

AREA PLAN on AGING and DISABILITY

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

Aging Commission of the Mid-South

Designated Area Agency on Aging and Disability

for the

9

Planning and Service Area

**in TENNESSEE for
July 1, 2010 – June 30, 2014**

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Older Americans Act

Section 306 *AREA PLANS*

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).

Section 307 *STATE PLANS*

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan....

(a)(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Link to OAA: http://www.aoa.gov/AoAroot/AoA_Programs/OAA/oa_full.asp

Submittal Page

Part A: Area Profile

Part B: Area Service Plan

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SUBMITTAL PAGE

- (X) 4-Year Plan for July 1, 2010 – June 30, 2014
- () Plan Update for _____
- () Amendment (Date): _____

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

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

Signature: _____ Date: _____
Area Agency Director

The Area Agency Advisory Council has participated in the development and final review of the Area Plan. Comments of the Advisory Council are included in Part F of the Plan.

Signature: _____ Date: _____
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 A-G. We are satisfied that the plan is complete, correct, and appropriately developed for our planning and service area.

Signature: _____ Date: _____
Director, Grantee Agency

Signature: _____ Date: _____
Chair, Grantee Agency Board

Part A: AREA PROFILE

Older Americans Act

Section 305(a) *ORGANIZATION*

(1) the State shall, in accordance with regulations of the Assistant Secretary, designate a State agency as the sole State agency to—

(E) divide the State into distinct planning and service areas...in accordance with guidelines issued by the Assistant Secretary, after considering the geographical distribution of older individuals in the State, the incidence of the need for supportive services, nutrition services, multipurpose senior centers, and legal assistance, the distribution of older individuals who have greatest economic need...residing in such areas, the distribution of older individuals who have greatest social need...residing in such areas, the distribution of older individuals who are Indians residing in such areas, the distribution of resources available to provide such services or centers, the boundaries of existing areas within the State which were drawn for the planning or administration of supportive services programs, the location of units of general purpose local government within the State, and any other relevant factors....

Section 306(a) *AREA PLAN*

(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....

Exhibit Number

Title of Exhibit

A-1	Designated Planning and Service Area
A-2	Area Profile
A-3	2000 Census Data
A-4	Focal Points
A-5	Methods Used to Determine Service Needs
A-6	Summary of Service Needs

PSA: 9

(X) Original, dated March 2010

Plan Period: July 1, 2010 – June 30, 2014

() Update,

Designated Planning and Service Area

Area Agency: Aging Commission of the Mid-South

Physical Address: 2670 Union Avenue Extended, Suite 1000, Memphis, TN 38112

Mailing Address (if different):

All Phone #s and Fax #: Main Telephone Number – 901-324-6333

Toll-Free – 866-836-6678

Information & Assistance – 901- 324-3399

Main Fax – 901-327-7755

HCBS Fax – 901-324-2488

I & A Fax – 901-327-0931

E-mail Address: egraf@agingcommission.org

Website: www.agingcommission.org

Director: Dora Ivey

In Operation Since: 1974

Mission: The mission of the Aging Commission of the Mid-South (ACMS) is to advocate for and assist older adults and adults with disabilities in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

PSA: 9
 Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
 () Update, Dated:

Area Profile

1. Identification of counties within the planning and service area.

There are 4 counties in PSA 9: Shelby, Fayette, Lauderdale, & Tipton.

2. Identification of counties designated as rural in the planning and service area.

Lauderdale

3. Identification of counties/communities designated as urban in the planning and statistical area.

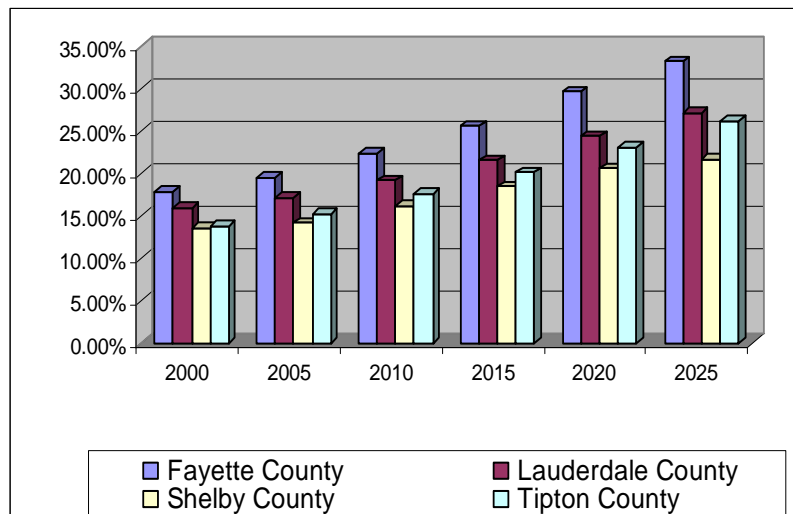
Shelby, Fayette & Tipton

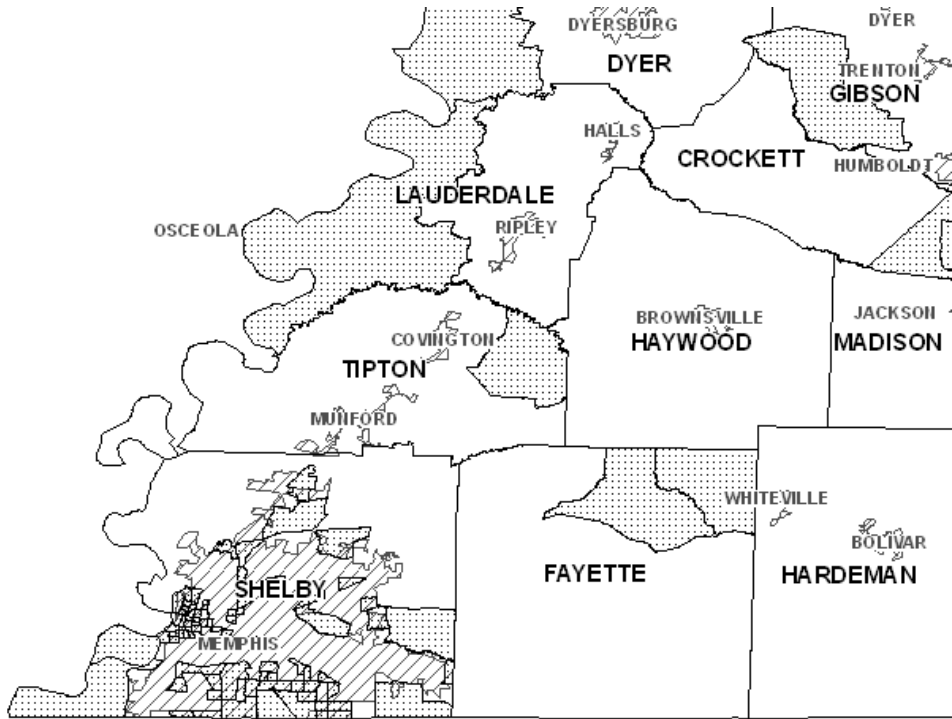
4. Describe significant differences among counties/communities in the planning and service area.

Shelby County is the most populous county in TN (U.S. Census 2008 Estimate). This large urban center has an availability of resources for senior and disabled citizens. A challenge for the community is that neighborhoods are changing; losing grocery stores and banks, and security concerns may result in seniors feeling that they are trapped in their own homes.

Fayette and Tipton counties are designated urban, but have fewer available resources. Transportation continues to be an identified need in these counties, as well as in Lauderdale. Tipton is the fastest growing county in TN, as the southern portion develops into a suburb of Memphis; the median family income is rising. Northern Tipton County shares the economic challenges of Lauderdale County, an unemployment rate higher than the state average, few jobs for seniors that need to work. And low educational attainment.

Fayette County has the fastest growing population of individuals 65 and older. It is estimated that this age group will comprise 33.2% of the total population by 2025. Below is a bar graph showing the people over the age of 65 in each of our counties:





Above is a map of the 4 counties in PSA 9; Shelby, Tipton, Fayette and Lauderdale.

Date: March 2010

Exhibit A - 3

Plan Period: July 1,
2010 – June 30, 2014

Area Profile Aging Commission of Mid South

Population By Age Categories		Grandparenting	
All Ages	1004650	Grandparents 60+ Responsible for Grandchildren	3,570
60-64	33450	Grandparents 60+ Living with Grandchildren	5,690
65-69	29015	Grandparents <60 Responsible for Grandchildren	10,030
70-74	25400	Grandparents <60 Living with Grandchildren	8,860
75-79	22230		
80-84	13250		
85+	11530		
60+	134875		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	86635	< 5th Grade	6475
African American	46065	5th - 8th Grade	18525
American Indian	195	9th-12th No Diploma	26240
Asian	935	High School Diploma	38285
Other Minorities	1049	Some College	25050
<i>Ethnicity</i>		Bachelors	11285
Non Hispanic	134178	Master/Professional/Doctorate	9035
Hispanic	705		
By Gender (60+)		Medical Facility Beds	
Male	53395	Skilled Nursing Facilities	1246
Female	81485	Remaining Counties	
		Skilled Nursing Facilities - Shelby	4352
		Hospitals	
		General - Remaining Counties	216
		Shelby	5106
		Mental Health	
		VA	
Living Situation (60+)			
Male Alone	8885		
Female Alone	26760		
Living alone	35645		

Financial Status (60+)		Disability Status	
Below Poverty Level	17790	Self Care <60	12566
Minorities below Poverty Level	11570	Self Care 60+	13266

Elder Housing

Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	12.32	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	590
Number of Elderly (60+) Householders with Housing Expense (>40% Income)	16615	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	325
		Home for the Aged	84
		Assisted Living Facilities	17

g:\planning\drafts\area agency stats 2000\ACMS_Revised\4_05.xls

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
() Update, Dated:

Focal Points

1. For the purpose of assuring access to information and services for older persons, the area agency shall work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. Define “community” for the purposes of focal point designation.

For the purpose of designation focal points, the Aging Commission of the Mid-South defines community as a county where the population of older persons is not centrally located or a city or urban area where a large number of older persons reside. Preference for focal points shall be given to facilities established to encourage the maximum collection and coordination of services for older individuals.

2. List community focal points within the Planning and Service Area.

**Aging Commission of the Mid-South
2670 Union Avenue Extended, Suite 1000
Memphis, TN 38112**

Fayette County

Fayette County Commission on Aging
Somerville Senior Center
108 Kay Drive
Somerville, TN 38068

Shelby County

Goodwill Homes Senior Center
163 West Raines Road
Memphis, TN 38109

Oasis of Hope Senior Center
233 Henry Street
Memphis, TN 38107

Lauderdale County

Lauderdale County Commission on Aging
Halls Senior Center
605 Airport Street
Halls, TN 38040

Tipton County

Tipton County Commission on Aging
Covington Senior Center
401 S. College Street
Covington, TN 38019

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Methods Used to Determine Service Needs

1. Describe below how the Area Agency assessed the needs of older persons and adults with disabilities residing in the planning and service area.

ACMS provided the contact information to 121 respondents in the planning and service area (PSA) to receive the Key Informant Survey for the Statewide Needs Assessment. Additionally, ACMS staff and three community leaders traveled to Jackson, TN to participate in the West Grand Division Needs Assessment Focus Group. The Statewide Needs Assessment Data has been reviewed for the PSA 9 coverage area.

The ACMS Advisory Council and community members provided input through the Public Hearing process for the 2010 Area Plan.

Information and Assistance calls were also evaluated to identify community needs in PSA 9.

2. Which home and community based services have all slots filled and how many individuals are on wait lists as of October 1, 2009?

All in-home services programs are full, with the exception of OAA Home Delivered Meals. Waiting list for services on 10/1/09 was 634.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
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Service Needs

1. Based on the information reported in Exhibit A-5, Methods Used to Determine Service Needs, **list** the prevalent service needs of older persons and adults with disabilities in the planning and service area.

1. Eligibility process to qualify for support services is time consuming.
2. Consumers lack access to transportation (particularly in rural areas).
3. Financial insecurity is a problem for area seniors and disabled citizens leading to an increasing need for information on available services.
4. A lack of adequate insurance for dental care, eyeglasses, hearing aids and exams, and medication costs.
5. Long waiting list for services.
6. Economic downturn creating increased need for assistance with home modifications, home repair.
7. Impact of generational poverty leading to low educational attainment creating a barrier to successful completion of eligibility processes.
8. Seniors and the disabled are vulnerable to identity theft and “scams”.
9. Lack of informal support systems leading to reliance on public programs and professional advocates.

2. Based on the **list** of needs identified in question #1, briefly describe how the Area Agency will address the top 5 identified needs? This is an overview, details are more specific in Part C of this plan in the Goals, Objectives and Strategies section.

- 1, 3, 7 & 9 Address these needs through the transition to a Single Point of Entry (SPOE) to facilitate enrollment and create a “one stop” for information and assistance. Follow the leadership of TCAD in streamlining enrollment processes.
- 2, 5, 6 Continue to fund current service providers and identify and recruit additional providers to enhance network capacity, especially in the rural areas.
- 3, 4, 6, 8 Conduct targeted outreach to inform consumers about resources such as SHIP, alert consumers to fraudulent activities, and also partner and collaborate with non-profits and faith based organizations to identify and develop community resources to assist elderly and disabled adults in PSA 9.

3. **List** the top 5 needs for the Grand Division that includes the planning and service area identified in the 2009 Statewide Needs Assessment.

1. Rural transportation.
2. Dental care/dentures, eye care/glasses, hearing exams/aids.
3. Home repairs and modifications.
4. Co-pay or fee unaffordable.
5. Long waiting lists

4. Based on the list of needs in question #3, briefly describe how the Area Agency will address the top 5 needs identified. Do not repeat if the service was already addressed in question #2. This is an overview, details are more specific in Part C of this plan in the Goals, Objectives and Strategies section.

The top needs for the Grand Division are addressed in # 2 above. The needs will be addressed as funding becomes available to the AAAD.

Part B: AREA SERVICE PLAN

Older Americans Act

Section 306 *AREA PLANS*

(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....

Each such plan shall—

(a)(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan,

(a)(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

Exhibit Number

Title of Exhibit

B-1

System of Aging and Disability Services

B-2

Service Delivery in the Planning and Service Area

B-3

AAAD Budget Summary

PSA: 9
 Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
 () Update, Dated:

Statewide Aging and Disability Programs

Introduction

The Area Agency uses funding from a number of programs to provide a comprehensive array of services for older persons and other adults with disabilities in the planning and service area (PSA). The following is a brief description of the public funding sources and a summary of how many individuals were served in each program.

Older Americans Act

Older Americans Act (OAA) funds provide, in addition to a comprehensive array of services, the administrative infrastructure to deliver all OAA programs. As the designated state unit on aging, the Tennessee Commission on Aging and Disability (TCAD) receives an annual allotment under Title III of the Older Americans Act as amended, from the Administration on Aging (AoA) in the U.S. Department of Health and Human Services. TCAD allocates OAA funds to nine Area Agencies on Aging and Disability (AAADs) based on an approved intrastate funding formula. The AAADs plan, develop, and implement a system of services for older persons age 60 and over in their respective Planning and Service Areas (PSA). OAA funds support home and community based programs and services such as information and assistance, case management, nutrition services, in-home services, multipurpose senior centers, health promotion, transportation, legal services, Long Term Care Ombudsman Program, and the National Family Caregiver Support Program.

Using Older Americans Act funding the Area Agency served approximately:

Persons Served	2009	2010*	2011*	2012*	2013*
Personal Care	225				
Homemaker	467				
Nutrition Services	3213				
Case Management	1753				
Transportation	1315				
Legal Assistance	469				
Information & Assistance	10,548				
Family Caregiver	653				
Ombudsman	200				
Units of Service					
Personal Care	13,306				
Homemaker	40,184				
Nutrition Services	838,818				
Case Management	15,877				

Persons Served	2009	2010*	2011*	2012*	2013*
Transportation	74,723				
Legal Assistance	4057				
Information & Assistance	12,152				
Family Caregiver	38,448				
Ombudsman	2603				

* 2010-2013 data will be completed in future Area Plan Updates.

