder of FY22. The AAAD plans to allocate the same amount of traditional C1 funding for congregate sites in FY23 as was originally allocated in FY22 with the hope of increased meal participation. If it increases to a level beyond what is allocated, then ARP funds will be used to further support the program.

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

The AAAD completes surveys for 100% of the home-delivered meal participants each year. Beginning in February, phone surveys are completed on all clients who received meals between July 1 – December 31st. New clients enrolled between January 1 – June 30 are contacted by phone or mail in June and July. As soon as possible, survey results are compiled, analyzed and shared with the nutrition providers for quality improvements purposes. Volunteers and senior center staff conduct weekly telephone reassurance calls to clients

receiving frozen home-delivered meals to verify delivery and determine satisfaction and any other needs they may have.

Additionally, annual nutrition site monitoring provides an opportunity for direct consumer input from both congregate and home-delivery clients. Consumer phone calls and “word of mouth” comments are also taken into consideration. All results are/will be reviewed and discussed with the nutrition providers. All providers, but in particular new ones, are encouraged to survey clients in order to obtain feedback on menu satisfaction.

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

In an effort to increase exposure to those within the target population, the AAAD co-locates congregate sites within at least one senior center in each of the 14 counties. Additional sites that target the underserved areas are at the Crab Orchard Care Center in Cumberland County and Warren County Helping Hands. In late FY22, the Fair Park Senior Center became a congregate meal site again in Cumberland County. It is possible that new sites will be established in FY23 depending upon the RFPAs received.

In addition to utilizing social media, PSAs, newsletters, participating at local health fairs and other community outreach events, the AAAD will continue to use Every Door Direct Mail to reach those of higher social and economic need (low-income, rural, minorities, language barrier) in the Upper Cumberland. Staff will continue to conduct outreach in partnership with the My Ride Program, SHIP/SMP, SNAP, and the Senior Expo. To ensure language is not a barrier, the AAAD has staff available to interpret in Spanish or the contracted interpreter service can be utilized.

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.

The standard operating procedures to ensure that meals are available to clients during an emergency situation are as follows:

- If hot meals cannot be provided, shelf stable meals are in place, in the client’s home. Three emergency meals are provided to home-delivered clients and replaced as used following inclement weather or an emergency situation. If there are not any emergencies within a six-month period, meals are replaced.
- For clients receiving frozen meals, it is less likely the emergency would disrupt their weekly delivery. The weekly delivery is beneficial in that the clients are more likely to already have their meals on hand. If in fact the emergency happens to affect the weekly meal delivery, or leaves the clients without the ability to heat the frozen meals, then the clients are to use the shelf stable meals provided to them in advance.

- When an emergency occurs, the Options Counselor(s) will attempt to contact their clients in the affected area. The priority is to take any action necessary to assist the individual in meeting identified needs and to ensure their safety.
- During emergency situations, most nutrition sites have the option of utilizing local emergency management personnel for delivery of meals.

In the event of a loss of provider, the AAAD will contact other contracted meal providers within the region to determine the willingness to cover an area that has experienced this issue. If a current provider is unable to meet the need, then the AAAD will contact other potential providers in the local area to attempt to identify a new provider. If neither of these efforts yield a solution, then the AAAD will consult with other AAADs and TCAD for a solution.

Guardianship:

1. Complete the following table:

	2021 Calendar Year	2022 Calendar Year – Projected	2023 Calendar Year – Projected
Active Caseload	75	77	79

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

In October 2021, UCAAAD hired a part-time Public Guardianship Program Outreach and Volunteer Coordinator. The Upper Cumberland PG Outreach and Volunteer Coordinator will recruit volunteers through presentations to community groups and faith-based organizations, and with the help from the UCDD Marketing department, increase social media presence and other multi-media outlets. The Coordinator will use community resources for one-on-one contacts to identify potential volunteers for the program. The volunteer program will continue to offer training in a group or one-on-one setting. A continuing goal is to have a volunteer visit each client on a monthly basis. They will reach out to inactive volunteers to see if they are still interested in volunteering with the PG program. Volunteers are assigned clients in their area and are recognized yearly through a volunteer training/luncheon. All PG marketing materials will be updated to include volunteer program information.

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>)	136	127	92
Units of Service (<i>Excluding Case Management, Information Services, and Information & Assistance</i>)	16,551	13,124	9,476

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

The UCAAAD will continue to serve as many caregivers as possible by striking a balance between providing the lowest amount of services needed yet meet enough of the need to be beneficial.

The AAAD will continue to offer the self-directed voucher program which 14 caregivers currently utilize while also expanding its services to allow vouchers to be used for medical supplies, assistive technology and / or chore services in addition to in-home respite that was the only service previously offered. The AAAD will also add a grocery voucher service to include shopping and delivery as an alternative to home-delivered meals.

The voucher program enables them to hire an individual or an agency that the AAAD does not have a contract with to provide services. This system provides two primary benefits: 1) caregivers can hire an individual at a lower hourly rate therefore be able to receive an increased amount of service hours, and 2) alleviates some of the provider and staffing issues the AAAD is experiencing.

The NFCSP Coordinator will continue to enhance caregiver training skills and participate in other training opportunities, when available. The Coordinator will continue to offer outside training to the community and local businesses, caregiver classes through TTU's Caregiver Center to college students and community healthcare professionals, and the TN MINDS music-enhanced program. The UCAAAD will also continue to provide in-home counseling by a local Licensed Professional Counselor.

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.

The NFCSP staff will continue to provide or implement the following new outreach activities:

- Collaborate with community partners to provide caregiver training and information about services
 - Utilize newspaper PSAs, radio PSAs, social media, and UCDD website to promote awareness of the program and related events and training opportunities
 - Distribute NFCSP brochures to local primary care physician's offices along with TCAD's Community Resource Guides
 - Continue to hold the Senior & Caregiver Expo each year allowing the public to receive information on the program
4. Include strategies or plans that your AAAD will make to ensure that IIIIE funds are maximized to ensure that funds are expended by 92% of IIIIE funds by the end of FY 2023.

The AAAD will expand the Family Caregiver voucher program allowing vouchers to be used for in-home respite, medical supplies, assistive technology and / or chore services. The AAAD will also add a grocery voucher service to include shopping and delivery as an alternative to home-delivered meals. Each month, expenditures will be tracked and service trends factored into projections to ensure effective utilization of funds.

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.

Healthcare/Long term care is the legal priority case most served in the region.

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?

Healthcare/Long term care cases represent the greatest need in of the service area. The types of cases in this category represent the greatest number of requests for assistance.

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?

Clients in Poverty and Minority Clients in Poverty represent less than 50 percent of those served. Outreach and targeting can be done at low-income senior citizen housing complexes to try and reach out to these target groups. The attorney will also identify low-income and low-income minority communities and mail information about the legal assistance program through the United State Postal Service “Every Door Direct Mail” program.

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 provider will contact housing complexes for low-income elderly individuals, request to be allowed to provide information about services and conduct legal intake onsite at least once per quarter.

In addition, the provider will work with the Director of Informatics at the Upper Cumberland Development District/AAAD to identify low income and minority communities in the service area. Once identified, the provider will send information about services utilizing “Every Door Direct Mail” through the United State Postal Service to target potential clients in poverty and minority clients in poverty.

Currently, 90% of the Legal Assistance program’s cases fall within the identified legal priority needs as identified by TCAD.

Senior Centers

1. Complete the following table:

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
Cannon County	332	35	8	320	0
Clay County	105	50	2	100	0
Cumberland Co./Fair Park	540	70	15	526	0
Dekalb-Alexandria	35	7	0	32	0
Dekalb-Smithville	101	24	0	94	0
Fentress County	240	92	9	232	1
Jackson County-Fairview	50	24	3	48	0
Jackson County-Granville	32	7	0	32	0
Macon County	205	7	6	189	0
Overton County	99	80	1	96	0
Pickett County	85	13	1	80	0
Putnam County-Algood	104	17	2	27	0
Putnam County-Baxter	67	7	1	29	0
Putnam County-Cookeville	415	85	18	75	0
Putnam County-Monterey	85	15	1	63	0

Smith County	94	16	4	87	0
Van Buren County	22	21	0	22	0
Warren County	322	74	36	300	1
White County	81	8	1	76	0

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

The UCAAAD holds quarterly meetings for senior center directors and allows directors the opportunity to share highlights and best practices from each of the centers. AAAD staff and outside speakers provide trainings on relevant topics during these meetings. The UCAAAD Senior Center Services Coordinator and the Preventive Health Outreach Coordinator communicate directly with senior center directors to encourage and educate on innovative and new programs for the centers. With this encouragement and education, they can work one-on-one with senior center directors to target programs that would reach the targeted populations.

Emergency Preparedness

- Name of Staff Person on the local emergency management team.
Jessica Roberson-AAAD and Sherry Thurman-UCDD.
- How is the agency’s emergency plan communicated to staff?
The agency will communicate the UCDD’s Business Emergency Plan to staff through an annual training, the employee handbook, Google link, and periodic drills. In the event of a disaster, the agency will communicate with employees in the following ways: verbally, in-person, and / or by cell phone, internet or social media.

SHIP

- Complete the following table:

	Grant Year 2021 (April – March)	Actual thru Jan Grant Year 2022 (April – March)	Projected Grant Year 2023 (April – March)
# Client Contacts	6282	Actual – 5709 Projected - 6525	7430
# of Consumers Reached Through Outreach Events	8	Actual – 767 Projected - 925	7430
# of Client Contacts Under Age 65	624	Actual – 562 Projected – 675	1344
# of Hard to Reach Client Contacts	7640	Actual – 7034 Projected – 7500	9463

# Of Enrollment Contacts	3276	Actual – 5394 Projected – 6000	7430
# of Low Income/Medicare Savings Enrollment Assistance Contacts	189	Actual – 122 Projected – 150	220

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

- Increase number of Client Contacts: the AAAD will hire a third SHIP/SMP trained staff member to be the volunteer coordinator full time, devoting strengths towards increasing the number of volunteers overall for the program. This will increase the number of client contacts through establishment of new regular volunteer counseling sites and through enrollment events which includes the recruitment of college interns to help with the Annual Enrollment Period. SHIP will continue to count all SNAP calls as a SHIP contact as well. Outreach to new partnerships with retirement groups, medical offices and facilities who interact with Medicare beneficiaries will increase awareness of the program.
- Increase number of clients reached through outreach events: SHIP plans to do outreach events as they become more available post COVID-19 as well as provide new interactive ways with social media or webinars. Every Door Direct Mail through the United States Postal Service will continue to be sent out on rural mail routes as well as targeted mailings to those who have been clients before.
- Increase number of clients reached who are disabled and under the age of 65 on Medicare: SHIP plans to continue partnering with low-income housing for disabled individuals via targeted outbound calls. SHIP will continue to strengthen partnerships with Social Security offices as well as doctor's offices to help identify those in need of counseling and under the age of 65. Welcome to Medicare Classes will be expanded into new counties to help educate all people, especially those with disabilities, how to navigate Medicare when first enrolled.
- Increase the number of Enrollment Contacts: Ensuring each contact made from SHIP is properly screened for Medicare eligibility will ensure this performance measure is correctly measured.
- Increase the number of Low-Income Subsidy and Medicare Savings Program contacts: As part of the MIPPA contract, we have decided to combine job duties for SHIP and SNAP and provide screenings for all clients that call for either program. We also cross train CHOICES staff to provide application assistance for MSP while doing a TennCare application.

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.

UCAAAD will continue to recruit volunteers who live in rural counties to help with group presentations and counseling. Every Door Direct Mail will continue to be an outreach

method by picking areas of counties through filtered data for low-income, rural and minority populations. Information on EDDM mail outs will be Medicare Preventive Benefits, Low-income Subsidy, SHIP, SNAP, SMP, LEP and COVID-19. SHIP continues to retain a volunteer that speaks French. SHIP has also developed a Google Form for an easy way for partners to refer clients who may need additional screenings for assistance.

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
Ensure compliance of Civil Rights and Title VI training to all service providers	Offered virtual training in June 2021 to Senior Centers, HCBS providers, Advisory Board, and staff. In-person training was provided to staff in September 2021.
Reach Target population with education and counseling for Medicare	Every Door Direct Mail, social media, other multi-media, presentations.
Increase outreach and education in rural and hard to reach communities	Every Door Direct Mail was used to disseminate information on all programs; flyers/brochures were given to CRDC housing complex residents,); and the AAAD had a booth at the Cookeville Regional Medical Center Foundation's Family Engagement events in two counties.

* Last complete 12-month period.

Targeting Plan, Title VI

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

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

Damon Prince, UCDD and UCHRA Human Resources Director, serves as the Title VI Coordinator. The duties of the Title VI Coordinator include: receiving and investigating Title VI complaints, and providing Title VI training for staff, volunteers and interested subcontractors.

2. Complete the following table:

	FY 21	FY 22 - Projected	FY 23 - Projected
Total Individuals Served	16,106	19,327	23,192
Total Minority Individuals Served	286	291	296

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

Persons with limited English proficiency are served by utilizing the Avaza Language Services, a telephone-based translation service with representatives fluent in over 180 different languages. Depending on the program and service, select materials are available in multiple languages. The agency continues to review different options to more effectively accommodate this population such as using TTU’s Foreign Language Department and local health departments.

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

Once an allegation of a Title VI violation has been received by the UCAAAD, a complaint form along with a stamped envelope are provided to the individual. The individual is informed that the complaint must be submitted in writing. Upon receipt of the complaint form, the UCDD (Upper Cumberland Development District) Title VI Coordinator will forward a letter to the individual acknowledging the complaint and advise that the complaint will be investigated within 30 calendar days. Next, a preliminary inquiry is conducted to substantiate or refute the allegation. If the allegation

is substantiated, a full complaint investigation is conducted and corrective action is implemented. If the complaint is refuted, a letter is sent to the complainant describing the complaint, scope of investigation, and a summary of facts on which a determination was made.

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

All substantiated complaints will be recorded on a complaint log which is maintained by the UCDD Title VI Coordinator. Grantors and contractors, if applicable, will be notified within three business days of the complaint. State and/or federal authorities will be notified of the complaint as well as the corrective action plan within three business days.

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

N/A: no Title VI complaints were filed in FY22

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 UCAAAD has 42 providers for FY22. Of these 42 providers, 8 (19%) are minority providers. The maximum liability for all contracts is \$2,138,237, of which \$520,852 (25%) is with minority providers:

- Aging Services of the Upper Cumberland (\$133,802)
- Beth Walker (\$5,000)
- Clark House Lunches (\$50,000)
- Helen's Restaurant (\$141,700)
- A+ Medical Staffing (\$36,000)
- Ollie's Place: A Little Taste of Soul (\$109,350)
- RH Care (\$15,000)
- Senior Solutions Home Care (\$30,000)

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 Contracts Manager and Quality Assurance staff monitor all providers at least annually for Title VI compliance. Compliance ensures that all clients and employees are specifically informed about their individual rights under Title VI and that minority individuals are represented on boards and advisory committees. Additionally, the UCAAAD ensures all contractors participate in Title VI training, either provided by the UCAAAD or through other means. The UCAAAD HCBS and CREVAA staff provides Title VI materials to all clients

on an annual basis, and clients sign an acknowledgement that they received the information and understand the steps to file a complaint.

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?

The UCAAAD will continue increased marketing efforts to reach those of higher economic and social need (rural, minorities, low-income, and language barriers) in the Upper Cumberland with the goal of serving more of the targeted population in the upcoming year. Using information derived from Upper Cumberland's GIS mapping tools and census data to determine the location and number of those with higher need, saturation areas have been targeted by utilizing the sorting tools available through the US Postal Service website to target mailing routes with the target zip codes. The UCAAAD will use the Every Door Direct Mail marketing method to advertise these services. The information being distributed highlights the following programs: SNAP, SHIP/SMP, in-home services, and the I & A line. The UCAAAD will also use social media and other media outlets to reach targeted populations.

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

As evidenced in the 2019 American Community Survey, the Upper Cumberland region has a significantly smaller minority (non-Hispanic or Latino ethnicity and / or non-White race) population (8.3%) as compared to the State of Tennessee (26.2%) and the United States of America (39.3%).

As documented in the SAMS database for FFY21, 3.25% of the clients served by the AAAD were of a minority population. The AAAD utilizes a variety of outlets for outreach to minority populations in an attempt to ensure awareness of services and resources available through the AAAD.

In an effort to ensure all ethnicities and races are aware of employment opportunities through the AAAD, the UCDD's Human Resources and Marketing staff promote job announcements on the agency website(s), posts on social media (Facebook, Instagram, LinkedIn, Twitter). Jobs4th.gov, and shared internally at both UCDD and UCHRA. The AAAD has had three minorities on staff in FY22 which represents 8.1% of the department's total staff.

The AAAD contracted with four (4) minority service providers in FY22 to administer HCBS and Legal services which represents 9.5% of the subcontractors.

The AAAD's Advisory Council has eighteen (18) current members with two (2) of them being minority which is 11% of the council members.

- 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?

Documentation of minorities served by the UCAAAD is captured in SAMS, SIRS (SMP), and STARS (SHIP). Through January 2022, the UCAAD has served 229 minorities. UCAAAD staff document outreach activities utilizing standardized forms to capture data such as target populations.