Options for Community Living

On July 1, 2000, the Tennessee Commission on Aging and Disability received \$5 million in state funds to support information and referral and to initiate a home and community based long term care services program for older persons and other adults with disabilities who do not qualify for Medicaid long term care services. The Options Program provides homemaker, personal care and home-delivered meals. Other services may be available on a case-by-case basis as funds allow.

Using Options for Community Living funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Persons Served	1209				
Units of Service	59,805				

Statewide Medicaid Home and Community Based Waiver Services for Elderly and Disabled (Waiver)

Tennessee is in the process of implementing the Long Term Care Community Choices Act of 2008. The State Medicaid Agency, the Bureau of TennCare, is converting from a 1915(c) Statewide Home and Community Based Medicaid Waiver for Elderly and Disabled to a 1115 Waiver. The planned start date for the transition is expected to begin in 2010 and phased in over an eighteen month period. The State's nine Area Agencies on Aging and Disability will act as the single points of entry for the CHOICES Program.

The Statewide Home and Community Based Services Waiver is intended to provide a community-based, cost-effective alternative to institutional nursing facility care for eligible individuals. The program is administered by the Tennessee Department of Finance and Administration, Bureau of TennCare. This Medicaid Waiver program provides a variety of home and community-based services to low-income older persons and adults with disabilities who are frail, functionally impaired, and at-risk of nursing home placement. Funding for this program comes from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid.

Using Waiver funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Persons Served	1217				
Units of Service	1,541,581				

State Health Insurance Assistance Program (SHIP)

SHIP is funded by the Centers for Medicare and Medicaid in the U.S. Department of Health and Human Services. The SHIP program is mandated by Congress to provide *free and objective* information, counseling and assistance to consumers, their adult children, caregivers, health care providers and other advocates about Medicare and all other related health insurance. Currently, an important aspect of the program is to provide information and assistance with enrollment in Medicare Part D and target outreach to low-income Medicare beneficiaries eligible for the Medicare Part D Low-Income Subsidy and Medicare Savings Programs. The Centers for Medicare and Medicaid Services (CMS) funds the nationwide program. The statewide Tennessee SHIP operates through a small, but highly trained, paid and volunteer staff. In addition to counseling, program staff performs community education and outreach on Medicare and current related issues.

Using SHIP funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Individuals Provided SHIP Counseling	1656				

Public Guardianship for the Elderly Program

The Public Guardian Program is a state funded program designed to assist persons 60 years of age and older who are unable to manage their own affairs and have no family member, friend, bank or corporation willing or able to act on their behalf. Public Guardians (Conservators) assist clients in obtaining the basic necessities of life including making decisions regarding their finances or needed medical care. Legal proceedings (court order) are required prior to service delivery. The Tennessee legislature established a volunteer component to expand the guardianship program in 1996.

Using Public Guardianship funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Persons Served/Volunteers	67/21				

Other State Appropriations

The State of Tennessee also appropriates funds to distribute among the area agencies to support multipurpose senior citizen centers, home delivered meals and homemaker services. An intrastate funding formula is used to distribute the funds to each area agency. The funding formula is based on a number of factors such as the number of counties in the planning and service area, the proportion of elderly persons and proportion of low income elderly persons residing in the area.

Using State Appropriations the Area Agency served approximately:

Persons Served	2009	2010	2011	2012	2013
Senior Centers	1090				
Meals	63				
Homemaker Services	479				
Units of Service					
Senior Centers	38,730				
Meals	15,093				
Homemaker Services	32,702				

PSA: 9

(X) Original, Dated: March 2010

Plan Period: July 1, 2010 – June 30, 2014

() Update, Dated:

Service Delivery in the Planning and Service Area

1. Describe how the following ACCESS SERVICES and related activities are coordinated and/or delivered in the planning and service area.

Information and Assistance:

Information and Assistance service is provided by trained staff that respond to a wide variety of questions and referrals for services. Requests for information and services can be made via telephone, fax machine, e-mail or in person. All calls and the resultant consumer information are entered into SAMS software.

Single Point of Entry:

The Aging Commission of the Mid-South serves as the Single Point of Entry for all home and community-based services provided through the Older Americans Act, Options for Community Living and Home and Community-Based Elderly and Disabled Waiver programs. Information and Assistance staff screen calls to determine which program would be the most appropriate for the consumer and pass the referral on to the program for continued assessment.

Website and Resource Directory Development:

An I.T. Manager has been hired to develop the website and increase functionality. Also, a website committee which includes ACMS staff and two Advisory Council representatives is providing a vision for the future of a fully accessible website with valuable information for our consumers. Resource information is updated continuously for customer service and for inclusion in the ACMS Senior Handbook.

Marketing the Area Agency:

The Aging Commission of the Mid-South works to establish its identity throughout its four county service area by meeting with local officials and appearing in local media as the opportunities present themselves. The agency also distributes magnets, pill monitors, pens and other items that are imprinted with the agency's name and contact information and are designed for daily use by consumers. Staff participates in community events, networking with other professionals and agencies, to continue reinforcing ACMS' mission and vision.

Outreach:

The Aging Commission of the Mid-South employs a full-time Community Outreach Coordinator, whose duties include representing the agency at health and information fairs, making presentations to community groups and creating the schedule of enrollment assistance events for Medicare Part D. The agency publishes a full page article in a monthly newspaper that targets the older population and caregivers. This newspaper is distributed free of charge throughout the service area.

Transportation:

A Unit Cost Request for Proposal Application (RFPA) is utilized to enable partnerships with multiple transportation providers to provide services throughout our service area. All provider contracts integrate TCAD Scopes of Service guidelines and are monitored from a contract compliance perspective. There are 3 agencies holding contracts to provide transportation services in PSA 9.

2. Describe how the following HOME & COMMUNITY BASED SERVICES and related are coordinated and/or delivered in the planning and service area.

Service Coordination/Case Management:

The AAAD has five service coordinators on staff to conduct comprehensive assessments of senior and disabled adults, develop care plans, and provide service coordination.

Service Provider Network Support:

Quarterly Provider Meetings provide technical assistance, an informational Provider Newsletter is distributed via email quarterly, and AAAD staff provide technical assistance as needed.

Family Caregiver Support:

The AAAD partners with one provider agency to provide individual counseling for eligible caregivers and contracts with five agencies to provide caregiver support groups, including one group specifically for grandparents raising grandchildren. A Caregiver 101 educational series is available in the rural areas and an annual caregiver conference is also provided in PSA 9. A Unit Cost RFPA process is used to select providers of Family Caregiver Support services.

Homemaker:

A Unit Cost RFPA is utilized to enable partnerships with multiple homemaker providers to provide services throughout our service area in addition to agencies with TennCare Waiver contracts. Approximately 40 provider agencies offer homemaker services through HCBS E/D Waiver or Older Americans Act, Family Caregiver or Options funding, in all or part of PSA 9.

Personal Care:

A Unit Cost RFPA is utilized to enable partnerships with multiple personal care providers to provide services throughout our service area in addition to agencies with TennCare Waiver contracts. Approximately 40 provider agencies offer personal care services through HCBS E/D Waiver or Older Americans Act, Family Caregiver or Options funding, in all or part of PSA 9.

Respite:

A Unit Cost RFPA is utilized to enable partnerships with multiple respite providers to provide services throughout our service area in addition to agencies with TennCare Waiver contracts. Approximately 40 provider agencies offer in-home respite services through HCBS E/D Waiver or Older Americans Act, Family Caregiver or Options funding, in all or part of PSA 9.

Chores/Home Modifications:

AAAD issues a Unit Cost RFP that includes home modifications to enable partnerships with multiple home modification providers to provide services throughout our service area. Chore is not a covered service through the AAAD.

Personal Emergency Response Systems:

A Unit Cost RFPA is utilized to enable partnerships with multiple Personal Emergency Response Systems providers to provide services throughout our service area, in addition to agencies with TennCare Waiver contracts. Approximately 11 provider agencies offer personal emergency response (PERS) services through HCBS E/D Waiver or Older Americans Act, Family Caregiver or Options funding, in PSA 9.

Assistive Technology:

A Unit Cost RFPA is utilized to enable partnerships with multiple Assistive Technology providers to provide services throughout our service area in addition to agencies with TennCare Waiver contracts. Currently 11 assistive technology provider agencies provide services in PSA 9.

Pest Control:

A Unit Cost RFPA is utilized to enable partnerships with multiple Pest Control providers to provide services throughout our service area in addition to agencies with TennCare Waiver contracts. Currently 3 provider agencies offer pest control services through HCBS E/D Waiver or Older Americans Act, Family Caregiver or Options funding, in PSA 9.

Adult Day Care:

A Unit Cost RFPA is utilized to enable partnerships with multiple Adult Day Care providers to provide services throughout our service area in addition to agencies with TennCare Waiver contracts. Currently 5 adult day programs are available in our area.

3. Describe how the following DISEASE PREVENTION and HEALTH PROMOTION services and related activities are coordinated and/or delivered in the planning and service area.

Health Promotion:

A Cost Reimbursement RFP is utilized to provide Health Promotion activities throughout our services area. ACMS currently contracts with a provider for a popular exercise program called Get Fit/Stay Fit which is available in all 4 counties.

Health Education:

A Cost Reimbursement RFP is utilized to provide Health Education activities throughout our services area. A Senior Center in each county receives funding for health promotion activities. A rural health promotion event is also funded.

Medication Management:

A Cost Reimbursement RFP is utilized to provide Medication Management services throughout PSA 9. ACMS currently contracts with a provider to offer Medication counseling for seniors by a pharmacist in all 4 counties.

4. Describe how ELDER RIGHTS services and related activities are coordinated and/or delivered in the planning and service area.

Long Term Care Ombudsman:

A Cost Reimbursement RFP is utilized to provide Long Term Care Ombudsman services throughout our services area. ACMS currently contracts with a provider for these services, the Ombudsman is an attorney.

Legal Assistance:

A Cost Reimbursement RFP is utilized to provide Legal Assistance throughout our services area. Currently ACMS contracts with a legal services provider for these services.

Public Guardian for the Elderly:

Aging Commission of the Mid-South District Conservator, staff and volunteers provide services that protect vulnerable elderly persons as appointed through the court system. The program offers care management as well as possible recovery of assets when an elderly person has been financially exploited.

Elder Abuse Awareness:

Aging Commission of the Mid-South staff participate in the Elder Support and Protection Resources (ESPR) monthly meetings and participate in the Coordinated Community Response (CCR) Task Force to develop additional resources in the community.

5. Describe how NUTRITION SERVICES are coordinated and/or delivered in the planning and service area.

A Unit Cost RFPA is utilized to enable partnerships with multiple nutrition providers to provide services throughout our service area. All provider contracts integrate TCAD Scopes of Service guidelines and are monitored from a contract compliance perspective. One agency provides the meals for all but one of the congregate meal sites; they also provide Meals on Wheels and nutritional counseling. There are 3 additional agencies holding contracts to provide limited nutrition services in PSA 9.

6. Describe how SENIOR CENTER activities are coordinated and/or delivered in the planning and service area.

A Cost Reimbursement RFP is utilized to enable partnerships with multiple senior center providers to provide services throughout PSA 9. All provider contracts integrate TCAD Scopes of Service guidelines and are monitored from a contract compliance perspective. Currently, the AAAD contracts with one senior center in each of the following sectors; the City of Memphis, Shelby County, Fayette County, Lauderdale County and Tipton County. Fayette and Tipton County each utilize funding to deliver services at two locations.

7. Describe how SHIP, SMP and MIPPA services are coordinated and/or delivered in the planning and service area.

Aging Commission of the Mid-South staff and volunteers provide services over the telephone and through face to face consultations and an extensive calendar of community outreach events.

8. Describe how Older Americans Act funding for coordination is used within the planning and service area.

The Aging Commission of the Mid-South employs a full-time outreach coordinator to participate in community events and conduct educational activities. The role of this staff person is to represent the agency and its programs at as many events as possible, including night and weekend events, to offer information about the many services and programs of the agency. This staff person coordinates activities with local churches, senior centers, home health agencies, residential facilities and professional organizations. This individual is also responsible for the completion of a full page of information published in a monthly newspaper designed specifically for older readers and caregivers.

9. Describe how the Area Agency coordinates with other public, non-profit or private partners to meet the service needs of older persons or adults with disabilities within the planning and service area. Include a summary of emergency/disaster preparedness coordination activities

The Fans for Seniors program annually provides fans to those in need during the summer months. Donations are solicited from organizations, community groups and individuals and delivered to those in need by volunteers. Omega Psi Phi and Kappa Alpha Psi Fraternities adopt this program as a service project each year.

ACMS partners with the American Association of Retired Persons (AARP), the Elder Support and Protection Resource (ESPR), Professional Network on Aging (PNA), the Mayor's Task Force on Aging, and Santa for Seniors.

The AAAD is part of Shelby County government and has an assigned role within Memphis/Shelby County ESF-6 for Memphis/Shelby County Emergency Operations

Center (EOC). A Continuation of Operations/Continuation of Government (COOP/COG) plan is developed in accordance with the guidelines of county government. An Emergency Plan document is also in place to meet TCAD requirements. A designated Emergency Services Coordinator is in place and there is an established Safety Warden Program with 6 designated staff members participating.

10. Describe other coordination activities related to advocacy or public education to meet the needs of older persons or adults with disabilities in the planning and service area.

The Executive Director of the AAAD currently serves as the Vice Chair of the Mayor's Task Force on Aging for Shelby County, two additional staff members serve as resources to the task force. A management executive on the administrative staff serves as an officer on the Board of the Professional Network on Aging (PNA) and chair of the Legislative Advocacy Committee. Two additional staff persons are members of PNA. Administrative staff is active in the Elder Support and Protection Resources (ESPR) meetings.

11. Describe how the Area Agency provides volunteer opportunities or coordinates with volunteer organizations to meet the service needs of older persons or adults with disabilities within the planning and service area.

The Retired Senior Volunteer Program (RSVP) for the area is part of the AAAD and coordinated by a full time staff person. Individuals over the age of 55 have a choice of meaningful volunteer opportunities through this program. The Public Guardianship program within the AAAD recruits and trains volunteers to visit wards of the program. The Information and Assistance department utilizes community volunteers for the annual fan program and for the recent Digital TV Transition program.

The SHIP program is dependent on volunteers; several training events are offered each year to assist seniors with Medicare Part D enrollment. The LTC Ombudsman and MIFA Meals on Wheels programs have volunteer opportunities as well. Other volunteer programs are funded through the Corporation for National Services – Foster Grandparents through Porter-Leath and Senior Companions through MIFA.

12. Describe any grant activities or pilot projects being conducted in the planning and service area to meet the needs of older persons, adults with disabilities and their caregivers.

With generous funding from the Durham Foundation, and in partnership with WKNO Public Television and the Metropolitan Inter-Faith Association (MIFA), ACMS assisted home-bound and low-income older residents in obtaining and installing digital converter boxes. Priority was given to home-bound individuals living alone. Volunteers were recruited by the Retired and Senior Volunteer Program (RSVP). Consumers were given information on the digital transition and, if eligible, were given the converter box to be installed by the volunteer.

13. How are consumers or their caregivers contributing to the cost of the services they receive—donations, cost-share and sponsored services.