Older Americans Act Required Targeting Activities

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

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

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
Ensure compliance of Civil Rights and Title VI training for all service providers.	Offer in-person and virtual annual training to senior centers, providers and volunteers.	Damon Prince, UCDD/UCHRA Human Resource Director/Title VI Coordinator
Make Title VI brochures available	Brochures in English and Spanish	Debbie Martin, Administrative Assistant
Provide outreach materials to older adults with limited English proficiency	Provide materials in native language if available. If not available, translation service will be utilized.	All Staff
Conduct outreach activities to minority population	Community events, religious organizations, CRMC Foundation Family Engagement Events, and CRDC Housing	All Staff
Reach targeted populations with education and counseling for Medicare	Recruit volunteers to set up host sites and provide presentations	SHIP/SMP staff
Increase outreach and education in rural hard to reach communities	Direct Mail, community events. CRDC housing complexes	All Staff

AAAD STAFFING

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

❖ Trent Carter (Full Time, CREVAA Advocate)

Requirements:

Bachelor's degree in social services work or Gerontology or other related field

Two years experience of full-time work experience with at least one year in aging, case management, social services and / or advocacy, or related fields

Travel is required for this position

Case management and grant management experience (preferred)

Public Speaking and Outreach experience (preferred)

Ability to engage effectively in problem solving and empower others to do so

Skills in communicating effectively with diverse populations

Experience and/or education in gerontology or vulnerable adult services and programs

Excellent written and verbal communication skills

Qualifications:

- Bachelor of Science in Interdisciplinary Studies
- Worked in the UCDD Housing Department helping elderly individuals maintain health and personal records of tenants while helping establish necessary services to keep tenants independent.
- Served as Habitat for Humanity's Community Outreach Coordinator and established relationships with community leaders, local business owners and city officials. Managed three neighborhood revitalization projects; recruited over seventy volunteers to assist over eighty homeowners with yard work, minor maintenance items, and beautifying the outside of their homes
- Computer skills in Word, Excel, and Microsoft Office
- Excellent written and verbal communication skills

❖ **Lisha Wiley (Full Time, Public Conservator)**

Requirements:

Bachelor's degree in human services or related field; and

At least (2) two years of successful employment in a field related to public guardianship activities, such as social services, law, financial institutions, and/or health care or other related fields.

Within two (2) years from the date of employment as a District Public Conservator, each District Public Conservator shall obtain certification by the National Guardian Association as a Registered Guardian.

Must possess proficient Computer skills; and

Have written and verbal communication skills

Qualifications:

- Bachelor of Science in Sociology; Minor in Criminal Justice & Political Science
- Served as the AAAD's CREVAA Advocate for 3 years assisting Elders age 60 and over and vulnerable adults ages 18-59 who have a physical or mental dysfunction and are an alleged victim of crime. Provided emergency services and supports for older and vulnerable adult victims of crime such as emergency food, clothing, temporary housing, and counseling covering fourteen counties in the Upper Cumberland. Performed outreach and education to all referring agencies and the public as needed
- Excellent written and verbal communication skills

❖ **Patty Ray (Full Time, CHOICES CLS Ombudsman)**

Requirements:

Bachelor's Degree in Social Work or related field; and

Minimum of 2 years experience in Social Service program implementation

The CHOICES CLS Ombudsman will serve as an advocate for CLS residential members

Provide a pre-transition educational visit to individuals identified by the MCO

Complete a pre-transition survey and post-transition survey according to TennCare's contractual time frames

Maintain documentation and submit reports according to contractual requirements.

Qualifications:

- Master of Arts in Educational Psychology and Counselor Education
- Bachelor of Science in Psychology. Minor in Business
- Served as Director of Youth Program at Upper Cumberland Human Resource Agency for 1 ½ years. Managed three group homes for children in the custody of the

Department of Children's Services. Implemented Evidence Based programs for therapeutic children. Provided a Trauma Informed program for children. Ensured compliance with state and federal guidelines

- Served as the Director of Area Agency on Aging & Disability for the Upper Cumberland Development District for 9 years. Managed planning, advocacy, coordination, and technical assistance activities. Supervised contracting and evaluation of services. Complied with state and federal regulations as set forth by the Tennessee Commission on Aging and Disability's (TCAD) policies and procedures and Older Americans Act of 1965. Oversaw compilation and submission of the multi-year area plan and annual area plan. Planned and implemented public hearings. Managed a 4-million-dollar budget, which included funding from Tennessee Commission on Aging and Disability (TCAD), Bureau of TennCare and Administration on Community Living
- Served as Director of Special Projects at Upper Cumberland Development District for 7 ½ years. Director of the Relative Caregiver Program to prevent children being placed in state custody by providing support services to relative families. Participated in program development with State RCP Director. One of three pilot sites to implement the RCP prior to statewide implementation. Responsible for program implementation in fourteen counties of the Upper Cumberland. Supervised RCP staff: developed job descriptions, performed annual staff evaluations, provide annual staff training. Supervised case management, monthly support groups in fourteen counties, monthly birthparent support group, quarterly therapeutic activity groups for teens/youth, quarterly recreational activities, emergency services for families and information/referral services.
- Excellent written and verbal communication skills

❖ **Amanda Smith (Full Time, Benefits Coordinator)**

Requirements:

Bachelor's degree and 2 years experience in SNAP Benefits Coordination and LIS/MSP Benefits Coordination; or a high school diploma and 4 years experience in SNAP Benefits Coordination and LIS/MSP Benefits Coordination.

Proficient in computer skills

Monthly reporting

Provide SNAP Civil Rights Training to staff and partners

Assist with volunteer trainings

Skills in communicating effectively with diverse populations

Excellent written and verbal communication skills

Qualifications:

- Bachelor of Science in Sociology/Social Work, Minor: Communication
- Served as SHIP Benefits Outreach/Volunteer Coordinator for 1½ years
- LIS/MSP Benefits Coordination
- Provide monthly reports according to contractual requirements
- Trained volunteers on SHIP, Medicare Benefits, and Fraud
- Public Speaking and Outreach experience
- TN SHIP Program intern
 - Caretaking and patient assessments
 - Created presentations and programs for Alzheimer's Awareness
- CREVAA Program intern
 - Advocate for domestic violence and elder abuse victims
 - Established short- and long-term solutions for victims of domestic violence and elder abuse
- Skills in Excel, Word, PowerPoint, Microsoft Office

❖ **Ariel Lewis (Full Time, Fiscal & Data Assistant)**

Requirements:

Associate's degree in computer sciences or other related field, or a minimum of 5 years related experience

Proficient computer skills

Excellent written and verbal communications skills

Qualifications:

- Bachelor of Science in Sociology
- Served as Data Collection Specialist for 3 years at the Genesis House. Oversaw the daily operation of the organization's computer database and filing system to meet and maintain policy requirements. Corresponded in-person and electronically with supervisors and coworkers to address issues concerning database and files to ensure grant compliance
- Excellent written and verbal communication skills
- Skills: Database Management, Case Management, Client Advocacy, and Documentation/Reporting

❖ **Melinda Bilbrey (Part-Time, Public Guardianship Outreach and Volunteer Coordinator)**

Requirements:

Associates Degree in computer sciences, sociology or other related field, or a minimum of 5-years related experience

Proficient computer skills
Excellent written and verbal communications skills

Qualifications:

- Bachelor of Arts Degree in English
- 40 years experience working with Customer Service, Marketing, and Skilled Nursing Management. Coordinated Admissions including determination of patient eligibility, completion of progress notes, development of patient plans of care, referrals to support agencies, and assisted patient families in adjusting of admissions. Supervised multiple departments including Activities and Social Services. As Chaplain, attended to spiritual needs of patients, staff and families

❖ **Erin Perdue (Full Time, SHIP & SMP Volunteer Coordinator)**

Requirements:

Excellent communications with volunteers
Excellent organizational skills
Dependable and punctual
Proficient in computer skills
Proficient in Microsoft Office, Google Suite, and social media outlets
Good verbal and written skills
Ability to multitask
Good telephone skills
Four-year degree in Sociology or related field preferred (or experience equivalent)

Qualifications:

- Bachelor of Arts Degree in Sociology (Expected graduation: May 2022) GPA: 3.88
- AAAD Intern/Volunteer
 - Counseled for Medicare Part D
 - Facilitated counseling for Medicare Part D events
 - Coordinated annual Senior Exposition
 - Performed research by calling and providing resources to a state-wide call list to over 1,500 people
- Completed customer service and team building training and workshops
- Helped incoming freshmen adapt to college life by giving them resources on campus during their orientation (SOAR)
- Lead student in group activities to foster growth and friendships
- Skills in active listening, self-starter, time management, leadership, social perceptiveness and active learning

❖ **Phillip Fox (Full Time, Contracts Manager)**

Requirements:

Bachelor's Degree in social work- or business-related field
Excellent verbal and written communications
Excellent organizational skills
Proficient computer skills including Microsoft Office and Google Suites
Ability to multitask

Qualifications:

- Bachelor of Science in Environmental & Sustainability Studies, Environmental Technology Concentration. Minor in Biology. Minor in Social Science
 - Worked as AAAD Provider Services Coordinator as Data Specialist, in addition to monitoring the HCBS in-home service providers
 - Worked as AAAD Data Specialist recording and managing client and services data for the Options program. Maintaining the Options Active List and Waiting List, in addition to sending/receiving provider authorizations and client paperwork to/from provider agencies
 - Proficient in Microsoft Office Applications, Google Workspace
 - Excellent in written and verbal communication
 - Ability to multitask
 - Attention to detail
3. What is the name of the individual who directly supervises the Director of the Area Agency on Aging and Disability?

Mark Farley, Executive Director of the Upper Cumberland Development District, supervises Holly Williams, Director of the Upper Cumberland Area Agency on Aging and Disability.