The AAAD sends invoices quarterly for consumer cost share in the Options program. There is a waiver in place to not apply cost share to Title III B and Title III E programs. We have a mechanism in place to accept donations for services.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
() Update, Dated:

AAAD Budget Summary

Operating Budget for FY 2011*

A: Total Resources to Be Used for Area Agency Administration:

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
OLDER AMERICANS ACT				
Area Plan Administration	261,700	87,467	108,711	457,878
Coordination/Service Development				
STATE FUNDS				
Options for Community Living	83,707			83,707
MEDICAID				
Elderly & Disabled Waiver			333,084	333,084
LOCAL FUNDS				
TOTAL	345,407	87,467	441,795	874,669

B: Total Resources to Be Used For Service Delivery:

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
OLDER AMERICANS ACT				
Title IIIB Supportive Services	1,366,100	269,830	226,828	1,862,758
Title IIIC1 Nutrition Services	880,800	97,867	450,535	1,429,202
Title IIIC2 Nutrition Services	650,000	72,222	299,312	1,021,534
Title IIID Disease Prevention & Health Promotion	49,300	5,478	1	54,779
Title IIID Medication Management	17,500	1,944		19,444
Title IIIE Family Caregiver	404,700	114,633		519,333
Title VII Elder Rights	66,600			66,600
STATE FUNDS				
Senior Centers	133,600	133,600		267,200
Nutrition (Home Delivered)	92,100	10,233		102,333
Homemaker	51,000	5,666		56,666
Guardianship	123,700	13,745		137,445
Title III Match	76,900			76,900
Options for Community Living	1,362,093			1,362,093
OTHER				
Elderly & Disabled Waiver			699,905	699,905
NSIP	317,200			317,200
SHIP & MIPPA	102,444			102,444
TOTAL	5,694,037	725,218	1,676,581	8,095,836

*Allocations are estimates. Funding allocations for FY 2011 have not yet been approved by the State Legislature.

Part C: GOALS, OBJECTIVES AND STRATEGIES

Older Americans Act

Section 306 *AREA PLANS*

(a)(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 sub clause(I)

(a)(4)(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

Exhibit Number

Title of Exhibit

C-1	Annual Status Report and Highlights
C-2	Access Services
C-3	Home and Community Based Services
C-4	Health Promotion and Disease Prevention
C-5	Elder Rights
C-6	Management Practices
C-7	Targeting Status Report
C-8	Targeting Plan

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) March 2010 Original, Dated:
() Update, Dated:

Annual Status Report and Highlights

For each of the goals listed in the FY 2010 Area Plan Update (July 1, 2009 – June 30, 2010), provide a status update that reflects the progress and accomplishments toward meeting the goals. Briefly describe any other agency highlights.

GOAL 1: ACCESS SERVICES

By June 30, Information and Assistance units delivered to the public about aging and disability services and programs, related community services and Medicare will equal 22,500 units, which include the Senior Information Handbook.

STATUS:

The Aging Commission of the Mid-South increased their Information and Assistance and Medicare Education units to **22,808**. Along with the development and implementation of the Single Point Of Entry, ACMS continues to increase its visibility in the community.

GOAL 2: COMMUNITY SERVICES / HEALTH PROMOTION

By June 30, serve a minimum of 9,000 community members through community services, nutrition education services, and health promotion/physical fitness programs.

STATUS:

A total of **9,017** community members received services through the Health Screening, Nutrition Education, Physical Fitness/ Exercise, Medication Management, recreation, Retired Senior Volunteer Program (RSVP), Senior Companion, Telephone Reassurance, Transportation and Visiting programs. We enhance the well-being of our four county area by offering innovative programs to meet the identified needs of the communities.

GOAL 3: HOME AND COMMUNITY BASED LONG TERM CARE SERVICES

By June 30, increase enrollment in in-home services funded by the Medicaid Waiver, the state-funded Options program, and the Older Americans Act programs (including home delivered meals) to a total of 5,550 participants and provide information to 25,000 individuals on community based programs utilizing support groups, group information, caregiver training, and the media.

STATUS:

In-home services were provided to **5,845** individuals through Older Americans Act, Family Caregiver, OPTIONS and the Home and Community Based E/D Waiver. Community based services were extended to 653 caregivers, 92 persons attended a caregiver conference, group information was provided to 9156 individuals and the *Best Times* monthly news magazine containing valuable information about available services reached a circulation of 25,000. Total recipients of information services equaled **34,901**.

GOAL 4: ELDER RIGHTS

By June 30, increase the participation of seniors and the public in programs that provide information or assistance in protecting the rights of seniors to approximately 25,960 persons.

STATUS:

Participation in programs that safeguard senior rights reached 757 individuals, including public guardianship, Ombudsman and Memphis Area Legal Services. ACMS partnered with the Elder Support and Protection Resources (ESPR) Taskforce to assess and enhance capacity in PSA 9. The community meeting participation in this project equaled 120 and an event commemorating World Elder Abuse Day reached more than 100 people. Public information on the prevention of senior abuse and neglect reached a circulation of 25,000 through the *Best Times* monthly news magazine. Total participation is **25,977**.

GOAL 5: STRENGTHEN THE EFFECTIVENESS OF MANAGEMENT PRACTICES

Ensure that every level of service provided is focused upon the well-being and satisfaction of the service recipient, focusing on our effectiveness and efficiency.

STATUS:

The Executive Director, Chief Operations Officer, Chief Development Officer and Chief Financial Officer meet weekly to monitor agency efficiency, timeliness and progress toward meeting measurable goals. The results of a client satisfaction survey conducted in July 2009 indicated that **91%** of respondents were usually or always satisfied with the services from ACMS. The survey is included with this exhibit. Internal and external audits reveal no corrective actions or findings for the agency.

Other AAAD Highlights:

Digital TV Project

With generous funding from the Durham Foundation, and in partnership with WKNO Public Television and the Metropolitan Inter-Faith Association (MIFA), ACMS assisted home-bound and low-income older residents in obtaining and installing digital converter boxes. Priority was given to home-bound individuals living alone. Volunteers were recruited by the Retired and Senior Volunteer Program (RSVP). Consumers were given information on the digital transition and, if eligible, were given the converter box to be installed by the volunteer.

Elder Abuse Awareness Event

ACMS partnered with the Elder Support and Protection Resource (ESPR) committee and the University of Tennessee Extension to present a panel discussion and resource and awareness event on June 15, 2009, marking World Elder Abuse Day. The distinguished panel included the local Police Director, Attorney General, Probate Court Judge, and representatives from the sheriff's departments and adult protective services.

Home and Community Based E/D Waiver

ACMS served 810 active enrollees, who received approximately one and a half million service units from 67 approved provider agencies. These services generated over \$17 million in payments to the primarily local business community.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
() Update, Dated:

Access Services

AoA Goal: Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

TCAD Goal: Increase the number of individuals who access aging and disability services and benefits through a comprehensive, reliable, unbiased and easily accessible information, counseling and referral system.

AAAD GOAL

Serve as the Single Point of Entry (SPOE) for Home and Community-Based Services, as well as provide the community with information and assistance regarding aging and disability programs and services.

MEASURABLE Objective 1: By June 30, 2011, Information and Assistance units delivered to the public about aging and disability services will equal 17,000 units.

Strategy 1

By a dedicated phone line respond to 12,000 calls for information, counseling, assistance and telephone screening on all appropriate referrals for programs as well as refer inquirers to community services within two working days after a referral or inquiry call has been received.

Strategy 2

Through the State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) program, provide Medicare insurance information, counseling, and assistance to 2500 persons by a dedicated telephone line, and train and equip SHIP and SMP volunteers to provide comprehensive information and assist individuals with Medicare problems in a rapidly changing counseling environment. Utilize television, radio and print media to inform the public about Medicare issues and raise awareness of SHIP and SMP programs.

Strategy 3

Co-sponsor and/or participate in at least five health fairs and other community information events, at least three of which will be conducted in rural counties to share information about aging and disability services and programs to inform 2500 seniors about Medicare issues, and present programs as requested by local community groups to increase public awareness of the Area Agency on Aging and Disability programs and services.

Performance Measure: Method for Measurement.

- 1) Information and Assistance calls in SAMS database.
- 2) Event and attendance records for all health fairs and other community events. Outreach through all media outlets and number of individuals receiving this information.
- 3) Outreach, media and enrollment events in accordance with SHIP/SMP directives.

MEASURABLE Objective 2: By June 30, 2011, provide a printed resource guide and electronic information on the Aging Commission of the Mid-South website with information on services available to older and disabled adults and their families to 9,500 persons.

Strategy 1

Revise, and populate with paid advertisements The Senior Information Handbook.

Strategy 2

Maintain an electronic copy of The Senior Information Handbook on the website for download by interested individuals.

Strategy 3

Post SHIP information on the website.

Performance Measure: Method for Measurement.

- 1) Number of Senior Information Handbooks distributed.
- 2) Number of hits on the ACMS website
- 3) Number of hits on the ACMS website

PSA: 9 (X) Original, Dated: March 2010
Plan Period: July 1, 2010 – June 30, 2014 () Update, Dated:

Home and Community Based Services

AoA Goal: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

TCAD Goal: Assist older individuals and adults with disabilities who are at risk of losing their independence the choice of remaining in their homes or communities thus delaying institutionalization in long term care facilities.

AAAD GOAL

Utilize Federal, State and Local resources to provide an array of in-home services for eligible seniors and adults with disabilities to enhance their quality of life and assist them to remain in their homes or communities for as long they choose to do so.

MEASURABLE Objective 1: By June 30, 2011, transition to the CHOICES program following new TennCare guidelines.

Strategy 1

Promote the CHOICES program through community networking, health fairs, media outlets and other events related to the disability/aging community.

Strategy 2

Expedite consumer enrollment in CHOICES by gathering all documents as directed by TennCare and the Department of Human Services (DHS).

Strategy 3

Partner with designated Managed Care Organizations (MCO) to ensure the success of the CHOICES program.

Performance Measure: Method for Measurement.

- 1) Number of active enrollees in the SAMS database.
- 2) Enrollees with complete information.
- 3) Number of contacts with the MCOs including conference calls and meetings.

MEASURABLE Objective 2: By June 30, 2011 serve a minimum of 350 individuals through the Options for Community Living Program providing services that will assist consumers in remaining independent as long as possible.

Strategy 1

Provide a comprehensive plan of services utilizing community resources to assist consumers to stay at home for as long as possible. Provide information and referral to Options consumers regarding available community services.

Strategy 2

Receive referrals into the HCBS department from the SPOE on an on-going basis.

Strategy 3

Provide technical assistance and training to providers to increase the quality of services.

Performance Measure: Method for Measurement.

- 1) Number of consumers receiving services in the SAMS database.
- 2) Case notes, narratives, and service plans.
- 3) Requests for information and training offered to providers through quarterly meetings and technical assistance.

MEASURABLE Objective 3: By June 30, 2011, serve approximately 4000 consumers, based on availability of funding, through Title III Congregate, Home Delivered Meals and Homemaker Programs and other in-home care and supplemental services.

Strategy 1

Conduct community outreach to build awareness of Title III services.

Strategy 2

Provide in-home assessments to determine need and eligibility for Title III Home Delivered Meals and Homemaker services.

Strategy 3

Collaborate with service providers and consumers to monitor quality of services.

Strategy 4

Provide ongoing technical assistance and quarterly training opportunities to service providers.

Performance Measure: Method for Measurement.

- 1) Number of consumers participating in the nutrition and non-Waiver/Options in-home services programs.
- 2) Number of assessments to establish eligibility for services.
- 3) Complaint logs and missed visit reports to identify potential customer service issues.
- 4) Quarterly training and technical assistance.

MEASURABLE Objective 4: By June 30, 2011, Serve 25,000 caregivers of seniors with quality services to support them in their caregiving roles. Services include information, counseling and assistance, support through caregiver training, group information, support groups and individual counseling, and information distributed through the media.

Strategy 1

Facilitate access to community services for individual caregivers through the SPOE and networking with community agencies.

Strategy 2

Offer information to community groups and through the media regarding caregiver needs and services. Utilize full-page ad in *Best Times*, reaching 24,700 individuals per year.

Strategy 3

Provide training, support and individual counseling, respite, and supplemental services to include home delivered meals, minor home repairs and modifications, incontinence supplies, personal emergency response systems (PERS) and medical supplies not covered by insurance to assist 300 caregivers through the National Family Caregiver Program.

Performance Measure: Method for Measurement.

- 1) Information and Assistance calls by caregivers in the SAMS database
- 2) Articles published in the *Best Times*.
- 3) Caregivers enrolled in the National Family Caregiver Program in the SAMS database.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
() Update, Dated:

Health Promotion and Disease Prevention

AoA Goal: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

TCAD Goal: Provide community services and benefits counseling for older individuals that promote healthy aging through a variety of preventive services and enrollment in Medicare and other insurance options.

AAAD GOAL

Provide older adults and adults with disabilities with the information, resources, and programs to assist them in making healthy choices and promote a full understanding of available benefits including Medicare.

MEASURABLE Objective 1: By June 30, 2011, provide a minimum of 8000 Health Promotion and Disease Prevention units of service.

Strategy 1

Provide Medication Management Workshops in senior centers and other community locations in Fayette, Lauderdale, Shelby and Tipton County.

Strategy 2

Collaborate with Fayette County Commission on Aging, Lauderdale County Commission on Aging, Tipton County Commission on Aging, Meritan and MIFA to provide health promotion, screening and education activities in senior centers and congregate meal sites.

Strategy 3

Collaborate with the Retired Senior Volunteer Program (RSVP) and the Senior Companion program to promote healthy, active aging and community service.

Performance Measure: Method for Measurement.

- 1) Event and attendance records in SAMS database.
- 2) Monthly program reports.
- 3) Participation records for RSVP and Senior Companion.

PSA: 9 (X) Original, Dated: March 2010
Plan Period: July 1, 2010 – June 30, 2014 () Update, Dated:

Elder Rights

AoA Goal: Ensure the rights of older people and prevent their abuse, neglect and exploitation.

TCAD Goal: Develop, strengthen, and enhance elder rights services in the state that prevent elder abuse, neglect, and exploitation.

AAAD GOAL

Increase awareness of elder abuse and strengthen the programs that provide information, assistance, and services to protect the rights of older adults and adults with disabilities.

MEASURABLE Objective 1: By June 30, 2011, serve 60 elderly persons through the Public Guardianship for the Elderly Program in all four counties.

Strategy 1

Protect disabled persons, age 60 or older, through care and management of person and/or property as appointed through the court system, and recover assets, when possible, when an elderly person has been financially exploited.

Strategy 2

Recruit and train three new volunteers who will visit wards under the supervision of the Public Guardian. Provide annual training for all current volunteers to assure that they do the best job possible of meeting the needs of Public Guardian wards.

Strategy 3

Conduct outreach activities in all four counties including local Adult Protective Services office and Long Term Care Facilities for program referrals.

Performance Measure: Method for Measurement.

- 1) Number of persons served monthly.
- 2) Number of volunteers attending training with the agenda of the Annual Update Training.
- 3) Number of outreach activities by county.

MEASURABLE Objective 2: By June 30, 2011, ensure 500 elderly individuals' legal issues are addressed through the Memphis Area Legal Services Program (MALS).

Strategy 1

MALS will provide outreach programs for seniors throughout the community, utilizing senior centers and community centers.

Strategy 2

MALS will intervene to safeguard seniors in the legal system in the legal and court systems on various abuse, neglect or exploitation issues.

Performance Measure: Method for Measurement.

- 1) Number of persons served by MALS.
- 2) Number of persons served by MALS through legal intervention.

MEASURABLE Objective 3: By June 30, 2011, reach at least 200 individuals in need of Ombudsman services in long-term care facilities.

Strategy 1

Share information about the program with long-term care facility's resident council and appropriate community agencies.

Strategy 2

Recruit and train five new volunteers to assist the Ombudsman and provide annual training for all current volunteers in an effort to ensure that they are well-prepared to meet the needs of the Ombudsman Program.

Performance Measure: Method for Measurement.

- 1) Number of individuals served by the Ombudsman Program.
- 2) Number of new volunteers recruited, current volunteers and number of trainings provided.

MEASURABLE Objective 4: By June 30, 2011, Reach 25,000 people with information regarding elder rights and elder abuse.

Strategy 1

Utilize a full- page in *Best Times*, which has a monthly circulation of over 25,000 newspapers, to address elder abuse, neglect and exploitation issues.

Performance Measure: Method for Measurement.

- 1) Article published in the *Best Times*.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
() Update, Dated:

Management Practices

AoA Goal: Maintain effective and responsive management.

TCAD Goal: Utilize practices that promote effective and responsible management of financial and human resources.

AAAD GOAL

The management team will effectively lead the Aging Commission of the Mid-South in a fiscally responsible and consumer responsive manner, in order to positively impact the quality of life of older adults and adults with disabilities by advocating on their behalf and ensuring that systems are in place to assist them.

MEASUREABLE Objective: On a quarterly basis the management team will analyze relevant data and review progress toward accomplishing the area plan goals, incorporating consumer input.

Strategy 1

Utilize Satisfaction Surveys to determine effectiveness of AAAD services.

Strategy 2

Implement recommendations included in the Annual Quality Assurance Assessment by the Tennessee Commission on Aging and Disability (TCAD).

Strategy 3

Participate in annual program and fiscal audits to determine effectiveness of management practices.

Performance Measure: Method for Measurement.

- 1) Satisfaction Surveys.
- 2) Annual Quality Assurance Assessment by TCAD.
- 3) Results of audits.

PSA:9 (X) Original, Dated: March 2010
 Plan Period: July 1, 2010 – June 30, 2014 () Update, Dated:

Targeting Status Report

Report on activities during the preceding year.

1. PSA Demographics and Individuals Served in Older Americans Act programs:

a. Number of low-income minority older individuals in the planning and service area (use 2000 Census population data)	47,990
b. Number of older individuals residing in rural areas in the planning and service area (use 2000 Census population data)	15,540
c. Number of older individuals who speak English less than very well (use 2000 Census population data)	1000
d. Number of low-income minority older individuals served (use State Reporting Tool data)	1,584
e. Number of individuals residing in rural areas served (use State Reporting Tool data)	739

2. Provide information on the extent to which the Area Agency met its Targeting objectives **for all programs** in the FY 2009 Area Plan Update.

2009* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Increase service delivery to Hispanic population through partnerships with community-based organizations geared toward these populations, such as Latino Memphis. Increase education and outreach geared toward Hispanic population (churches), secure bi- or multi-lingual education materials.	Bilingual Medicare information was shared at the Senior Expo, Senior Day at the Zoo and Germantown Senior Expo. Also, HCBS E/D Waiver materials are available in Spanish. Outreach efforts continue.
Increase service delivery to outlying counties including increased enrollment of consumers in the HCBS E/D Waiver and Public Guardianship program by enhancing outreach and awareness efforts.	Outreach and Education Coordinator participated in 80 rural health fairs and other events to increase awareness of available resources, including the HCBS E/D Waiver and Public Guardianship program.
Increase service delivery to the disability community by enhancing outreach and awareness efforts.	A representative from the Memphis Center for Independent Living (MCIL) serves on the AAAD Advisory Council and the Assistant Director of MCIL participated in the Grand Division Focus Group for the

	Statewide Needs Assessment.
2009* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Assure that AAAD service providers have contracted targets for Older Americans Act (OAA) service delivery.	All cost reimbursement proposals are reviewed for appropriate demographic targets for OAA service delivery.
Assure that OAA funded services are targeted to seniors in greatest economic need (100% of poverty level); for area wide programs the target shall be established at 40%	Cost Reimbursement RFP Title VI goals and attainment are reviewed from a contract compliance perspective. More than 50% of our contract holders met this goal, technical assistance is offered to providers as needed.
Assure that OAA funded services are targeted to seniors who are low income minorities (100% of poverty level); for area wide programs the target shall be established at 40%	Cost Reimbursement RFP Title VI goals and attainment are reviewed from a contract compliance perspective. More than 50% of our contract holders met this goal, technical assistance is offered to providers as needed

* Last complete 12-month period.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
() Update, Dated:

Targeting Plan

1. Civil Rights Act of 1964, Title VI Targeting Activities

- a. In order to eliminate barriers to services and programs to minority populations in PSA 9, the Aging Commission of the Mid-South is strongly committed to disseminating information about services and programs to minority populations, with special attention to low income minority individuals.

In the past, minority populations have not been encouraged to seek or expect help from the system, because of a history of discrimination and social inequity. With the passage of Title VI of the Civil Rights Acts of 1964, minority populations have the right to participate fully in public services and programs.

In order to reach minority populations, the Aging Commission of the Mid-South plans and coordinates activities in PSA9. These activities include requiring each funded service provider to have a Title VI plan for their business. This plan shall target service delivery to minority individuals and those individuals in the greatest need. The Aging Commission of the Mid-South will confirm the plans in reviewing proposals for funding and in conducting quality assurance visits to provider agencies. The Aging Commission of the Mid-South will analyze how effective providers are in targeting services, help providers understand barriers to effective service if they exist, assist providers in developing strategies to improve performance, and monitor providers and provide technical assistance

The Information and Assistance help line that provides information to the public is 80% minority staffed. The SHIP help line is 50% minority staffed. In addition, our outreach staff maintains contact with area churches whose memberships are primarily minority. All activities and notices are distributed to the visual and printed media, including newspapers whose readership is predominately minority. Barriers can be eliminated or at least diminished with proactive planning and effort.

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

The agency has a diverse staff, 80% of whom meet a definition of minority status; including 50% of executive staff. We have a multicultural staff with individuals from Korea, Iran, England, and Canada, including a Spanish-speaking staff person. Approximately 65% of individuals receiving AAAD services meet a definition of minority status. Of the service provider agencies currently funded through OAA, FCP and Options programs 42% are minority owned. The AAAD Board of Directors has

57% minority participation. The AAAD Advisory Council has 14% minority participation. As there are currently 7 vacancies on the Advisory Council, Board members will be asked to provide nominees that are representative of the service area.

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

The Aging Commission of the Mid-South confirms the Title VI plans in reviewing proposals for funding and in conducting quality assurance visits to provider agencies. The Aging Commission of the Mid-South conducts an analysis of provider performance in targeting services, helps providers to understand barriers to effective service if they exist, assists providers in developing strategies to improve performance, and monitors providers and provides technical assistance. In addition, the AAAD completes an annual Title VI Compliance Survey for Shelby County Government.

2. 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
Assure that OAA funded services are targeted to seniors in greatest economic need (100% of poverty level); for area wide programs the target shall be established at 50%	Review Cost Reimbursement RFP Title VI goals for appropriate target goals and analyze performance data.	Title VI Coordinator, SPOE, QA, Budget Analyst, Program Development/ Grants Specialist, QA
Assure that OAA funded services are targeted to seniors who are low income minorities (100% of poverty level); for area wide programs the target shall be established at 50%	Targeted outreach activities to reach seniors in greatest economic needs and low-income minorities. Partnerships with organizations and the faith community to promote available AAAD programs.	CDO, SPOE, Outreach and Education Coordinator

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
<p>Increase service delivery to outlying counties by enhancing outreach and awareness efforts with particular attention to Congregate Meals to assure that the maximum number of eligible consumers have the opportunity to participate.</p>	<p>Outreach and Education Coordinator participates in rural health fairs and other events to increase awareness of available resources.</p>	<p>Outreach and Education Coordinator, SPOE</p>
<p>Assure that AAAD service providers have contracted targets for Older Americans Act (OAA) service delivery.</p>	<p>Review all cost reimbursement contracts to ensure that they have appropriate demographic targets for OAA service delivery.</p>	<p>Title VI Coordinator, QA, Program Development/Grants Specialist</p>
<p>Increase service delivery to the disability community by enhancing outreach and awareness efforts.</p>	<p>Include representatives of the disability community in planning and outreach efforts.</p> <p>Targeted distribution of outreach materials at events that will reach disabled adults who would benefit from AAAD services.</p>	<p>AAAD Leadership Team, SPOE and Outreach and Education Coordinator</p>
<p>Increase service delivery to Hispanic population through partnerships with community-based organizations geared toward these populations, such as Latino Memphis.</p> <p>Increase education and outreach geared toward Hispanic population (churches), secure bi-or multi lingual education materials.</p>	<p>Research and secure bilingual materials to make available at outreach events.</p> <p>Targeted distribution of resource information at locations that will reach Hispanic individuals who would benefit from AAAD services.</p> <p>Partnerships with organizations such as Latino Memphis and the faith community</p>	<p>AAAD Leadership Team, SPOE and Outreach and Education Coordinator</p>

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
<p>Under the Medicare Improvements for Patients and Providers Act (MIPPA) increase access for low-income minorities to State Health Insurance Counseling and Assistance Program (SHIP) services including utilization of Qualified Medicare Beneficiary (QMB) and Special Low Income Medicare Beneficiary (SLMB) programs.</p>	<p>Provide outreach activities to individuals living in “first tier” zip codes where there is a large percentage of low-income minorities who would benefit from participation in these programs. A part-time Volunteer Coordinator has been hired to assist in conducting these targeted outreach activities.</p>	<p>SHIP Coordinator, SHIP Volunteer Coordinator, SPOE</p>
<p>Provide information, education and enrollment assistance for seniors accessing the Medicare Part D Program in our four county area utilizing agency staff and SHIP volunteers.</p>	<p>Provide outreach activities, telephone counseling and a series of events during the open enrollment period for Medicare Part D in all four counties.</p> <p>Conduct trainings to equip volunteers to assist seniors in Medicare Part D enrollment.</p>	<p>SHIP Coordinator, SHIP Volunteer Coordinator, SIP Volunteers, Education and Outreach Coordinator, SPOE.</p>

Part D: STAFFING AND ORGANIZATION

TCAD Policies and Procedures

5-4-.03 AAAD STAFFING REQUIREMENTS

(1) The AAAD must develop and implement a staffing plan consistent with federal and state requirements which sets forth the number and type of personnel employed and the timetable for hiring staff to carry out the functions of the AAAD. The AAAD is responsible for:

(a) recruiting and employing adequate numbers of staff members to develop and administer the area plan, and

(b) carrying out the functions and responsibilities prescribed by the OAA and other state and federally funded programs addressing the needs of older persons and other adults with disabilities, and its accompanying regulations and these policies.

(8) The AAAD shall submit in the area plan a Training and Staff Development Plan for staff and service providers. The plan should include conferences, meetings and in-service training organized for staff or service providers.

Older Americans Act Regulations

Section 1321.55 Organization and staffing of the area agency.

(b) The area agency, once designated, is responsible for providing for adequate and qualified staff to perform all of the functions prescribed in this part.

Older Americans Act

Section 306 *AREA PLANS*

(a)(6)(c)(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services.

Exhibit Number

Title of Exhibit

D-1

Staff Resources

D-2

Training and Staff Development Plan

D-3

Advisory Council

TABLE 2.

Name	Age 60+?	Female?	Minority?	Disability?
Precilla Bobo		Y	Y	
Nicole Carter		Y	Y	
Bessie Christian		Y	Y	
Kathryn Coulter		Y		
Peggy Dobbins		Y	Y	
Pamela Dotson		Y	Y	
Phadria Edmond		Y	Y	
Brenda Edwards		Y	Y	
Jannie Fryson		Y	Y	
Elaine Graf		Y		
Vicki Green		Y	Y	
Chauna Grisby (temp)		Y	Y	
LaTarsha Hall		Y	Y	
Angela Hastings		Y	Y	
Martha Higgins	Y	Y		
Dora Ivey	Y	Y		
Gloria Jackson		Y	Y	
Cinder Jones		Y	Y	
Linda King		Y	Y	
Gisele Lewis		Y	Y	
Jennifer Lowe		Y		
Joanne Lowe		Y		
Gloria Lynch		Y	Y	
Annette Matthews		Y	Y	
Linda Owens		Y	Y	
Chan Park			Y	
Laura Pounder		Y	Y	
Thomas Powell				
America Quinn		Y	Y	
Mohamad Rahsepass	Y		Y	
Anitra Rogers		Y	Y	
Gussie Sellers		Y	Y	
Kisha Stewart (temp)		Y	Y	
Martha Stewart (temp)		Y		
Vickie Thompson		Y		
Larry Turner	Y			
Ted Tutor	Y			
Deloris Walker		Y	Y	
Malinda Walls (temp)		Y	Y	
Jacqueline Webb		Y	Y	
John Westbrook			Y	
Kathy Williams		Y	Y	
Melissa Williams		Y	Y	
Total	5	37	32	0

Supervision

The director of the Area Agency on Aging and Disability is directly supervised by: Dottie Jones, Community Services Director, Shelby County Government and the Board of Directors of the Aging Commission of the Mid-South.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
() Update, Dated:

Training and Staff Development Plan

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
AAAD New Staff orientation	TBD			Ongoing
Computer Training	MIS & other staff- 30	Service Providers		Ongoing
Medicare Update: Medicare/ Fraud/Patrol/SHIP Training		Aging Network partners-100		Ongoing
Volunteer Coordinator/ SHIP Volunteer's Training	SHIP staff - 2		SHIP volunteers- 50	Ongoing
SHIP national, regional and local training.	SHIP staff -2			TBD
Retired Senior Volunteer Program (RSVP) Training	RSVP staff - 1		RSVP Volunteers - 300	TBD
Provider Training: HIPAA and Aging Related Issues		Aging Network Providers - 40		Ongoing
Senior Center Director TASC statewide training.		Senior Center Directors		TBD
Emergency Services Coordinator FEMA Training	ACMS Emergency Coordinator Staff - 2	Provider Agency Emergency Coordinator		Available on-line at http://www.fema.gov/emergency/nims/NIMSTrainingCourses.shtm
National 4A Annual Training Conference: topics covering the advancement of area agency management and operations and new service development.	Mgmt. Staff -4			09/10
AIRS Conference: new development in AIRS functions	I & A staff -2			06/10
TNAIRS Training	I & A staff -3			07/10
Nutrition Services updates to nutrition services programs		Aging Network Providers - 40		TBD
SAMS User Group Conference	MIS staff - 2			07/10
SE4A Conference	Mgmt staff -6			09/10
Aging Network Partners technical		Aging		01/11

assistance training on completing grant application documents.		Network Providers - 40		
TCSW Conference	Service Coordinators and Social Workers -8			03/11
Public Guardianship Annual Training	Public Conservator & 2 staff			TBD

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
Leadership Memphis	Mgmt staff -1			TBD
SPOE Training	SPOE Mgr & 6 Staff			TBD
Emergency Preparedness	Designated staff - 2	Aging Network Providers - 40		TBD
Information/Technology SAMS Training	Information & Technology Staff – 6			TBD
Quality Assurance Training	QA Mgr & 1 staff			TBD
CHOICES Training	Medicaid Waiver Staff			TBD
NGA Annual Conference	Conservator			10/11
Elder Abuse Conference		Aging Network Partners		06/10

Part E: DOCUMENTATION

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
E-1	OAA Assurances of Compliance
E-2	Availability of Documents
E-3	Civil Rights Act Compliance
E-4	Compliance with U.S. Code 31 Section 1352

PSA:9
 PLAN PERIOD: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
 () Update, Dated:

Older Americans Act (2006) Assurances of Compliance

Section. 306. AREA PLANS

(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, or construction of multipurpose senior centers, 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 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 who are victims of 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 sub clause(I);
- (ii) **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; 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 health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental 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;
- (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
 - (ii) 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 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 2000 in carrying out such a program under this title;
- (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; and
- (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.
- (b) (1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (2) Such assessment may include—
 - (A) the projected change in the number of older individuals in the planning and service area;
 - (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
 - (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
 - (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
- (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
 - (B) land use;
 - (C) housing;
 - (D) transportation;
 - (E) public safety;
 - (F) workforce and economic development;
 - (G) recreation;
 - (H) education;
 - (I) civic engagement;
 - (J) emergency preparedness; and
 - (K) 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.

Section. 374. MAINTENANCE OF EFFORT

Funds made available under this subpart 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

Aging Commission of the Mid-South hereby gives full assurance that every effort will be made to comply with the regulations of the Older Americans Act.