4. The total number of staff at the AAAD is: 35. Of the total number of AAAD staff the following are:
- Age 60+: 8
 - Female: 29
 - Minority: 2
 - Disabled: 1
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.

The UCAAAD employs 4.8 FTE Options Counselors and one (1) Full Time Family Caregiver Coordinator.

6. What is the average caseload for Options Counselors managing cases for OPTIONS, III-B In-home Services, III-C, and/or III-E?

The Family Caregiver Coordinator manages a caseload of 42 caregivers/care recipients while managing other responsibilities in the program. The Options Counselors have an average caseload of 146 clients.

7. What is your plan for increasing capacity in programs with regards to Options Counselor's caseloads as funding for programs increase?

The AAAD will implement the following procedures to maximize caseloads of Options Counselors:

- Consider increasing the average caseload again while being cautious to not jeopardize the quality of work nor negatively impact being able to adequately meet clients' needs.
- Options Counselors spend a significant amount of time going through multiple clients before finding one who is eligible for enrollment. In an effort to alleviate some of this time burden, I&A staff will conduct a secondary review of those being pulled from the waiting list (if they have been on the list for a notable time) prior to them being given to the Options Counselors to assess for enrollment. This review will be to determine if they still want services and / or needs have changed and reconsider for CHOICES eligibility.
- Utilize the Provider Request Service Change log to identify patterns and offer support to providers in improving start/resume service times.
- Due to ARP funding and additional Options funding coming in FY23, the AAAD will need to increase the number of Options counselors.

Area Agency on Aging & Disability Director

Holly Williams

AAAD Assistant Director

Kelly Clarkson

Contracts Manager

Phillip Fox

MIS / Benefit Programs Manager

Meghan Moore

SMP Statewide Manager

Loni Hitchcock

Administrative Assistant

Debbie Martin

Financial Specialist

Nathan York

HCBS Programs Manager

Jeff Hodges

Public Conservators

Lynn Dawson

Tert Whiteed

Lisha Wiley

Senior Center Services Coordinator

Emily Sells

SHIP Coordinator

Tyler McCullar

Preventive Health and SMP Outreach Assistant

Sara Martin

CHOICES Support Staff

Connie Vassilev Sonny Sexton

PG Financial / Administrative Assistant

Billie Grogan

Outreach & Quality Assurance Coordinator

Judy Roberson

Benefits Coordinator

Amanda Smith

SHIP and SMP Volunteer Coordinator

Erin Perdue

Options Counselors

Gertha Walker Jim McCaleb

Alana Huddleston Linda Maggart

Miranda Malin

PG Outreach and Volunteer Coordinator

Melinda Bilbrey

Fiscal & Data Assistant

Ariel Lewis

Family Caregiver Coordinator

Clare Farless

CREST Advocate

Vacant

Guardianship

CREVAA

SNAP

I&A Specialists

Jessica Roberson

Olivia Gallaher

HCBS Support Staff

Vacant

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	
Emergency Preparedness	37			May 2023
HIPAA & Title VI	37	41	35	May, June 2023
Annual TN SHIP/SMP statewide training	4			March 2023
*SHIP/SMP National Conference (virtual)	2			July 2022
*Regional SHIP Training	2			Sept 2022
SHIP/SMP Volunteer Update training	16		20	Quarterly
*Wellsky Conference	1			Sept 2022
SHIP/SMP Statewide Volunteer training	4		20	October 2022
SNAP Civil Rights Training	37			Sept 2022
Victim Advocacy Training Course (virtual)	1			July 2022
*SE4A	3			Sept 2022
SMP Resource Webinars	3			Monthly
Public Guardianship Training (TCAD)	6			April 2023
CAT Conference	5			April 2023
*NGA Conference	3			October 2022
TN Elder Justice Conference	7	2	1	May 2023
PG Volunteer Training & Recognition	1		15	June 2023
PG Volunteer Trainings	1		15	As needed
Ombudsman Training (TCAD)		1		May 2023
Volunteer Ombudsman Rep (VOR) Training			25	Quarterly
Legal Assistance Training (TCAD)		3		October 2022
*NCOA Conference	2			June 2023

Area Plan, FY 2023 - 2026

HCBS Qualified Assessor Training	4			December 2022
*Meals on Wheels of America	1			August 2022
*AIRS Conference	2			April 2023
TFA Conference	8	3	2	October 2022
UC Vulnerable Adult Summit	20	5	10	April 2023
Legal Topics: Law office of Tim Takacs	12			As available
“Alive Inside” Screening	2			October 2022
TDDA Conference	3			Feb/Mar 2023

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
Brenda Roberts	Age 60+ Resides in a Rural Area Advocate for Older Persons Advocate for Individuals with Disabilities Service Provider for Older Persons Service Provider for Individuals with Disabilities Business Community (Senior Center Director)
Cynthia Strong	Advocate for Older Persons Advocate for Individuals with Disabilities Service Provider for Older Persons Service Provider for Individuals with Disabilities TCAD Board Member Business Community (Saint Thomas Highlands-Hospital Representative)
James Burden (Vice Chairman)	Age 60+ Minority age 60+ Resides in a Rural Area Advocate for Older Persons Advocate for Individuals with Disabilities

	Business Community (Retired, Labor/Workforce Dev.)
Jason Murphy (Secretary)	Advocate for Older Persons Advocate for Individuals with Disabilities Business Community (Financial Planner) Provider of Veteran’s Health Care (AMVETS)
Marvin Lusk	Age 60+ Minority age 60+ Resides in a Rural Area Advocate for Older Persons Advocate for Individuals with Disabilities Business Community (Retired, TN College of Applied Technology)
Steve Moore	Age 60+ Advocate for Older Persons Advocate for Individuals with Disabilities Individual with a Disability
Melinda Vanetta-Davis	Advocate for Older Persons Advocate for Individuals with Disabilities Service Provider for Older Persons Service Provider for Individuals with Disabilities Resides in a Rural Area Business Community (APS Supervisor)
Myra Walker	Advocate for Older Persons Advocate for Individuals with Disabilities Service Provider for Older Persons Service Provider for Individuals with Disabilities Resides in a Rural Area Business Community (UCDD/CRDC Senior Housing)
Shelley Brown	Advocate for Older Persons Advocate for Individuals with Disabilities Service Provider for Older Persons Service Provider for Individuals with Disabilities Business Community (TTU, Gerontology, and Home Instead Senior Care)
Lynn Drew (Chairman)	Advocate for Older Persons Advocate for Individuals with Disabilities Service Provider for Older Persons Business Community (Alzheimer’s TN)
Katherine Pack	General Public (DeKalb Co. Representative) Age 60+ Resides in a Rural Area

	Advocate for Older Persons Advocate for Individuals with Disabilities
Marianna Ray	General Public (Fentress Co. Representative) Age 60+ Resides in a Rural Area Advocates for Older Persons Advocate for Individuals with Disabilities
Mitzi Brandon	General Public (Cannon Co. Representative) Resides in a Rural Area Advocate for Older Persons Business Community (MTSU Curriculum Specialist)
Billy Price	Advocate for Older Persons Advocate for Individuals with Disabilities Business Community (EMS) Service Provider for Older Persons Service Provider for Individuals with Disabilities
Anna Ruth Burroughs	Age 60+ Advocate for Older Persons Advocate for Individuals with Disabilities General Public (Putnam Co. Representative)
Cathy Hix	Age 60+ Advocate for Older Persons Advocate for Individuals with Disabilities Business Community (Retired, TTU, Human Ecology/Nutrition)
Sherry Wilson	General Public (Van Buren Co. Representative) Advocate for Older Persons Advocate for Individuals with Disabilities Resides in a Rural Area Business Community
Beverly Wattenbarger	Advocate for Older Persons Advocate for Individuals with Disabilities Resides in a Rural Area Business Community

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

Give Dates and Times of Scheduled Meetings

Thursday, September 22, 2022	9:30 am to 11:30 am
Wednesday, December 14, 2022	9:30 am to 11:30 am
Wednesday, March 15, 2023	9:30 am to 11:30 am
Wednesday, June 14, 2023	9:30 am to 11:30 am

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Lynn Drew	Chairman	May 2022
James Burden	Vice-Chairman	May 2022
Jason Murphy	Secretary	May 2022

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

Please see Exhibit C-4.