SIGNATURES

_____ Date _____
AAAD Director

_____ Date _____
Grantee Agency Director

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
() Update, Dated:

Availability of Documents

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

1. Current policy making board member roster, including officers
2. Applicable current licenses
3. AAAD Advisory Council By-Laws and membership list
4. AAAD staffing plan
 - a. position descriptions (signed by staff member)
 - b. staff resumes and performance evaluations
 - c. documentation that staff meet the educational and experience requirements of the position and that appropriate background checks have been completed
 - d. equal opportunity hiring policies and practices
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
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, consumer, and caregivers
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

_____ Date _____
 AAAD Director

_____ Date _____
 Grantee Agency Director

PSA: 9

(X) Original, Dated: March 2010

Plan Period: July 1, 2010 – June 30, 2014 () Update, Dated:

Title VI of the Civil Rights Act of 1964 Compliance

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

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

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

Prohibited practices include:

1. Denying any individual any services such as: congregate meals, in-home services, and information and assistance; opportunity to serve as a volunteer, advisor, or member of a policy board, positions of leadership, or other benefit for which he/she is otherwise qualified.
2. Providing any individual with any service, or other benefit, which is different or is provided in a different manner from that which is provided to others under the program, such as the selection of menu items, the mode of style of service, or the manner of conveyance in transportation.
3. Subjecting any individual to segregated or separate treatment in any manner related to that 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 Aging Commission of the Mid-South Area Agency on Aging and Disability shall appoint a Title VI coordinator to ensure that the Area Agency on Aging and Disability and all service providers comply with the provision of Title VI. Whenever a planning or advisory body, such as a board or a committee is an integral part of the Area Agency on Aging and Disability or service provider program, the Area Agency on Aging and Disability will take such steps as are necessary to ensure that minorities are notified of the existence of such bodies and are provided equal opportunity to participate as members. Where members of a board or committee are appointed by the area agency or service provider agency, minorities shall be represented at least in proportion to their presence in the general population of the service area.

SIGNATURES

_____ Date _____
AAAD Director

_____ Date _____
Grantee Agency Director

Part F: PUBLIC HEARINGS ON AREA PLAN & WAIVERS

Older Americans Act

Section 306 *AREA PLANS*

(a)(6)(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

(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.

Exhibit Number

Title of Exhibit

F-1 Public Hearing on Area Plan on Aging

F-2 Advisory Council Participation in the Area Plan Process

Attachment 1 Supporting Documentation for Public Hearing and Advisory Council Participation

PSA: 9
 Plan Period: July 1, 2010 – June 30, 2014

Exhibit F-1
 () Original, Dated: March 2010
 () Update, Dated:

Public Hearings on Area Plan

A. PUBLIC HEARING INFORMATION

Date(s) of Public Hearing	March 15, 2010
Time(s) when hearing was held	10:00 a.m.
Place(s) where hearing was held	Goodwill Homes Senior Center, 163 West Raines Road, Memphis, TN 38109
Was Place Accessible?	Yes
Type of Notice(s) or Announcement(s)	Classified ads in newspapers in Memphis, Fayette, Lauderdale, Shelby and Tipton Counties; Flyer for Goodwill Homes Senior Center.
Date(s) of Notices or Announcements (attach copy)	The Leader, Tipton County 2/25/10 The Enterprise, Lauderdale County 2/25/10 Oakland News, Fayette County 3/3/10 Tri-State Defender, Shelby Metro area = 2/25/10 Commercial Appeal, Shelby Metro area = 2/28/10 Shoppers News, Bartlett Express, Millington Star, Navy Blue Jacket, Collierville Independent, Shelby Sun Times

B. ATTENDANCE*

County	# of Advisory Council Members from County	Total from County**
Tipton	1	2
Shelby	1 ex officio	59
DeSoto		1
Total # Advisory Council Members in column 2	2	
Total Attendance*		62

* 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.

B. 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.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

() Original, Dated: March 2010
() Update, Dated:

C. DESCRIPTION

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

Sixty-two (62) persons signed in at the public hearing, not including Aging Commission of the Mid-South Staff. The 62 persons included the above listed Advisory Council members (Charles Chumley and Carla Baker, ex officio) as well as seven (7) service provider representatives.

D. SUMMARY of PUBLIC COMMENTS

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

Dora Ivey, Executive Director of the Aging Commission of the Mid-South welcomed those present. She introduced Charles Chumley, Secretary of the Advisory Council and Carla Baker of Meritan, representing service providers. She acknowledged the following service providers: Carter Kirk, Home Care Solutions; Molly Egg, Tipton County Commission on Aging, Arnetta Macklin and Dianne Polly of Metropolitan Inter-Faith Association as well as Susan Mills and Vallery Young of Goodwill Homes who she thanked for hosting this public hearing.

Dora Ivey stated that each year by federal law we are required to have a public hearing and we want to hear from the public what their needs are and any other comments they have. She stated this is the way to have your voice heard on the state and federal level, and this is an opportunity for those present to hear what the Aging Commission has planned for the 4-county area. She stated there will be a 3-minute time limit for those speaking.

Dora Ivey introduced the following Aging Commission of the Mid-South staff: Kathryn Coulter, Chief Development Officer; Gloria Lynch, Chief Operating Officer; Kathy Williams, Chief Financial Officer Anitra Rogers, Quality Assurance Manager; Pamela Dotson, TennCare Waiver Manager; Elaine Graf, Program Development Grants Specialist; and Martha Higgins, Executive Secretary.

Dora Ivey stated the Older Americans Act became public law in 1965, and discussed the six core services funded by the Older Americans Act: supportive services, nutrition services, preventive health services, the National Family Caregiver Support Program, services that protect the rights of vulnerable older persons, and services to Native Americans. She called attention to the handout in the packets distributed which gives details of these services.

Dora stated the Aging Commission of the Mid-South is specifically the area agency on aging and disability for West Tennessee, and includes the City of Memphis, as well as Fayette, Lauderdale, Shelby and Tipton Counties. She introduced Anitra Rogers to review the role of the Aging Commission.

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() Original, Dated: March 2010
() Update, Dated:

Anitra Rogers, Quality Assurance Manager, outlined the role of the Aging Commission of the Mid-South and covered all of the information contained in the packet distributed which is attached.

Elaine Graf, Program Development Grants Specialist, gave an Annual Status Report and Highlights covering goals and status of Access Services, Community Services/Health Promotion, Home and Community Based Long Term Care Services, Elder Rights, Strengthen the Effective of Management Practices, and Other AAAD Highlights which included:

- Digital TV Project that assisted home-bound and low-income older residents in obtaining and installing digital converter boxes
- Elder Abuse Awareness Event on June 15, 2009 marking World Elder Abuse Day
- Home and Community Based E/D Waiver which served 810 active enrollees

This report is included in the packet distributed.

The Area Plan program goals and objectives were outlined and explained by the following Aging Commission staff:

Kathryn Coulter, Chief Development Officer, presented the Access Services plan and her remarks covered Exhibit C-2 goals and objectives.

Gloria Lynch, Chief Operating Officer, presented the Home and Community Based Services plan and her remarks covered Exhibit C-3 goals and objectives.

At this point, Dora Ivey acknowledged Lester Gingold, publisher of *The Best Times* and a former member of the Aging Commission's Advisory Council.

Gloria Lynch asked Anitra Rogers to speak regarding a new service that will be offered, Adult Care Homes. Anitra stated that as we age we want choices and don't want to have someone dictate what services we will receive. She said adult care homes are homes just as we are living in today. In an adult care home others may live in the home with you. There can be no more than 5 adults living in one home. You may hire a resident manager who will help with your daily activities. The adult care home services will be funded by TennCare. We need to recruit people who are interested in building this type facility, people who have assisted care facilities and people who are already established. The individuals as well as the agency must be licensed by the board of health. She asked if anyone present knows someone who may be interested, that they please contact Jennifer Lowe or Anitra Rogers at the Aging Commission of the Mid-South. She distributed a handout of questions and answers regarding the Adult Care Home Act of 2009. This document is included in the hearing packet.

Gloria Lynch also presented the Health Promotion and Disease Prevention plan and her remarks covered Exhibit C-4 goals and objectives.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

() Original, Dated: March 2010
() Update, Dated:

Kathryn Coulter presented the Elder Rights plan and her remarks covered Exhibit C-5 goals and objectives.

Kathy Williams presented the Financial Overview of the area plan shown in Exhibit C-1.

All of the exhibits referred to above are included in the packet distributed at the public hearing.

Elaine Graf stated everyone should be receiving their 2010 census survey in the mail within the next week. She stated that everyone needs to complete and return the form in order for our area to receive its fair share of federal dollars, the distribution of which is based on our population as counted by the census. The form contains only 10 questions and will only take about 10 minutes to complete. She urged everyone to please comply with this survey.

Dora Ivey stated we have reached the point where comments will be received from those present who wish to speak. All comments will be forwarded to the state government in Nashville and to the federal government as part of the state plan. All comments or suggestions are welcome.

Carla Baker, of Meritan, asked those who could to stand and stretch a bit. She stated to the participants of the senior center that if they participated in the Get Fit, Stay Fit program which Randy Kostiuk of Meritan, conducts at the senior centers, their thanks for the funding of that program should go to the Aging Commission of the Mid-South and the Tennessee Commission on Aging and Disability. She stated the Medication Management program which Meritan administers is also funded by the Aging Commission under the Health Promotion services.

Carla said that Meritan would really like the State of Tennessee to use the federal funding formula, which takes into account the income of individuals when distributing funds for aging programs. She said Tennessee has its own formula which does not take into account a person's income. She stated a lot of people are moving from West Tennessee and that is hurting our area as it relates to funding which is based on census figures. She said when distributing money to the 9 areas in Tennessee, Meritan would like to see the state's formula based on income, minorities, and age as is done by the federal government.

Arnetta Macklin, of the Metropolitan Inter-Faith Association, spoke briefly, stating she would like to go on record in support of the efforts of the Aging Commission of the Mid-South, particularly as it relates to low-income seniors. She also urged everyone to complete their census form. She thanked the Aging Commission for all they do for seniors and caregivers in our community. In keeping with the 3-minute time limit, she also submitted written remarks which are attached.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
() Update, Dated:

Dora Ivey thanked Carla Baker and Arnetta Macklin for their comments and again invited participants in the audience who wanted to have their voices heard to speak. Seeing no additional speakers from the floor, she thanked all present for attending. She then declared the hearing adjourned at 11:00 a.m.

E. SUMMARY of CHANGES

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

There were no changes made in the plan as a result of the public hearing.

PSA: 9
Plan Period: July 1, 2010 – June 30, 2014

(X) Original, Dated: March 2010
() Update, Dated:

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.

February 18, 2010

2. Attach an agenda of the Area Plan review meeting or describe the review process.

An agenda is included in the attachments to the Area Plan. The minutes of the February 18 Advisory Council meeting are also included as an attachment. The minutes describe the review process. A written executive summary from Metropolitan Inter-Faith Association, our primary meal provider, is also included as an attachment.

3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.

Twelve (12) members were present:

Bernard Danzig, Diana Bedwell, Charles Chumley, Willie Mae Harmon, Rosie Lemons, Beauton Matthews, Corky Neale, Louis Patrick, Dr. Rose Rubin, Carl Trimm, Edward Williams, and Joni Cook.

Three (3) guests were present: Deborah Cotney Executive Director of Meritan, Arnetta Macklin and Dianne Polly of Metropolitan Inter-Faith Association.

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

A summary of comments is included as an attachment. There were 16 comments regarding needs and gaps in services in PSA 9. The goals of Access Services, Community Services and Health Promotion, Home and Community Based Long Term Care Services, and Elder Rights were discussed. The comments regarding the goals are also attached.

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

More emphasis on disability issues.

Awareness of current economic impact on seniors.

More in home services as funding becomes available.

Importance of volunteers in service delivery.

Expand and enhance SPOE component.

Part G: FINANCIAL PLAN

Older Americans Act

(NOTE: This summary does not include ALL financial or allotment references in the OAA)

Section 306 *AREA PLANS*

(a)(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 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 who are victims of 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

Section 315 *CONSUMER CONTRIBUTIONS*

(a)(5) (Cost Sharing) REQUIREMENTS.—If a State permits the cost sharing described in paragraph (1), such State shall require each area agency on aging in the State to ensure that each service provider involved, and the area agency on aging, will—

(a)(5)(B) establish appropriate procedures to safeguard and account for cost share payments;

(a)(5)(C) use each collected cost share payment to expand the service for which such payment was given;

(b)(4) (Voluntary Contributions) REQUIRED ACTS.—The area agency on aging shall ensure that each service provider will—

(A) provide each recipient with an opportunity to voluntarily contribute to the cost of the service;

(B) clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;

(C) protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack of contribution;

(D) establish appropriate procedures to safeguard and account for all contributions; and

(E) use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under this Act.

Section. 721. *PREVENTION OF ELDER ABUSE, NEGLECT, AND EXPLOITATION*

(a) ESTABLISHMENT.—In order to be eligible to receive an allotment under section 703 from funds appropriated under section 702 and made available to carry out this chapter, a State agency shall, in accordance with this section, and in consultation with area agencies on aging, develop and enhance programs to address elder abuse, neglect, and exploitation.

Exhibit Number

Title of Exhibit

G-1

Financial Report File

ATTACHMENTS

- 1) **2009 Survey Results**
- 2) **Notice of Public Hearing**
- 3) **Legal Notice of Public Hearing**
- 4) **Public Hearing Agenda**
- 5) **Packet Distributed at Public Hearing**
- 6) **Adult Day Care Answer and Questions**
- 7) **Remarks of Arnetta Macklin of MIFA at Public Hearing**
- 8) **Advisory Council Executive Committee Meeting of 11/12/09**
- 9) **Memo from Dora Ivey to Advisory Council dated February 15, 2010**
- 10) **Agenda, February 18, 2010 Advisory Council meeting**
- 11) **Minutes, February 18, 2010 Advisory Council meeting**
- 12) **Executive Summary re: Home Delivered Meals Outcome Evaluation**
- 13) **Input of Advisory Council from February 18, 2010 meeting**

**Aging Commission of the Mid-South
2009 Survey Results**

Two Hundred and forty-two (242) Surveys were mailed to the HCBS Consumers on September 18, 2009 to monitor service delivery to the consumers from the ACMS & HCBS Staff. A cover letter was included with each survey. This letter provided an explanation of the survey as well as a requested return date. In addition, each consumer was provided a postage paid envelope to mail the survey back to the Aging Commission of the Mid-South. 88 surveys were returned. 18 surveys were returned to ACMS, undeliverable (death, moved etc.). 33 phone surveys were conducted to ensure a minimum survey total computation.

**36.36% Total Survey Analysis Return Rate
13.64 % Total Phone Survey Analysis Rate
50.00% Total Survey Analysis**

STAFF

Questions

1	Aging Commission Staff is friendly and courteous.					
	Always	Usually	Rarely	Never	Don't Know	No answer
	82.64%	11.57%	0.00%	1.65%	1.65%	2.48%
	Aging Commission Staff are helpful to me.					
2	Always	Usually	Rarely	Never	Don't Know	No answer
	73.55%	17.36%	2.48%	1.65%	1.65%	3.31%
	Aging Commission Staff is responsive to my needs.					
3	Always	Usually	Rarely	Never	Don't Know	No answer
	72.73%	16.53%	0.83%	2.48%	1.65%	5.79%
	Aging Commission staff is timely in responding to my requests and in keeping appointments.					
4	Always	Usually	Rarely	Never	Don't Know	No answer
	73.55%	17.36%	0.83%	1.65%	3.31%	3.31%
	Aging Commission staff discussed confidentiality of my information at the time of initial visit.					
5	Always	Usually	Rarely	Never	Don't Know	No answer
	75.21%	13.22%	1.65%	1.65%	4.96%	3.31%

INFORMATION

	The information I received was what I expected and/or requested.					
1	Always	Usually	Rarely	Never	Don't Know	No answer
	65.29%	22.31%	4.13%	1.65%	3.31%	3.31%
	The information I received was sufficient to meet my needs.					
2	Always	Usually	Rarely	Never	Don't Know	No answer
	62.81%	21.49%	3.31%	0.83%	4.13%	7.44%
	I received additional information about other community services.					
3	Always	Usually	Rarely	Never	Don't Know	No answer
	44.63%	23.97%	5.79%	9.09%	7.44%	9.09%

The information I received was accurate and reliable.

4	Always	Usually	Rarely	Never	Don't Know	No answer
	58.68%	21.49%	3.31%	2.48%	5.79%	8.26%

SERVICES

The services I receive through the Aging Commission's HCBS programs are needed.

1	Always	Usually	Rarely	Never	Don't Know	No answer
	80.17%	9.92%	0.00%	0.00%	4.96%	4.96%

The services I receive were clearly explained to me by the Aging Commission Staff.

2	Always	Usually	Rarely	Never	Don't Know	No answer
	78.51%	13.22%	0.83%	0.00%	3.31%	4.13%

The services I receive are what I expected.

3	Always	Usually	Rarely	Never	Don't Know	No answer
	73.55%	14.05%	3.31%	1.65%	4.13%	3.31%

My chosen provider agency's staff is courteous

4	Always	Usually	Rarely	Never	Don't Know	No answer
	77.69%	14.88%	0.83%	0.00%	2.48%	4.13%

I receive my services from the provider agency as authorized

5	Always	Usually	Rarely	Never	Don't Know	No answer
	76.03%	14.88%	0.83%	0.83%	3.31%	4.13%

I am satisfied with the agency that provides my services

6	Always	Usually	Rarely	Never	Don't Know	No answer
	79.34%	12.40%	1.65%	0.83%	2.48%	3.31%

OVERALL

In general, I am satisfied with my experiences with the Aging Commission.

1	Always	Usually	Rarely	Never	Don't Know	No answer
	77.69%	14.88%	0.83%	0.83%	0.83%	4.96%

COMMENTS: Majority of all comments were positive and several consumers requested more service hours.

**PUBLIC HEARING
ON
AREA PLAN
FOR FISCAL YEAR 2011**

**AGING COMMISSION OF THE MID-SOUTH
AREA AGENCY ON AGING AND DISABILITY**

**Monday, March 15, 2010
10:00 a.m.
Goodwill Homes Senior Center
163 West Raines
Memphis, TN 38109**

*Written comments are invited at the hearing
or may be submitted until
March 11, 2010. For further information or a
copy of the Plan Summary, contact:*

**Aging Commission of the Mid-South
2670 Union Avenue Extended, Suite 1000
Memphis, TN 38112-4416
(901) 324-6333 FAX (901) 327-7755**

LEGAL NOTICE

Public Hearing on Area Plan
Aging Commission of the Mid-South
July 1, 2010- June 30, 2011

The Aging Commission of the Mid-South will conduct a Public Hearing in connection with the Area Plan on Aging and Disability for fiscal year 2011 for citizens in Planning and Service Area 9, covering the City of Memphis and Shelby, Fayette, Lauderdale, and Tipton Counties. The hearing will be held on:

Monday, March 15, 2010
Goodwill Homes Senior Center at 10:00 am
163 W. Raines Road
Memphis, TN 38109

We are asking that comments be made in writing and either presented in person at the public hearing, faxed, or hand delivered to the Aging Commission of the Mid-South no later than Thursday, March 11, 2010 to:

**Aging Commission of the Mid-South
2670 Union Avenue Extended, Suite 1000
Memphis, TN 38112
Telephone (901) 324-6333
Fax (901) 327-7755**

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LEGAL NOTICE

Public Hearing
on Area Plan
Aging Commission of the
Mid-South
July 1, 2010 - June 30, 2011

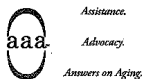
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Aging Commission of the Mid-South, Inc.



Aging Commission of the Mid-South Area Plan FY 2011 - 2014 Public Hearing March 15, 2010 Agenda

Area Agency On
Aging and Disability

Shelby County Mayor's
Office on Aging

Public Guardianship
Program

Retired Senior
Volunteer Program

Welcome.....	Dora Ivey Executive Director
Introduction of Advisory Council Members	
Introduction of ACMS Staff.....	Dora Ivey
• Kathryn Coulter, Chief Development Officer	
• Gloria Lynch, Chief Operations Officer	
• Kathy Williams, Chief Financial Officer	
• Anitra Rogers, Quality Assurance Manager	
• Elaine Graf, Program Development Grant Specialist	
Overview of Public Hearing	
Older Americans Act.....	Dora Ivey
Area Agency Information.....	Anitra Rogers
Annual Status Report and Highlights.....	Elaine Graf
Program Goals & 2011 Objectives	
C2 Access Services.....	Kathryn Coulter
C3 Home and Community Based Services.....	Gloria Lynch
Adult Care Homes	
C4 Health Promotion and Disease Prevention.....	Gloria Lynch
C5 Elder Rights.....	Kathryn Coulter
Financial Overview.....	Kathy Williams
Census 2010.....	Elaine Graf
Questions/Comments/Statements (3 minute limit each).....	Audience
Adjournment.....	Dora Ivey

REMINDER:

Please sign in with your name and your county – Fayette, Lauderdale, Shelby, or Tipton. Thank you for attending this important Public Hearing event.

2670 Union Avenue Extended, Suite 1000 ♦ Memphis, Tennessee 38112
901-324-6333 ♦ Fax 901-327-7755 ♦ Information & Assistance 901-324-3399

The Aging Commission of the Mid-South, Inc. is largely funded by the U.S. Administration on Aging and the Tennessee Commission on Aging and Disability.

Serving: City of Memphis Shelby County Fayette County Lauderdale County Tipton County

OLDER AMERICANS ACT

It became public law in 1965 with the words – “The congress hereby finds and declares that in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our nation are entitled to equal opportunity to the full and free enjoyment of the following objectives”:

1. An adequate income in retirement
2. The best possible physical and mental health
3. Suitable housing at costs which older citizens can afford
4. Full restorative services for those who require institutional care
5. Opportunity for employment
6. Retirement in health, honor, dignity
7. Pursuit of meaningful activities
8. Efficient community services
9. Immediate benefit from proven research knowledge
10. Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

In addition to creating the Administration on Aging (AoA), it authorized grants to states for community planning and services programs. Later amendments to the act added grants to Area Agencies on Aging (AAADs) for planning and funding of services including, but not limited to, nutrition programs in the community and in the home; services targeted at low-income minority elders; health promotion and disease prevention activities; in-home services for frail elders; and services which protect the rights of older persons.

The Older Americans Act Amendments of 2000 contained the National Family Caregiver Support Program (NFCSP), which helps family members who are struggling to care for their older loved ones who are ill or have disabilities. Family caregivers have always been the mainstay of long term care (LTC) for older persons in this country. Two thirds of non-institutionalized persons needing assistance with activities of daily living (ADLs) depend solely on family and friends. Only a little more than five percent rely exclusively on paid services. Under this program, state agencies on aging work with Area Agencies on Aging (AAADs) to provide support services to families caring for their frail older members.

Mission: The mission is to develop a system of long-term care that helps elderly individuals to maintain their dignity in their homes and communities. The mission is also to help society prepare for an aging population.

Target Population: While all older Americans may receive services, the OAA targets those older individuals who are in greatest economic and social need: the poor, the isolated, and those elders disadvantaged by social or health disparities.

There are six core services funded by the Older Americans Act (OAA) including:

1. **Supportive services** - which enable communities to provide rides to medical appointments and grocery and drug stores. Supportive services provide handyman, chore and personal care services so that older persons can stay in their homes. These services extend to community services such as adult day care and information and assistance as well.
2. **Nutrition services** – which include more than a meal. Since its creation, the OAA nutrition program has provided nearly 6 billion meals for at risk older persons. Each day in communities across America, senior citizens come together in senior centers or other group settings to share a meal, as well as comradery and friendship. Nutrition services also provide nutrition education, health screenings, and counseling. Homebound seniors are able to remain in their homes largely because of the daily delivery of a hot meal, sometimes by a volunteer who is their only visitor.
3. **Preventive health services** – which educate and enable older persons to make healthy lifestyle choices. Every year, illness and disability that result from chronic disease affects the quality of life for millions of older adults and their caregivers. Many chronic diseases can be prevented through healthy lifestyles, physical activity, appropriate nutrition, and regular screenings.
4. **The national family caregiver support program** – which is a significant addition to the OAA. It was created to help the millions of people who provide the primary care for spouses, parents, older relatives and friends. The program includes information to caregivers about available services; assistance to caregivers in gaining access to services; individual counseling; support groups, and caregiver training related to their caregiving roles. The program also recognizes the needs of grandparents caring for grandchildren.
5. **Services that protect the rights of vulnerable older persons** – which are designed to empower older persons and their families to detect and prevent elder abuse and consumer fraud. These services include long term care ombudsman programs that serve to investigate and resolve complaints made by or for residents of nursing, board and care, and similar adult homes.
6. **Services to Native Americans** - which include nutrition and supportive services designed to meet the unique cultural and social traditions of tribal and native organizations and organizations serving Native Hawaiians.

GOAL 4: ELDER RIGHTS

By June 30, increase the participation of seniors and the public in programs that provide information or assistance in protecting the rights of seniors to approximately 25,960 persons.

STATUS:

Participation in programs that safeguard senior rights reached 757 individuals, including public guardianship, Ombudsman and Memphis Area Legal Services. ACMS partnered with the Elder Support and Protection Resources (ESPR) Taskforce to assess and enhance capacity in PSA 9. The community meeting participation in this project equaled 120 and an event commemorating World Elder Abuse Day reached more than 100 people. Public information on the prevention of senior abuse and neglect reached a circulation of 25,000 through the *Best Times* monthly news magazine. Total participation is **25,977**.

GOAL 5: STRENGTHEN THE EFFECTIVENESS OF MANAGEMENT PRACTICES

Ensure that every level of service provided is focused upon the well-being and satisfaction of the service recipient, focusing on our effectiveness and efficiency.

STATUS:

The Executive Director, Chief Operations Officer, Chief Development Officer and Chief Financial Officer meet weekly to monitor agency efficiency, timeliness and progress toward meeting measurable goals. The results of a client satisfaction survey conducted in July 2009 indicated that **91%** of respondents were usually or always satisfied with the services from ACMS. The survey is included with this exhibit. Internal and external audits reveal no corrective actions or findings for the agency.

Other AAAD Highlights:**Digital TV Project**

With generous funding from the Durham Foundation, and in partnership with WKNO Public Television and the Metropolitan Inter-Faith Association (MIFA), ACMS assisted home-bound and low-income older residents in obtaining and installing digital converter boxes. Priority was given to home-bound individuals living alone. Volunteers were recruited by the Retired and Senior Volunteer Program (RSVP). Consumers were given information on the digital transition and, if eligible, were given the converter box to be installed by the volunteer.

Elder Abuse Awareness Event

ACMS partnered with the Elder Support and Protection Resource (ESPR) committee and the University of Tennessee Extension to present a panel discussion and resource and awareness event on June 15, 2009, marking World Elder Abuse Day. The distinguished panel included the local Police Director, Attorney General, Probate Court Judge, and representatives from the sheriff's departments and adult protective services.

Home and Community Based E/D Waiver

ACMS served 810 active enrollees, who received approximately one and a half million service units from 67 approved provider agencies. These services generated over \$17 million in payments to the primarily local business community.

PSA: () Original, Dated:
Plan Period: () Update, Dated:

Access Services

AoA Goal: Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

TCAD Goal: Increase the number of individuals who access aging and disability services and benefits through a comprehensive, reliable, unbiased and easily accessible information, counseling and referral system.

AAAD GOAL

Serve as the Single Point of Entry (SPOE) for Home and Community-Based Services, as well as provide the community with information and assistance regarding aging and disability programs and services.

MEASURABLE Objective 1: By June 30, 2011, Information and Assistance units delivered to the public about aging and disability services will equal 17,000 units.

Strategy 1

By a dedicated phone line provide information, counseling, assistance and telephone screening on all appropriate referrals for programs as well as refer inquirers to community services within three working days after a referral or inquiry call has been received.

Strategy 2

Through the State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) program, provide Medicare insurance information, counseling, and assistance by a dedicated telephone line, and train and equip SHIP and SMP volunteers to provide comprehensive information and assist individuals with Medicare problems in a rapidly changing counseling environment. Utilize television, radio and print media to inform the public about Medicare issues and raise awareness of SHIP and SMP programs.

Strategy 3

Co-sponsor and/or participate in at least five health fairs or other community information events, at least three of which will be conducted in rural counties to share information about aging and disability services and programs to inform about Medicare issues, and present programs as requested by local community groups to increase public awareness of the Area Agency on Aging and Disability programs and services.

Performance Measure: Method for Measurement.

- 1) Maintain a record of all Information and Assistance calls in SAMS database.
- 2) Maintain event and attendance records for all health fairs and other community events. Record and document outreach through all media outlets and number of individuals receiving this information.
- 3) Document all calls, counselor training and results, and all outreach, media and enrollment events in accordance with SHIP/SMP directives.

MEASURABLE Objective 2: By June 30, 2011, provide a printed resource guide and electronic information on the Aging Commission of the Mid-South website with information on services available to older and disabled adults and their families to 9,500 persons.

Strategy 1

Revise, and populate with paid advertisements The Senior Information Handbook.

Strategy 2

Maintain an electronic copy of The Senior Information Handbook on the website for download by interested individuals.

Performance Measure: Method for Measurement.

- 1) Distribute 5,000 copies of the Senior Information Handbook throughout the region to older persons and adults with disabilities and their families.
- 2) Maintain an electronic version of The Senior Handbook on the Aging Commission of the Mid-South website and maintain a record of the number of hits on this site.

PSA: () Original, Dated:
Plan Period: () Update, Dated:

Home and Community Based Services

AoA Goal: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

TCAD Goal: Assist older individuals and adults with disabilities who are at risk of losing their independence the choice of remaining in their homes or communities thus delaying institutionalization in long term care facilities.

AAAD GOAL

Utilize Federal, State and Local resources to provide an array of in-home services for eligible seniors and adults with disabilities to enhance their quality of life and assist them to remain in their homes or communities for as long they choose to do so.

MEASURABLE Objective 1: By June 30, 2011, transition to the CHOICES program following new TennCare guidelines.

Strategy 1

Promote the CHOICES program through community networking, health fairs, media outlets and other events related to the disability/aging community.

Strategy 2

Expedite consumer enrollment in CHOICES by gathering all documents as directed by TennCare and the Department of Human Services (DHS).

Strategy 3

Partner with designated Managed Care Organizations (MCO) to ensure the success of the CHOICES program.

Performance Measure: Method for Measurement.

- 1) Maintain and analyze a record of active enrollees in the SAMS database to monitor progress toward enrollment goals.
- 2) Maintain a record of contact with the MCOs including conference calls and meetings.

MEASURABLE Objective 2: By June 30, 2011 serve a minimum of 350 individuals through the Options for Independent Living Program providing services that will assist consumers in remaining independent as long as possible.

Strategy 1

Provide a comprehensive plan of services utilizing community resources to assist consumers to stay at home for as long as possible. Provide information and referral to Options consumers regarding available community services.

Strategy 2

Receive referrals into the HCBS department from the SPOE on an on-going basis.

Strategy 3

Provide technical assistance and training to providers to increase the quality of services.

Performance Measure: Method for Measurement.

- 1) Maintain and analyze a record of consumers receiving services in the SAMS database to monitor progress in meeting the enrollment goal.
- 2) Case notes, narratives, and service plans will be used to monitor the referral and provision of available services to meet the identified needs.
- 3) Document requests for information and training offered to providers through quarterly meetings and technical assistance.

MEASURABLE Objective 3: By June 30, 2011, serve approximately 4000 consumers, based on availability of funding, through Title III Congregate, Home Delivered Meals and Homemaker Programs and other in-home care and supplemental services.