Advisory Council Bylaws

UPPER CUMBERLAND ADVISORY COUNCIL ON AGING AND DISABILITY

BY-LAWS

ARTICLE I—NAMES AND DESCRIPTION

- Section 1 The name of this organization shall be the Upper Cumberland Advisory Council on Aging and Disability.
- Section 2 The central office shall be located in the Upper Cumberland Development District building, 1104 England Drive, Cookeville, TN 38501
- Section 3 Functions of the Council-The AAAD advisory council shall function in an advisory rather than a policy making or decision-making capacity. The opinions and recommendations of the council are to be solicited by the AAAD and governing body and are to be given serious consideration prior to determining particular actions and formulating policies. 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 advise the agency relative to:
- A. Developing and administering the area plan
 - B. Conducting public hearings
 - C. Representing the interest of older persons
 - D. Reviewing and commenting on all community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older persons.
- Section 4 Composition of the Council-The Advisory Council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the Area Agency in developing community-based systems of services. The advisory council shall be made up of:
- A. More than fifty percent older persons, including minority individuals who are participants or who are eligible to participate in programs under this part
 - B. Representatives of older persons and adults with disabilities
 - C. Representatives of health care provider organizations, including providers of veterans' health care
 - D. Representatives of supportive services providers organizations
 - E. Persons with leadership experience in the private and voluntary sectors
 - F. Local elected officials

G. The general public

Section 5 Review by the Advisory Council-The area agency shall submit the area plan and amendments for review and comments to the advisory council before it is transmitted to the state agency for approval. The area plan shall contain a written statement from the chairperson of the advisory council verifying the council’s participation. The area plan does not require approval by the AAAD advisory council, but does require a review and an opportunity to comment.

ARTICLE II—MEMBERSHIP

Section 1 Regular membership shall be open to citizens who meet desirable qualifications which shall include, but not be limited to:

- A. Leadership ability in representing the interest of older persons and adults with disabilities (18 years and above);
- B. Ability to work harmoniously with others;
- C. Sensitivity to needs of older persons and adults with disabilities (18 years and above) at the local level;
- D. Willingness to devote time and effort toward achieving Council goals;
- E. Taking an active role in working toward building a continuum of care system for older persons and adults with disabilities (18 years and above).

Section 2 To assure both county-wide and region-wide representation, the Council’s constituency categories may be as follows:

A. Agencies/Groups and Organizations, which may include the following:

- Mental Health
- Housing
- Veterans Administration
- Department of Human Services
- Labor/Workforce Development
- Hospital
- Disability
- AARP
- In Home Care
- Minority
- Churches
- Long Term Care Facilities
- Emergency Medical Services (EMS)
- First Responders

B. Appointees:

- 1. One (1) by County Executive (Mayor) from each county within the

District

2. By Governor to TCAD (Ex-officio/non-voting)

C. Two At-Large Members

D. Older Americans Act Service Providing Agency representatives (non-voting)

Section 3 Membership on the Council from Agencies/Groups and Organizations; At-Large members; and Older Americans Act Service Providing Agency representatives shall be for an indefinite term, depending on the member's ability and willingness to involve himself/herself responsibly in the work of the Council.

Appointees made by the County Executive/Mayor shall serve a term of two years. A representative may serve three (3) consecutive terms, depending upon the member's ability and willingness to do so. A representative may be reappointed to the Council following a two-year leave (one term) from membership.

The appointee by the Governor may serve on the advisory council for the duration of their appointment as TCAD Commission Member.

Section 4 Four consecutive absences from regular quarterly Council meetings shall render a voting member inactive and will lose voting rights.

Said inactive member may be reinstated to full membership with voting rights, provided he/she attends the next two (2) consecutive meetings immediately following the absences.

The membership of said inactive member shall be terminated, and name removed from the Council roster, if he/she fails to attend the two consecutive meetings immediately following the absences.

Section 5 An individual, whose salary is paid for in whole or in part through OAA and State appropriated funds, may not serve as a voting member of AAAD advisory council.

Section 6 No person who is on the AAAD or service provider agency board of directors shall serve as a voting member of the advisory council.

Section 7 The AAAD must provide staff and assistance to the advisory council.

Section 8 Advisory council membership should not exceed 25 members.

ARTICLE III—OFFICERS AND TERM OF OFFICE

Section 1 Officers of the Advisory Council shall be a Chairman, Vice-Chairman, and Secretary.

Section 2 Term of office for elected officers shall be one year, with incumbents having the privilege to succeed themselves in the same offices not to exceed two consecutive terms. A member may be elected to the same office following a one-year leave from the said elected office.

ARTICLE IV—DUTIES OF OFFICERS

Section 1 Chairman-The duties of the Chairman shall be to:

- A. Preside over all meetings of the Advisory Council;
- B. Foster a harmonious and cooperative work environment within the Council;
- C. By example, encourage a genuine commitment on the part of Council members to keep informed on all policies, programs, and activities which effect the 60-and-over and adults with disabilities (18 years old and above) population;
- D. Assure that each Council member is given opportunity to express ideas and make suggestions, and to contribute in the open discussion during Council meetings;
- E. Be familiar with the affairs, programs, and projects;
- F. In concert with the appropriate Area Agency staff, develop the agenda for the quarterly Advisory Council meetings;
- G. Appoint special committees (Nominating, etc) as needed;
- H. Fill appointive offices;
- I. Vote only to break a tie vote.

Section 2 Vice-Chairman-The Vice-Chairman shall, in the absence of the Chairman:

- A. Preside over meetings of the Advisory Council;
- B. Be responsible for the functioning and coordination of all activities of special committees;
- C. Perform such other duties appropriate to that office and/or as assigned by the Chairman;

Section 3 Secretary-The duties of the Secretary shall be to:

- A. Review the minutes of the quarterly Advisory Council meetings prepared by AAAD staff;
- B. Keep an attendance record of members present at the Advisory Council;
- C. Have available at each meeting the following:

- Copy of the By-Laws
- Copy of list of all members

ARTICLE V—MEETINGS

- Section 1 The Advisory Council shall meet, at a minimum, one time during each quarter of the State’s fiscal year. Notification, designating the hour and place, shall be given by the AAAD staff.
- Section 2 Special meetings of the Council may be called by the Chairman when necessary.

ARTICLE VI—ELECTIONS

- Section 1 The special appointed Nominating Committee (appointed by the Chairman) shall prepare a slate of nominees for all elective offices. Board members interested in serving as an officer should contact the Chairman by the date of the third quarter meeting.
- Section 2 The Chairman of the Nominating Committee shall report on the slate of nominees at the last meeting (4th quarter) of the fiscal year (July 1st—June 30th), at which elections will be held, with installation to follow at the meeting. Newly elected officers shall assume the responsibilities of their respective offices at the first meeting of the fiscal year.
- Section 3 Election of officers shall be by ballot, for a term of one year, with the privilege of succeeding themselves in the same office; not to exceed two (2) consecutive one-year terms. A member may be elected to the same office following a one-year leave from the said elected office.
- Section 4 Vote on all other matters coming before the Advisory Council shall be a voice vote.
- A roll call requested by a member of the Advisory Council may be taken either before the question, or after a decision has been announced.

ARTICLE VII—QUORUM

- Section 1 Fifty percent plus one of the voting Council members shall constitute a quorum.

ARTICLE VIII—COMPENSATION

- Section 1 Members serving on the Advisory Council of the Area Agency on Aging and Disability shall not receive monetary compensation.

ARTICLE IX—RULES OF ORDER

Section 1 Robert’s Rules of Order, revised, shall govern all parliamentary procedures, except as otherwise provided in these By-Laws.

ARTICLE X—FISCAL YEAR

Section 1 The fiscal year for the Council shall be from July 1 through June 30.

ARTICLE XI—AMENDMENTS

Section 1 Recommendations for amendment of these By-Laws shall be submitted in writing to the UCDD Aging Committee and UCDD Executive Committee for consideration.

ARTICLE XII—ADOPTION OF BY-LAWS

Section 1 These By-Laws shall supersede and render invalid all previous By-Laws of the Advisory Council on Aging and Disability, and shall take effect and be in full force upon the adoption by the Executive Committee, Upper Cumberland Development District Board of Directors.

Revised: August 20, 2020

Public Hearings on Area Plan

A. PUBLIC HEARING INFORMATION

Date(s) of Public Hearing	March 16, 2022
Time(s) when hearing was held	10:30 am to 12:30 pm
Place(s) where hearing was held	Upper Cumberland Development District 1104 England Drive, Cookeville, TN
Was Place Accessible?	Yes
Type of Notice(s) or Announcement(s)	Legal notices in the Herald-Citizen (regional) and the Cannon Courier newspapers; submitted to 18 newspapers to be listed in the Community Announcements / Calendar; website and social media posts (see Section "C") and emails to stakeholders (see Section "C")
Date(s) of Notices or Announcements (attach copy)	Starting 3-2-2022 through 3-16-2022 Please see attached.

B. ATTENDANCE*

County	# of Advisory Council Members from County	Total from County**
Cannon	1	1
Clay	0	0
Cumberland	1	1
Dekalb	0	0
Fentress	1	1
Jackson	0	0
Macon	0	0
Overton	0	0
Pickett	0	0
Putnam	3	5
Smith	0	0
Van Buren	0	0
Warren	1	1
White	1	1
Total # Advisory Council Members in column 2	8	
Total Attendance*		10

* Do not include AAAD staff in Public Hearing attendance

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

C. AGENDA & ANNOUNCEMENTS

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

- Notification was posted on UCDD’s website and social media 2/22 – 3/16/2022.
- Notifications were posted in local news publications throughout the Upper Cumberland.
- Invitations were sent to AAAD advisory board members via mail and email on 3/3/2022.
- Invitations were sent to UCDD Executive Board members via email on 3/4/2022.
- Invitations were sent to all Senior Center Directors via email on 3/3/2022. Additionally, announcements were posted at each of the senior centers across the region in an effort to target rural, minority, and low-income populations.