Strategy 1

Conduct community outreach to build awareness of Title III services.

Strategy 2

Provide in-home assessments to determine need and eligibility for Title III Home Delivered Meals and Homemaker services.

Strategy 3

Collaborate with service providers and consumers to monitor quality of services.

Strategy 4

Provide ongoing technical assistance and quarterly training opportunities to service providers.

Performance Measure: Method for Measurement.

- 1) Maintain record of consumers participating in the nutrition and non-Waiver/Options in-home services programs to monitor progress toward goal.
- 2) Review assessments to establish eligibility for services.
- 3) Monitor complaint logs and missed visit reports to identify potential customer service issues.
- 4) Document quarterly training and technical assistance offered to service providers.

MEASURABLE Objective 4: By June 30, 2011, Serve 25,000 caregivers of seniors with quality services to support them in their caregiving roles. Services include information, counseling and assistance, support through caregiver training, group information, support groups and individual counseling, and information distributed through the media.

Strategy 1

Facilitate access to community services for individual caregivers through the SPOE and networking with community agencies.

Strategy 2

Offer information to community groups and through the media regarding caregiver needs and services. Utilize full-page ad in *Best Times*, which has a circulation of 25,000 newspapers monthly.

Strategy 3

Provide caregiver training, support groups, and individual counseling to assist caregivers in making decisions and solving problems related to their roles as caregivers.

Strategy 4

Provide respite services for caregivers of older adults through contracts with local service providers.

Strategy 5

Provide supplemental services for caregivers of seniors, including home delivered meals, minor home repairs and modifications, incontinence supplies, personal emergency response systems and medical supplies not covered by insurance.

Performance Measure: Method for Measurement.

- 1) Maintain a record in the SAMS database, of all Information and Assistance calls by caregivers.
- 2) Maintain copies of articles published in the *Best Times*.
- 3) Maintain attendance records for all community programs, caregiver workshops and conferences.
- 4) Service plans, assessments, and case notes of caregiver contacts will be used to monitor quality and quantity of service provided.
- 5) A record of participation in support groups and caregiver training will be used to monitor progress toward the annual goal.

PSA:
Plan Period:

() Original, Dated:
() Update, Dated:

Elder Rights

AoA Goal: Ensure the rights of older people and prevent their abuse, neglect and exploitation.

TCAD Goal: Develop, strengthen, and enhance elder rights services in the state that prevent elder abuse, neglect, and exploitation.

AAAD GOAL

Increase awareness of elder abuse and strengthen the programs that provide information, assistance, and services to protect the rights of older adults and adults with disabilities.

MEASURABLE Objective 1: By June 30, 2011, serve 60 elderly persons through the Public Guardianship for the Elderly Program in all four counties.

Strategy 1

Protect disabled persons, age 60 or older, through care and management of person and/or property as appointed through the court system, and recover assets, when possible, when an elderly person has been financially exploited.

Strategy 2

Recruit and train three new volunteers who will visit wards under the supervision of the Public Guardian. Provide annual training for all current volunteers to assure that they do the best job possible of meeting the needs of Public Guardian wards.

Strategy 3

Conduct outreach activities in all four counties including local Adult Protective Services office and Long Term Care Facilities for program referrals.

Performance Measure: Method for Measurement.

- 1) Review the record of total persons served monthly to monitor progress toward goal.
- 2) Maintain a record of volunteers attending training with the agenda of the Annual Update Training.
- 3) Maintain a record of all outreach activities to assure that under-served counties are aware of available services.

MEASURABLE Objective 2: By June 30, 2011, ensure 500 elderly individuals' legal issues are addressed through the Memphis Area Legal Services Program (MALS).

Strategy 1

MALS will provide outreach programs for seniors throughout the community, utilizing senior centers and community centers.

Strategy 2

MALS will intervene to safeguard seniors in the legal system in the legal and court systems on various abuse, neglect or exploitation issues.

Performance Measure: Method for Measurement.

- 1) On a quarterly basis review the record of persons served by MALS by outreach.
- 2) On a quarterly basis review the total number of persons served by MALS through legal intervention to ensure that we are on target to reach our goal.

MEASURABLE Objective 3: By June 30, 2011, reach at least 200 individuals in need of Ombudsman services in long-term care facilities.

Strategy 1

Share information about the program with long-term care facility's resident council and appropriate community agencies.

Strategy 2

Recruit and train five new volunteers to assist the Ombudsman and provide annual training for all current volunteers in an effort to ensure that they are well-prepared to meet the needs of the Ombudsman Program.

Performance Measure: Method for Measurement.

- 1) On a quarterly basis review the record of total individuals served by the Ombudsman Program to ensure that we are on target to reach our goal.
- 2) Maintain a record of all new volunteers recruited, current volunteers and number of trainings provided.

MEASURABLE Objective 4: By June 30, 2011, Reach 25,000 people with information regarding elder rights and elder abuse.

Strategy 1

Utilize a full-page in *Best Times*, which has a monthly circulation of over 25,000 newspapers, to address elder abuse, neglect and exploitation issues.

Performance Measure: Method for Measurement.

- 1) Maintain a copy of the article published in the *Best Times*.

Senate Bill 2275 House Bill 2282
Adult Care Home Act of 2009-QUESTIONS AND ANSWERS

Q: What is an adult care home?

A: A new state-licensed community-based residential option for people who can no longer live alone, but who would prefer to receive care in the community in a smaller, home-like setting rather than in a nursing home. Adult Care Homes are just like any other single family residence, except that the family living there has opened up their home to care for no more than 5 elderly individuals or adults with physical disabilities. The provider may serve a member of their own family, so long as they also serve at least 2 unrelated persons. The provider must either live on-site in the home, or hire a resident manager who lives on-site so that the person primarily responsible for delivering care on a day-to-day basis is living in the home with the individuals they're caring for.

Q: Do adult care homes exist in other states?

A: The model is widely used in Oregon and other states with robust home and community-based delivery systems. The Joint Study Committee on Long-Term Care, along with AARP, the nursing home industry, other stakeholders, and State staff traveled to Oregon last spring to look at the adult care home model as one possible option for new residential alternatives. The interest and feedback for the adult care home model was positive, with significant interest expressed in bringing it to Tennessee.

Q: What does the *Adult Care Homes Act of 2009* do?

A: This bill establishes the licensure standards for Adult Care Homes in Tennessee. In developing these standards, the State looked at requirements in Oregon and other states where the model has been in place for years.

Q: What do adult care homes have to do with the Long-Term Care Community Choices Act of 2008?

A: The LTC CCA, passed unanimously by the General Assembly in 2008, requires that the State expand access to cost-effective community-based residential alternative to nursing home care for the State's elderly and disabled citizens, and that the State develop licensure standards and requirements to ensure quality care in these new residential settings. This bill is part of continuing to move forward, offering more options and choices to people who need care.

Q: What kinds of residential services does TennCare pay for today?

A: Of course, TennCare pays for Level I and Level II nursing home care. Currently, TennCare pays for only 1 community-based residential alternative to nursing home care—Assisted Care Living Facilities (ACLFs). Payment for this service is available only to Medicaid-eligible individuals enrolled in our Home and Community Based Services (HCBS) Waiver program who qualify for admission to an ACLF. Under federal law, TennCare can't pay the cost of room and board for HCBS, but we do pay for the personal care services, homemaker services and medication oversight provided in the ACLF. TennCare pays for the care, and the resident pays for their own room and board. Changes passed last year by the General Assembly have helped to make the ACLF benefit a bit more flexible. Still, people who can no longer live alone, but do not want to go into a nursing home, want and need more options and choices—in particular, options that will allow them to “age in place” when appropriate, and to receive increasing levels of support and care as they age and/or as their needs change.

Q: What kinds of residential options are available in the State (including those not covered by TennCare)?

A: In the State's current long-term care system for residential care, the settings in which someone can receive care depend heavily on that person's level of functional ability (or deficit).

- At one end of the continuum, **Residential Homes for the Aged** typically serve only those persons who are ambulatory, can independently evacuate a building in 13 minutes, can self-administer most medications, and need only limited help and supervision with personal care needs.
- A person who requires a bit more assistance may qualify to receive care in an **Assisted Care Living Facility**. These residents also receive assistance with personal care needs, may receive assistance with administration of medications and now, can also receive certain types of (usually shorter-term) medical, including hospice, services. However, individuals with more significant medical needs must still transition to a nursing facility.
- **Nursing Facilities** are authorized to serve individuals with higher levels of medical need, as well as individuals who may require assistance with activities of daily living.

Q: What makes adult care homes different from other residential options currently available in Tennessee?

A: Adult Care Homes are a “*continuum*” model, in that they are not defined by the needs of persons who live there and do not require that residents leave when their needs change. Rather, they are able to provide increasing levels of support as people age and/or as their needs increase, allowing individuals to “age in place” when appropriate, and to have their medical and other needs met in a home-like community residential setting.

Q: Who can be an adult home care provider?

A: Providers must:

- Be 21 years or older
- Meet all education, experience and training requirements to be determined by rule by the Board for Licensing Health Care Facilities
- Live in the licensed Adult Care Home or hire a resident manager to live in the home
- Provide 24-hour staffing coverage
- Find a substitute caregiver to provide care during any short-term absences of the provider and/or resident manager

Q: What types of licensure will be available for adult care homes?

A: There will be two (2) levels of licensure:

Level I – will provide primarily supervision and assistance with activities of daily living, as well as intermittent medical care

Level II – may offer a specialized or skilled level of care as well as ADL assistance (e.g., ventilator care homes or homes for persons with traumatic brain injury)

Q: How will adult care homes affect nursing homes and other residential facilities?

A: The adult care home model offers yet one more opportunity for nursing homes to diversify their businesses—in particular, to develop smaller, more home-like settings for some of their own current younger adult residents with physical disabilities that, to date, have had few options available.

Assisted care living facilities could also apply to open an adult care home. A residential home for the aged currently located in a single family residence may also consider applying to become an adult care home provider in order to qualify for Medicaid reimbursement for Medicaid-eligible residents who meet nursing facility level of care.

Q: How many adult care homes can a single provider own?

A: The bill currently allows a provider to license only 1 home during the first year. Application to license a second home may be submitted after at least a year of operation and completion of an annual licensure survey without any findings of non-compliance resulting in penalties, suspensions, or other disciplinary actions. After at least a year of operations and completion of annual survey without findings of non-compliance resulting in penalties, suspensions, or other disciplinary actions in both homes, an Adult Care Home provider may license additional homes, up to any established limit set by the Board for Licensing Health Care Facilities. We are considering an amendment to the bill to allow the Board to grant waivers of the “one at-a-time” licensing limit under certain circumstances, such as expertise in serving specialized populations, i.e., ventilator-dependent individuals or persons with traumatic brain injury.

Q: How will the State ensure quality of care for residents of adult care homes?

A: Inspection will be required by the Board prior to issuing an initial license, with unannounced inspections required every 12 months as part of the license renewal process. A tiered structure of sanctions (where repeat violations result in more severe sanctions) which include Civil Monetary Penalties for severe violations will help to ensure quality. CMPs will be deposited in a designated general fund account to be used by the Board to help improve the Adult Care Home model, including recruitment, education and training of providers, and to assist with the development of other kinds of new community-based residential options.

To assist the elderly and those with disabilities who need care with the selection of providers, information about all licensed Adult Care Home providers will be made available upon request to a prospective resident, resident, or family member or accessible through a state website.

Q: Who will license Adult Care Homes?

A: Licensure of Adult Care Homes will be managed through the Board for Licensing Health Care Facilities (who is also responsible for Assisted Care Living Facilities), with rule-making authority delegated to that Board.

Q: Will a Certificate of Need (CON) be required for Adult Care Homes?

A: There will not be a Certificate of Need for Adult Care Homes. Typically, CONs are not required for HCBS residential options; they are not required for Assisted Living Facilities in Tennessee. One of the primary purposes of CONs is to help manage the availability of higher cost services. In this case, Adult Care Homes are a lower cost alternative to institutional care; thus, requiring a CON would be counter to our purpose.

Q: Will adult care homes pay a bed tax like nursing homes do?

A: Adult Care Homes will not pay a “bed tax.” While a “bed tax” sounds like a burden on nursing facilities, it has in fact been a significant source of revenue to the State’s nursing homes. General fund state revenue in an amount equal to bed tax collections is matched with federal dollars to generate funding for the nursing home industry. Without the tax, nursing home payments would have to be reduced.

DATE: March 14, 2010

TO: Dora Ivey, Executive Director
Aging Commission of the Mid-South

FROM: Arnetta Macklin, Vice President
MIFA Senior Programs

RE: Area Plan

The Metropolitan Inter-Faith Association (MIFA) has been an integral part of the city's safety net for nearly 40 years. Formed by a group of clergy and lay persons after the assassination of Dr. Martin Luther King, Jr., MIFA has historically addressed the needs of the community with direct services to those of all ages. These services assist 60,000 people a year and range from transitional housing for homeless families to meeting the needs of the area's senior citizens. MIFA and other social service agencies are experiencing a client base with greater service needs. However, program funding continues to be relatively flat and program expenses have increased.

According to the 2000 Census, 35 million seniors age 65 and older lived in the United States, and seniors 85 and older were the fastest growing population. The number of U.S seniors is expected to double to 80 million by 2050. Because individuals and their families prefer in-home care rather than institutionalization the demand for in-home care continues to increase. Tennessee ranked 50th for meeting the demands for public long-term care and was 41st in its progress toward developing a home and community based care (HCBC) system. Due to the lack of available and affordable in-home services, many seniors are placed in a nursing home where the MIFA Ombudsman program plays a vital role. When in-home, non-medical services like MIFA Meals, Transit, Handyman and the Senior Companion Program allow seniors to gracefully age in place. We are especially concerned with the high number of low income minority seniors that live in West Tennessee. MIFA continues to support advocacy efforts to change the state's funding formula and address the needs of this extremely vulnerable population.

Ombudsman

MIFA's Long-Term Care Ombudsman Program has a District Ombudsman, a Volunteer Coordinator and dozens of volunteers that work to preserve the dignity, privacy and quality of life of seniors. We currently serve the residents of 37 nursing homes, 19 assisted living facilities and 79 care homes in Fayette, Lauderdale, Tipton and Shelby counties. They ensure that quality medication and medical care are provided to long-term care residents. Volunteers also assist family members with various concerns of their loved ones.

Meals

As seniors age, they find it increasingly difficult to complete activities of daily living such as preparing meals, housekeeping and reading mail. Since both seniors and their families prefer

in-home care to institutional care, the demand for in-home services like MIFA Meals will continue to rise. MIFA mobilizes more than 100 volunteers each day to serve 2,000 homebound and over 1,100 active seniors at congregate sites in the four county area.

Volunteer meals deliverers leverage the dollars by keeping cost down and by distributing educational materials (i.e. medication management, tax relief, energy tips etc). All meal plans meet or exceed the one-third daily Recommended Dietary Allowance for seniors. MIFA is a leader in the meal's industry and has received local, state and national awards. 40% of the congregate sites are in Fayette, Tipton & Lauderdale counties.

Senior Companions

While many frail elderly living in their own homes receive support and companionship from families, friends, and churches, countless others do not. Very few of the latter can afford to hire a for-profit companion service. The Senior Companion Program helps seniors maintain their independence and dignity by avoiding premature institutionalization, providing crucial income and high-quality, meaningful volunteer experiences and by providing respite for caregivers of frail seniors in Fayette, Tipton, Lauderdale and Shelby counties .

Transportation

The 2000 U.S. Census determined that 20% of households headed by seniors have no vehicle available to them. The most recent Senior Needs Assessment concluded that one of the most pressing is transportation. One causal factor of this great need is the 13.3% poverty rate among area seniors in Shelby County. MIFA Senior Transportation provides a service that is easy to access, inexpensive, dependable, and geared specifically for the senior population. All drivers have appropriate commercial licenses.