The following email was sent to area newspapers in the Upper Cumberland for publication:

- Citizen Statesman
- Cannon County Courier
- Dale Hollow Horizon
- Crossville Chronicle
- Smithville Review
- Fentress Courier
- Jackson County Sentinel
- Macon County Chronicle
- Macon County Times
- Livingston Enterprise
- Overton County News
- Upper Cumberland Business Journal
- Herald-Citizen
- Standing Stone Scribe
- Smith County Insider
- Carthage Courier
- Southern Standard
- Sparta News

To Whom It May Concern:

Please publish the ad below on Wednesday, March 2nd in the [Name of Newspaper]. Please continue the ad in the Community Calendar section through Wednesday, March 16th, 2022.

NOTICE OF PUBLIC HEARING: The Upper Cumberland Area Agency on Aging and Disability will hold a public hearing to receive input on programs and services for older

adults and adults with physical disabilities on March 16, 2022 at 10:30 a.m. The hearing will be held at the Upper Cumberland Development District, 1104 England Drive, Cookeville, TN.

D. DESCRIPTION

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

No additional information is applicable.

E. SUMMARY of PUBLIC COMMENTS

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

- Holly Williams, AAAD Director, gave an opportunity after each agenda topic and after each goal for comments and questions by attendees. The waiver requests were reviewed with all board members in attendance.
- It was also shared with attendees that written comments could be submitted to Holly Williams and her contact information was provided.
- Lilly Maxwell, Public Hearing attendee, specifically requested that the AAAD have a Housing Ombudsman to assist older adults and those with physical disabilities in securing safe, affordable housing.
- LaNelle Godsey, UCHRA employee, suggested UCDD provide elder abuse, exploitation and neglect training and brochures for UCHRA's transportation drivers to distribute to seniors since they work directly with the public.

F. SUMMARY of CHANGES

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

No changes were made to the Area Plan as a result of comments made at the Public Hearing. The Plan already included a strategy related to expanding partnerships and outreach on elder abuse awareness. The AAAD shared that they have a list of all low-income housing complexes in the region. If there is an opportunity in the future to have funding for non-Medicaid or LTSS housing ombudsman services, the AAAD would be willing to serve in that capacity.

Herald-Citizen

PO Box 2729
Cookeville, TN 38502-2729

Ad# 46276

Upper Cumberland Development District

1104 England Drive

Cookeville, TN 38501

Acct# 2260


State of Tennessee

County of Putnam ss

Jack McNeely, of the city of Cookeville, in said county and state, being duly sworn, on his oath says that he is the Editor & Publisher of the Herald-Citizen, a daily newspaper of general circulation published in said city, and that the notice, a printed copy of which is hereto annexed, was published in said newspaper ONE (1) time which publication was made on

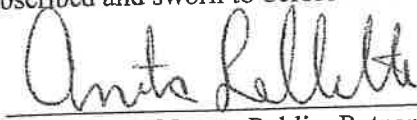
March 2, 2022

This legal notice was published online at www.herald-citizen.com and www.publicnoticeads.com during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-120.



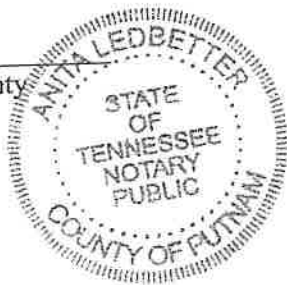
Editor and Publisher

Subscribed and sworn to before me this 2nd day of March, 2022.



Notary Public, Putnam County
State of Tennessee

My commission expires 08/19/24



AMOUNT DUE \$23.94

NOTICE OF PUBLIC HEARING

The Upper Cumberland Area Agency on Aging and Disability will hold a public hearing to receive input on programs and services for older adults and adults with physical disabilities on March 16, 2022 at 10:30 a.m. The hearing will be held at the Upper Cumberland De-

velopment District, 1104 England Drive, Cookeville, TN.

3/2

PUBLIC NOTICES

**Ambulance
Authority
Meeting
Monday, March
21, 2022
6:00 pm
Adam's
Committee
Room**

**Shop local
in Cannon
County &
support
local
businesses**

**NOTICE
OF PUBLIC
HEARING:**
The Upper
Cumberland
Area Agency
on Aging and
Disability will hold
a public hearing
to receive input
on programs and
services for older
adults and adults
with physical
disabilities on
March 16, 2022
at 10:30 a.m.

Notice

Penny Lynn Smith

The State of Tennessee, Department of Children's Services, has filed a Petition against you seeking to declare your children to be dependent and neglected. It appears that ordinary process of law cannot be served upon you because your whereabouts are unknown. You are hereby **ORDERED** to serve upon Ruth Bunn, Attorney for the State of Tennessee, Department of Children's Services, 600 Hearthwood Court, Cookeville, Tennessee 38506, (931) 646-3000, an Answer to the Petition filed by the State of Tennessee, Department of Children's Services, within thirty (30) days of the last day of publication of this notice, pursuant to Rule 103(c)(3) of the Tenn. R. Juv. P. **you must also appear in the Juvenile Court of Cannon County, Tennessee, at Woodbury, Tennessee, on the 18th day of May, 2022, at 8:30 AM** for the Adjudicatory and Dispositional Hearing on the Petition filed by the State of Tennessee, Department of Children's Services. If you fail to do so, a default judgment will be taken against you pursuant to Rule 55 of the Tenn. R. of Civ. P. for the relief demanded in the Petition. You may view and obtain a copy of the Petition and any other subsequently filed legal documents at the Juvenile Court Clerk's Office, 200 W Main St, Woodbury, Tennessee.

Entered this on the 18th day of February, 2022.

SUSAN MELTON
JUVENILE COURT JUDGE

Notice

Chase Heath

The State of Tennessee, Department of Children's Services, has filed a Petition against you seeking to declare your children to be dependent and neglected. It appears that ordinary process of law cannot be served upon you because your whereabouts are unknown. You are hereby **ORDERED** to serve upon Ruth Bunn, Attorney for the State of Tennessee, Department of Children's Services, 600 Hearthwood Court, Cookeville, Tennessee 38506, (931) 646-3000, an Answer to the Petition filed by the State of Tennessee, Department of Children's Services, within thirty (30) days of the last day of publication of this notice, pursuant to Rule 103(c)(3) of the Tenn. R. Juv. P. **you must also appear in the Juvenile Court of Cannon County, Tennessee, at Woodbury, Tennessee, on the 20th day of April, 2022, at 8:30 AM** for the Adjudicatory and Dispositional Hearing on the Petition filed by the State of Tennessee, Department of Children's Services. If you fail to do so, a default judgment will be taken against



Narcotics Anonymous Meetings

Every Friday beginning at 7 p.m.; every Sunday at 5 p.m.; second Tuesday of every month at 7 p.m. All held at the Overton County Library. The program is not sponsored by the library. For more information call (931) 303-2132.

Relative Caregiver Program Support Group Meeting

Are you raising a relative child or need housing assistance? For

more information on assistance and support, please contact Melissa Allison at the Upper Cumberland Development District toll-free at 1-877-275-8233. A support group meeting will be held for relatives that are caring for relative children during this month. Please contact Melissa Allison at (931) 476-4127 if you are interested in attending this meeting. For housing assistance, while caring for minor child contact Myra

Homeless Advocacy

Walker at 931-432-4111. Homeless Advocacy for Rural TN (HART) has a homeless/homeless prevention referral line for 18 counties that include the Upper Cumberland. HART has funding available to help with rent and utilities for the homeless people/families and those at risk of losing their housing. They also have COVID-19 funds for people struggling with rent and utilities due to loss of

income because of COVID. Anyone in need of assistance is encouraged to call the referral line at 844-556-7626 to determine eligibility.

Input Requested

The Upper Cumberland Area Agency on Aging and Disability will hold a public hearing to receive input on programs and services for older adults and adults with physical disabilities on March 16 at 10:30 a.m. The hearing will be held at the Upper Cum-

Development District, 1104 England Drive, Cookeville. Cemetery Fund

The Coffee Cemetery Fund needs help. Donations can be made at Union Bank in Livingston or contact Carolyn Meadows at 931-823-3198.

Legion Dance

The Quittin' Tyne band will be with us for a fun filled evening of dancing and country music on Friday March 18 from 7-10 p.m. at the American Legion Post in Livingston located at 121 S. Church St. All dances are family friendly and open to the public, membership not necessary. Concessions are available.

Sons of Confederate Veterans

The SCV Myers-Zollicoffer 1990 meets Thursday, March 17, 6-8 p.m. at American Legion Post 004, 121 South

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BULLETIN BOARD

Public Service Notices may be emailed to: info@DaleHollowHorizon.com, or call 931-243-4710.

School

Would you like to be the one to get that job promotion? Do you wish you could help your children more with their homework? How about enroll in college and succeed in the career you've always dream of? Well, now is your chance to take the first step toward accomplishing those goals. Earn your High School Equivalency Diploma (HiSET/GED) for FREE! Contact 931-234-5518 or 615-666-9622. For more information about the program and what you need to do to enroll. **DON'T WAIT CALL TODAY!**

Church

CELINA-The Divine Savior Catholic Church Mass time is 5:00 p.m. on Saturdays.

Misc.

COOKEVILLE-The Upper Cumberland Area Agency on Aging and Disability will hold a public hearing to receive input on programs and services for older adults and adults with physical disabilities on March 16, 2022 at 10:30 a.m. The hearing will be held at the Upper Cumberland Development District, 1104 England Drive, Cookeville, TN.

LAFAYETTE-Macon Bank & Trust Travel Club's first trip of the year will be Lincoln

meeting will be held for relatives that are caring for relative children during this month. Please contact Melissa Allison at 931-476-4127, if you are interested in attending this meeting. For housing assistance, while caring for a minor child, contact Myra Walker at 931-432-4111.

About the Upper Cumberland Development District: The Upper Cumberland Development District provides regional planning and assistance to the 14-county Upper Cumberland region to promote economic growth and community enhancement. Find UCDD on the web at www.ucdd.org and at facebook.com/UCDDconnect.

CELINA/CLAY COUNTY-Veterans or family members seeking assistance from the Clay County Veterans Service Officer, Brad Halfacre may contact him on Mondays and Tuesdays from 8:30 a.m. to 4:00 p.m. at the UCHRA building located at 500 Dow Ave. Celina, TN.

CELINA-In an effort to promote an educational and healthier opportunity for the community, a free blood pressure clinic will be held every Tuesday at the Celina United Methodist Church Activity Center (MAC) during the Grace Free Meal from 10:30 a.m. noon

Family Communication Education (FCE) clubs, formerly Homemakers Clubs, are recruiting new members. Learn homemaker skills, health care, crafts and more.

There are four (4) clubs in Clay County located at Moss, Pea Ridge, Free Hills and Hermitage Springs.

For more information call Dean Walden, 615-699-4583 or the UT Extension office, 931-243-2311.

Cemetery notices

GAMALIEL (KY)-The Gamaliel Cemetery is in need of donations for the upkeep of the cemetery. Donations may be dropped in the drive-thru donation box in the cemetery or mailed to PO Box 99, Gamaliel, KY 42140. Follow us on Facebook at "Friends of Gamaliel Cemetery."

CUMBERLAND COUNTY (KY)-Anyone with family or loved ones buried at Shorts Chapel Cemetery are encouraged to make donations to the cemetery fund. We strive to keep the cemetery appealing and unlike most cemeteries there has never been a charge for anyone to be buried at Shorts Chapel. We would like to keep it that way. Flowers & decorations are nice but please remember to make donations for mowing. You are also welcome to take a turn in mowing the cemetery

beside the cemetery as well. You can reach me, Carla Kerr-Smith, at 270-433-6981. As always, thank you!

CELINA-Fitzgerald Cemetery committee members say donations are still needed for ongoing maintenance. Those with loved ones buried in the cemetery are encouraged to support this effort by sending a donation to P.O. Box 117 in Celina or dropping them off at the Bank of Celina.

Monthly meetings

CELINA - The Celina-Clay County Industrial Development Board meets on the third Tuesday of each month at 9 a.m.

The meeting is held at the Clay County Chamber of Commerce at 424 Brown Street.

CELINA-The Clay County Joint Economic and Community Development Board meets the third Tuesday of each month at 10 a.m.

The meeting is held at the Clay County Chamber of Commerce at 424 Brown Street.

CELINA-The Clay County Soil Conservation District holds board meetings the fourth Thursday of each month at the SCD Office at 7:00 p.m.

LIVINGSTON-The Overton County Patriotism a non-partisan group which works to help corruption within local and federal governments, meets month here at the Livingston Library on the fourth Monday of each month at 6 p.m. Refreshments served. Everyone welcome. For more information, call 931-510-1544.

CELINA-Canton

Abney
Carol Abney,
carol@abney.com
(931) 243
109 Theater Dr. C
FOR ALL YOUR B

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& H
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applying is 12:0

Community Calendar

Are you raising a child or need assistance? For information on assistance and support, contact Melissa Allison at the Upper Cumberland Development District toll-free at 1-877-8233. A support meeting will be held for relatives that are caring for relative children this month. Please contact Melissa Allison

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Input Requested

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The Stephens Center Parent-Child Connection

Spring 2022, Series II: Wednesdays 1 p.m. until 2:30 p.m. Sessions are held at the Stephens Center, located at 616 North Church St., Livingston. Certificates will be awarded to parents attending eight sessions within the series. There is no charge for PCC sessions. March 9: "Morals & Values". For more information, call 823-6432.

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NOTICE

RIGHTS OF LABOR

ATTENTION TO: Construction, Inc. No.: N/A LPLM-S3-012 \$68.00 per month. Rickman Road) at LM 9.06. The Department is in agreement with the union for construction project. All claims pursuant to

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Public Hearing Agenda

Area Plan FY23-FY26

March 16, 2022

10:30 a.m. to 12:00 pm

UCDD Conference Room

1104 England Drive

Cookeville, TN

Call to Order, Welcome and Introductions Introductions of Board Members	Lynn Drew <i>AAAD Advisory Board Chairperson</i>
Purpose of the Public Hearing	Lynn Drew <i>AAAD Advisory Board Chairperson</i>
AAAD Functions and Responsibilities	Holly Williams <i>AAAD Director</i>
National, State and Local Aging Network and Older American's Act Overviews	Judy Roberson, AAAD Outreach & <i>Quality Assurance Coordinator</i>
FY2023 Budget Review	Nathan York <i>Financial Specialist</i>
AAAD FY23-26 Goals and Objectives Public Comments	Holly Williams, <i>AAAD Director</i> Kelly Clarkson, <i>AAAD Assistant Director</i>
Adjourn	



Aging Advisory Council Meeting - Agenda
Wednesday, March 16, 2022
9:30 a.m. to 10:15 am
UCDD Conference Room
1104 England Drive

- | | |
|--------------|--|
| 9:30 – 9:35 | Welcome/Approval of Minutes (9-15-21 & 12-8-21) |
| 9:35 – 10:10 | FY2023-FY2026 Area Plan & Waiver Review
Conflict of Interest Form |
| 10:10– 10:15 | Council Member Announcements |
| 10:15 | Adjourn |

Next meeting: Wednesday, June 8, 2022 from 9:30 am to 11:30 pm



Home of Upper Cumberland Area Agency on Aging & Disability
1104 England Drive | Cookeville, TN 38501
P: (931) 432-4111 | F: (931) 432-8112 | www.ucdd.org

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.

The Area Plan was emailed to all Advisory Council Board Members on March 14, 2022. The Area Plan was picked up by Anna Ruth Burroughs on March 15th, and Steve Moore's was hand delivered on March 14, 2022. The Council members were given an opportunity to review and provide comments through March 23, 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.

Please see attached.

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

The following Advisory Council members attended the Advisory Council Meeting: Anna Ruth Burroughs, Brenda Roberts, Cynthia Strong, James Burden, Jason Murphy, Lynn Drew, Mariana Ray, Marvin Lusk, Mitzi Brandon, Myra Walker and Beverly Wattenbarger. Katherine Pack, Shelly Brown, and Steve Moore attended virtually.

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

- Holly Williams, AAAD Director, gave an opportunity after each agenda topic and after each goal for comments and questions by the advisory council.
- It was also shared with the advisory council that written comments could be submitted to Holly Williams by close of business on Wednesday, March 23, 2022.
- No comments were made by the advisory council members.

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

No changes were made to the Area Plan as a result of comments made at the Advisory Council Meeting.

Request for Waiver for FY2023-2026

Upper Cumberland 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.

Since AAADs are not required to provide legal notice and request RFPA's for case management if it will be provided by the AAAD, the UCAAAD is uncertain of all case management providers in the Planning and Service Area. The UCAAAD is aware of the following case management providers for older adults: Choices in Senior Care and TennCare contracted Managed Care Organizations (Amerigroup, United Health Care and Blue Cross Blue Shield).

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

For any home and community-based services provider that the AAAD contracts with for direct services, the provision of case management services would be a conflict of interest. As noted above, the UCAAAD is not required to issue legal notices and RFPA's due to TCAD policies and Older Americans Act allowances for AAADs to directly provide case management services. Therefore, the ability for the providers noted above to meet the need cannot be determined at this time.

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

The administrative function provides direct supervision of case management. The planning function facilitates the following duties related to case management: Information and Assistance, funding stream resource management, provider procurement and monitoring, processing of invoices, SAMS data entry of service units, geographic and caseload assignment for Options Counselors, waiting list management and customer satisfaction surveys.

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.

With case management staff residing in-house, greater efficiency is realized through more effective horizontal and vertical communications channels. This is evident by the ability to readily facilitate face-to-face communications between Options Counselors and planning staff on many issues including but not limited to consumer satisfaction and fulfillment issues, action plan adjustments to accommodate resources, data management, and staffing proficiencies. This increase communication also allows for more cost-effective model given that changes to action plans and other customer services can be accomplished more quickly. Additionally, case management provided by the UCAAAD conforms to the vision and mission set forth by the UCAAAD and TCAD. The average annual cost per client for case management services is \$414.

X Nutrition Services Administration

(Note: Nutrition Site Waivers are no longer required because 2015 State Law now requires a minimum of 10 participants at each site. This State Law cannot be waived; sites with fewer participants must be closed.)

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

The UCAAAD is not aware of any other organizations providing Nutrition Services Administration as it relates to the model of services administered by the AAAD to the older adult population in the region.

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

Since there is not any knowledge of another organization providing this service, there is an existing gap that the UCAAAD is willing to meet.

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

This service directly relates to the UCAAAD's administrative functions due to the agency's similar types of involvement as in providing Case Management for home and community-based services. The UCAAAD handles the funding stream resource management, meal service provider procurement and monitoring, processing of invoices, SAMS data entry of service units, menu approval and nutrition counseling through the AAAD's contracted Registered Dietitian, and customer satisfaction surveys.

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

Due to there not being any other organizations that the UCAAAD is aware of that provides such a service, the AAAD is the only entity willing and capable to do so.

Ombudsman

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

X **National Family Caregiver Support Program**

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

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

Due to historically being a direct AAAD service, the UCAAAD has not been required to issue a Request For Proposal for the following support services: information and assistance, case management, outreach, support groups and caregiver training. Because of this practice, the UCAAAD is uncertain of potential supportive services providers in the planning and service area.

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

As noted above, the UCAAAD is not required to issue a legal notice or Request For Proposal due to TCAD policies and Older Americans Act allowances of the AAADs to directly provide case management, information and assistance, and outreach services. Therefore, the ability for other providers to meet the need cannot be determined at this time. It is the UCAAAD's desire to continue providing caregiver training and to coordinate support groups through the relative caregiver program.

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

Contractually, and in accordance with TCAD policy, the UCAAAD is designated as the Aging and Disability Resource Center which includes information and assistance and outreach services. Additionally, the UCAAAD's planning function facilitates the following duties directly related to case management: information assistance, waiting list

operations, funding stream resource management, SAMS data entry of service units, geographic and caseload assignment of consumers to case managers, provider procurement and monitoring, processing of provider invoices, and customer satisfaction surveying. The administrative function provides direct supervision of all of these direct services.

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

With information and assistance, case management, quality assurance, fiscal and outreach staff residing in-house, greater efficiency is realized through more effective horizontal and vertical communications channels. This is evident by the ability to readily facilitate face-to-face communications between the NFCSP Coordinator and planning staff on many issues including but not limited to consumer satisfaction and fulfillment issues, action plan adjustments to accommodate resources, data management, and staffing proficiencies. This increased communication also allows for more cost-effective model given the changes to action plans and other customer services can be accomplished more quickly. Additionally, provision of the services conforms to the vision and mission set forth by the UCAAAD and TCAD. Historically, the UCDD's relative caregiver program has coordinated and facilitated support groups for grandparents and other relatives raising minor children.

Legal Assistance

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the service capacity in the PSA is inadequate to meet the need.
3. Explain why the Legal Services Corporation funded agency serving the region does not have the capacity to meet the need.

Senior Center/Office on Aging

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
3. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.

X **Other: Title IIID Disease Prevention and Health Promotion**

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

The Upper Cumberland senior centers and local UT Extension offices provide evidence-based programs. The UCAAAD is unaware of any other providers of evidence-based programs in the region.

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

Senior Center Directors have difficulty recruiting a sufficient number of participants and/or maintaining enough who will complete the evidence-based programs. Some of the local UT Extension offices have certified trainers in Tier 3 evidence-based programs who can provide them at sites other than senior centers. Since it is difficult to find participants who will follow through with completing the programs, often, the senior centers end up not being eligible for reimbursement.

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

The UCAAAD plans to continue having a part-time staff person who can focus on identifying other partners to collaborate with to be locations for evidence-based programs provided by UT extension. In addition, the Evidence-Based Coordinator will continue providing support and guidance / support to senior centers and evaluating the programs to determine those that are eligible for reimbursement.

4. Explain why it is more cost effective for the AAAD to provide this service than contracting it out.

In an effort to expend Title IIID funds, an Evidence-Based Coordinator will manage the completion of the programs implemented in order to meet the criteria and serve as a single point of contact for all partners associated with evidence-based programs.

SIGNATURES:


AAAD Director

3-16-2022
Date


Chief Administrative Officer of Grantee Agency

3/31/22
Date


Advisory Council Chairperson

3-16-22
Date

Request for Waiver for FY23-FY26

Upper Cumberland AAAD

FIVE DAY REQUIREMENT

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

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

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

SIGNATURES:

Holly Henge-Williams
AAAD Director

3-16-2022
Date

Maui Farby
Chief Administrative Officer of Grantee Agency

3/31/22
Date

Lynn Drew
Advisory Council Chairperson

3-16-22
Date

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

Required minimums:

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

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

SIGNATURES

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

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

1. List Service(s) for which cost share waiver is requested.
2. Check below the basis for waiver request.
 - ___ a. A significant proportion of persons receiving the Older Americans Act services listed above have incomes below 200% of the Federal Benefit Rate.
 - ___ b. Cost sharing would be an unreasonable administrative or financial burden on the area agency.
3. Justify the request for waiver based on the proportion of low-income individuals participating in services affected by cost share.
4. Justify the request for waiver explaining the negative impact of cost share on area agency administration or financial responsibilities.
5. Attachments: At the end of Request for Waiver(s) attach the following items:
 - a. List all agencies, providers, and individuals that received personal notice of public hearings (attach copy of letter sent).
 - b. List all publications which carried public notice of public hearings and indicate circulation of each. (Attach a copy of notice.)
 - c. Record of public hearings. The record shall detail all written and oral testimony regarding the area agency's intention to request the waiver specified above.

SIGNATURES

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

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

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

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

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

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

SIGNATURES:

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

ASSURANCES

Older Americans Act (2020) Assurances of Compliance

AREA PLANS

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

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

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

210 of the Economic Opportunity Act of 1964 (42

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

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

(9) provide assurances that—

(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

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

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

(2) Such assessment may include—

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

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

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how re-source 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.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through— (1) contracts with health care payers; (2) consumer private pay programs; or (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

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

Upper Cumberland Development District / Area Agency on Aging and Disability hereby gives full assurance that every effort will be made to comply with the regulations of the Older Americans Act.

SIGNATURES



AAAD Director

Date 3/30/2022



Grantee Agency Director

Date 3/31/22

Availability of Documents

Upper Cumberland Area Agency on Aging and Disability 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 3/30/2022



Grantee Agency Director

Date 3/31/22

Title VI of the Civil Rights Act of 1964 Compliance

The Upper Cumberland 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 Upper Cumberland 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 Upper Cumberland 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 3/30/2022



Grantee Agency Director

Date 3/31/22

ADDITIONAL DOCUMENTS *(Attached)*

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
H-1	Budget Area Plan
H-2	Personnel Area Plan
H-3	List of Subcontracting Agencies
H-4	List of Nutrition Sites

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	130
Number of Individuals on OPTIONS Category B Waiting List	417

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

	FY 2023 – Projected (Served/Units)
State – Options Allocation Amount	\$629,100
# Served	240
Units of Service	35,000

Describe the methodology for the projections listed above.

Looking at historical data, and incorporating expected increases due to rate changes and additional services being offered, Options 2.0 funding is expected to average \$18.00 per unit, per client while also averaging 17 units of service per client each month. It is expected that care plans will average at \$3,600/year.

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.

In an effort to enroll clients as soon as possible, the AAAD will focus on Category A clients, with priority given to meals as those providers have limited staffing issues. Historically, for every addition, two names come off the waiting list because of reasons such as unable to contact, no longer need services, etc. This will drastically reduce or eliminate the current number of individuals on the waiting list. The AAAD will identify ways to streamline the enrollment process with additional staff taking on duties previously assigned to the coordinators.

- 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.

The AAAD plans to have the Options 2.0 caseload maximized by the end of December 2022 while maintaining a caseload of 225 clients. Options 1 will have no replacements until this time or longer due to current anticipated expenditures with the caseload and so that 2.0 funding is prioritized. Options 2.0 services are expected to average \$50,000/month. Enrollments and expenditures will be analyzed monthly to ensure maximization of funds.

- 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:
- 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)
PERS	\$15,000	35	420
Chore	\$6,000	10	240
Grocery Shopping	\$12,650	15	540
Grocery Purchasing	\$29,250	15	270

Describe the methodology for the projections listed above.

PERS services provided through Options 2.0 funding are estimated at \$15,000/year among three providers. The average unit cost with PERS is expected to be \$30/month.

Chore services provided through this funding are expected to average \$25/hour with 2 units average per month, per client.

Grocery Shopping service is expected to average a rate of \$23.44/hour with clients averaging 1.5 hours per month.

Grocery Purchasing is anticipated at \$2000 a year per client, which is equivalent to a client receiving home delivered meals for a year.