Handyman

MIFA recognizes that there is only one strategy for sustaining housing for the elderly in low-income neighborhoods. That strategy is not to build an affordable home at a minimum of \$65,000; no one living on \$600 a month would qualify to purchase it. Nor is the strategy benign neglect: when homes become uninhabitable, the neighborhood soon will be.

The only effective strategy is a home repair program for low-income senior homeowners. A small investment can yield huge results: a \$75 pipe repair can prevent a \$5,000 floor replacement; a wheelchair ramp can save a \$100 per trip ambulance service; a \$15 commode tank kit can save \$25 per month in a water bill. There is a need for smaller (\$200 and \$1,000) repair programs that are flexible and have a quick response. There is also a need for funding educational home repair workshops for low income citizens.

For public record we would like the aforementioned to be included in the Area Plan for the Aging Commission of the Mid-South. Thank you for all that you do for the seniors and caregivers in our community.

ACMS Advisory Council Executive Committee
11/12/09

Present: Bernard Danzig, Charles Chumley, Joni Cook, Dora Ivey, Elaine Graf

Bernard expressed appreciation for the summary sheet stapled on the front cover of the folder containing information for today's meeting.

Bernard discussed how the December 8 Advisory Council meeting will be important to set the course for the coming year.

The minutes of the last Advisory Council meeting were reviewed – no identified changes.

The Advisory Council was unified the goal of providing advocacy. Major points include:

- AC to educate themselves
- New retirees are different (3 kinds of seniors: the go go, slow go, no go)
- Need to identify community needs (utilize area plan and statewide needs assessment).

Joni raised the point that in identifying needs, for example - homemaker services, there may be a need – but without funding for additional consumers it is frustrating for seniors to learn of this service.

Elaine pointed out that getting on a wait list is always the first step to receiving services.

Discussion of ways to identify community needs for AC advocacy efforts:

- Focus Groups
- Written survey (LCCOA is planning to conduct a survey).
- Provider feedback (it was discussed that providers will see the need based upon the services that they provide).
- I & A calls by category

As the bottom line on many services the suggestion was made that the AC could advocate for more money for services.

Information on current legislation available on the TCAD website (elooop) and the SE4A Advocate tab.

Discussion of CHOICES program and what is the role of the managed care providers (Americhoice and Blue Care).

The Executive Committee requested a speaker on this issue at the December 8th meeting. Dora will contact TennCare and the MCOs to find a speaker. Bernard thought that it would be good to invite the ACMS BOD to this meeting.

The lunch menu for December 8th was reviewed and the following menu was selected:

- 2 Entrees (Turkey & Ham)
- Sweet Potatoes
- Green Beans
- Apple Cobbler

The three new members will be invited to the December meeting.

February 15, 2010

To: ACMS Advisory Council
From: Dora Ivey, ACMS Executive Director
Re: Area Plan 2010-2014

This is a very important meeting of the Advisory Council where the members have the opportunity to assist in planning for the next four (4) years. Section F of the Area Plan is entitled "Advisory Council Participation in the Area Plan Process" and we want to make sure that your voice is heard and your suggestions are documented.

In preparation for the Advisory Council meeting, I wanted to let you know the format we will utilize for your input in the Area Plan:

1. When we do the introductions at the beginning of the meeting, please tell us your name, your county of residence, and something about your county.
2. The group as a whole will discuss the needs for our service area PSA 9. Elaine Graf will lead this discussion, so please be prepared to share the most pressing needs of your area. This corresponds with Section A.
3. We will divide into two smaller groups to discuss objectives to meet the four goals of the area plan, which are: Access Services; Community Services/Health Promotion; Home and Community Based, Long-Term Care; and Elder Rights. Each group will address two goals. This corresponds with Section C.

We value your participation in the Area Plan process and look forward to your ideas and information.

Aging Commission *of the Mid-South, Inc.*

ADVISORY COUNCIL

Thursday, February 18, 2010

10:00 a.m.

Aging Network Conference Room
2670 Union Avenue Extended, Memphis, TN 38112

The mission of the Aging Commission of the Mid-South Advisory Council, as the eyes and ears of the communities it serves, is to improve services to the seniors and adults with disabilities in the City of Memphis and Shelby, Fayette, Lauderdale and Tipton Counties, by collaboratively advocating for the issues and needs of these populations through educating and effectively communicating with legislators and the community. The vision of the Aging Commission of the Mid-South Advisory Council is to be a collective and diverse group of knowledgeable, results-oriented advocates for seniors and adults with disabilities.

Agenda

1. Welcome and Introductions Bernard Danzig, Chair
 2. Approval of December 3, 2009 minutes Bernard Danzig
 3. Reports:
 - TCAD February 9, 2010, meeting Beaton Matthews
 - Mayor's Aging Task Force Kathryn Coulter
 4. Area Plan:
 - Needs for PSA 9 Large group
 - Goals and Objectives Small groups
 - Public Hearing Site Dora Ivey
 5. Announcements:
 6. Next meeting:
Thursday, April 8, 2010 @ 10:00 AM
- Adjourn

**AGING COMMISSION OF THE MID-SOUTH
ADVISORY COUNCIL
MINUTES OF FEBRUARY 18, 2010**

MEMBERS PRESENT	MEMBERS ABSENT/UNREPRESENTED
Bernard Danzig, Chair	Donald Lefkowitz
Diana Bedwell	Robert L. Robinson
Charles Chumley	Ruth Williams
Willie Mae Harmon	William Weddle
Rosie Lemons	Carla Baker
Beauton Matthews	
Corky Neale	
Louis Patrick	
Dr. Rose Rubin	
Carl Trim	
Edward F. Williams III	
Joni Cook	

STAFF

Dora Ivey	Executive Director
Kathryn Coulter	Chief Development Officer
Elaine Graf	Program Development Grant Specialist
Martha Higgins	Executive Secretary

GUESTS

Deborah Cotney	Meritan
Arnetta Macklin	Metropolitan Inter-Faith Association
Dianne K. Polly	Metropolitan Inter-Faith Association

WELCOME AND INTRODUCTIONS

Bernard Danzig, Chairman, welcomed those present and thanked them for coming.

APPROVAL OF MINUTES OF OCTOBER 8, 2009

On motion of Charles Chumley, seconded by Beauton Matthews, the minutes of the December 3, 2009 meeting were approved without objection.

REPORTS

- TCAD February 9.m 2010 meeting: This report was presented by Beauton Matthews:
Items Discussed:
 1. Alzheimer's Disease Prevention presentation of a study committee appointed by Governor Phil Bredesen was discussed. This was a 2-year study and the commission received the overall results of the study committee. As of July that committee will cease to be and will become an advisory council and advise TCAD of what is happening regarding Alzheimer's. It will be an ad hoc committee. Janice Wade Whitehead was chair of the study committee and gave a presentation.
 2. Laverdia McCullough of TCAD made a presentation on emergency preparedness and distributed a book for seniors from the American Red Cross. It was pointed out that we all need to be prepared because we are on the New Madrid fault.
 3. Scott Pierce, Chief Financial Officer for the Bureau of TennCare, gave an in-depth report on what is happening and what will be taking place. TCAD is not handling the Medicaid Waiver program now. Fourteen positions at TCAD are affected by the shift in the Medicaid Waiver program.
 4. 8% Unspent Fund (carry-over): The Aging Commission is doing well on its spending. All the AAAADs have until 2011 to spend their overages. After that unspent funds will go back into the pot and will be distributed among the nine AAADs.

5. There was an update for financial management standards for AAADs that will be given to all the area agencies. Dora Ivey stated there has been discussion about how the administrative part is handled and how you can spend it.
6. The state is having problems with their reporting tool. They still have not gotten Edison worked out.
7. The study group that the governor appointed is considering making TCAD a department. Patty Killingsworth of TennCare gave a presentation and she talked about 55 years plus rather than targeting 60 plus. One of the service providers gave a report. She said our concern is: Are we going to be able to serve our seniors as well now?

Bernard Danzig said he didn't attend, but talked to staff and got some information. He said at the last meeting they talked about MCOs doing case management. He said the Long Term Care Committee met with AmeriChoice. He said AmeriChoice is talking to Adult Protective Services and asking them to review their policy about what is a safe environment. He made the observation that Options and the Medicaid Waiver program were designed to help clients to stay in their homes; now they have taken that away and as a result TCAD is going to lose 14 positions. He asked isn't there a message there? What's going on?

Deborah Cotney said their goal is to have it all under the MCOs and we are naïve if we don't see that.

Dora Ivey said that she and Bernard waited until Monday to travel to the TCAD meeting, but they were unable to travel due to the weather so they both missed the TCAD meeting. Bernard said if TCAD is raised to cabinet level you've got to have all services for the elderly under that department. Deborah Cotney asked what is the Bredesen administration's position on the department? Beaton Matthews said we don't have a feel for it. Dora Ivey said that AARP had their legislative day on January 8 and Larry Miller and Reginald Tate attended. When questioned about TCAD becoming a cabinet, Reginald Tate said yes, but Dora does not know what he was basing that on. Bernard said he sent an email to the governor's office asking them and he does not believe it's going to become a department under this administration. Diana Bedwell said she understands when our clients go under the MCOs they are going to be handled by phone under the new process, and that was confirmed. Bernard said the Long Term Care Committee made a proposal to TCAD to have some MCOs attend the next meeting so the commission members can talk to them and by then Middle Tennessee will be in the program. Diana asked how many clients this involves on our behalf. Dora stated there are 785 active clients in our four county area.

- Mayor's Aging Task Force: Kathryn Coulter stated that Interim Shelby County Mayor Joe Ford has created a number of task forces with Shelby County employees and other community members. Elaine Graf and Kathryn Coulter serve as resources for the group. Dora Ivey is co-chair of the task force which includes the following: Shelby County Commissioners Henri Brooks, Edith Ann Moore and Joyce Avery; members Alvin Pearson, Deborah Cotney, Marie Kirk Owens, Cheryl Ford, Dell Stiner, Julia Wade, Rachel Whitfield and Dottie Jones. She said they are discussing recommendations to present to the Shelby County administration to improve the lives of our older residents. Dora Ivey stated if the Advisory Council members have any recommendations, please let us know. Deborah Cotney said they are trying to focus on what's going on in a positive way. Mayor Ford's wife Cheryl is very interested and committed to senior issues. Corky Neal said it is difficult to define this constituency because we go from those who are living well independently to the frail elderly.

AREA PLAN: Dora Ivey stated we submit an area plan every year to the state. This is a new plan for FY 2011 – 2014. We are developing goals for our four-county service area and we need the input of the Advisory Council. The goals are for four years and the objectives are determined annually. Elaine Graf is working on the area Plan. Section F-2 describes how the Advisory Council participates in actually developing goals.

At this point, the Advisory Council was divided into groups to discuss needs for PSA 9, and the following are the results:

Large Group Discussion on Needs and Gaps in Services in PSA 9

1. Increasingly difficult to raise money for elderly and disabled adults – preference is for children.
2. Transportation continues to be a challenge especially in the rural areas (Lauderdale)
3. Lack of specialists in Lauderdale County (i.e. to treat Rheumatoid Arthritis)
4. Families are separated and the elderly are left without relatives in the community.
5. Lack of advocacy to help the elderly to navigate the system (i.e. explain doctor bills)
6. Low educational attainment makes it harder for elderly to cope
7. More money is needed for outreach
8. Donut Hole (Medicare Prescription Benefit) is a problem
9. Much info is on the internet (i.e. medicare.gov. website) – many seniors and disabled adults don't have access to computers and are falling behind on computer literacy. Example of best practice- Nashville has free WiFi. If technology becomes more widely available then telemedicine may be successful here. There are pockets without broadband access. Hi tech home safety devices can improve safety. For example, technology that detects falls. Libraries have historically provided access to technology – but neighborhood libraries are closing.
10. Hard to get people to come in for help
11. Volunteers can be a resource.
12. Support for Baby Boomers, especially those who are caregivers
13. Need centralized information
14. Need to identify efforts that would have the most impact
15. Need for Section 8 funded assisted living facilities
16. Food Insecurity

Goals and Objectives

Small Discussion Groups input on FY'11 Area Plan Goals

1. Access Services
 - It was suggested that we keep records of all the caregivers that we come in contact with so that we could establish a list-serve and keep them informed of all training opportunities.
 - Do press releases featuring case-studies of how the single point of entry has assisted consumers.
2. Community Services/Health Promotion
 - In the HCBS E/D Waiver Program the opening and closing of slots is a problem – we need to have a smooth increase.
 - Need to change the culture of discharge planning (to focus more on in-home choices).
 - Providers need to increase their capacity to serve clients, to reduce weather related cancellations, for example.
3. Home and Community Based Long Term Care Services
 - Need to increase outreach
 - Public education is needed to build health literacy as older people have a tendency to follow what their doctor tells them and not to ask questions.
 - Translation needed for systems that are not user friendly
 - Need to empower people to take care of themselves – personal responsibility
 - Must address health care costs, physicians reluctant to take Medicare payments, people used to have a self-pay option
 - Medication management is a challenge with people on so many medicines.
 - Education is needed on Living Wills so that people can make an informed choice (ties in to health care costs as so much money is spent on care in the last weeks of life).

4. Elder Rights

- We need a community understanding of what constitutes elder abuse. Keep in the public eye, offer training for professionals.
- Participate in World Elder Abuse Awareness Day. Talked about victims being in denial, don't want family caregivers to go to jail as they are dependent on them.
- Families are reluctant to put elder in nursing home as they don't want to lose the income from the elder's Social Security check, even if that means the elder gets poor care. The overall economic climate leading to jobless adult children returning to parents' home.
- Increase funding for existing elder rights programs.

The following comments were submitted on cards following the above discussions.

- Simplification and distribution of Medicare information
- Interchange of information between medical specialists
- "Elder rights" and "Disability rights" are very different concepts. ACMS needs more input from disability rights. Few doctors have experience with the additional health effects of long-term disability like CP, spinal cord injury.
- Our community is in need of continued support of home and community based services. Transportation continues to be a vitally needed service in both urban and rural communities.
- In-home care services such as homemaker are a huge need and that need is increasing dramatically. Unless you are poor or Medicaid eligible there are few resources available. There is also a staffing shortage for good employees with appropriate training in serving the elderly and meeting their care needs. That shortage is increasing as well. These needs and shortages are going to dramatically increase the numbers of folks unable to remain at home.
- We need to promote long term care insurance.

ANNOUNCEMENTS

There were no announcements.

NEXT MEETING

- Thursday, April 8, 2010 at 10:00 a.m.

ADJOURN

There being no further business, the chairman declared the meeting adjourned.

Respectfully submitted,

Charles Chumley, Secretary

METROPOLITAN INTER-FAITH ASSOCIATION

HDM MEALS OUTCOME EVALUATION

Executive Summary

Outcome Goal 1: To improve or maintain the *nutritional health status* of clients

- ❖ 87% of clients usually eat the servings of fruit, vegetables, bread, rice/pasta, meat, and milk and all food quality was rated between good and excellent
- ❖ 81% said MIFA provided them with a healthier variety of food than they would have otherwise and 80% said they could keep a healthy weight because of Meals

Outcome Goal 2: To improve or maintain the *food security* of clients

- ❖ MIFA HDM Meals resulted in a 20% reduction in food insecurity among senior clients, from 30% before receiving Home-Delivered Meals to 10% after receiving them

Outcome Goal 3: To support *independent living* and prevent or delay institutionalization

- ❖ 85% of clients shared they could continue to live in their own homes because of receiving MIFA Meals
- ❖ 60% of clients have 3 or more Activity of Daily Living (ADL) limitation, at which point most seniors are generally nursing home eligible, yet are living independently

Outcome Goal 4: To provide valued *socialization* to clients

- ❖ 84.3% of clients had met people they looked forward to seeing because of MIFA HDM Meals
- ❖ When asked for suggestions for delivery improvement, 84% of those who responded complimented their volunteers/drivers using strong words such as excellent, wonderful, great, and friendly
- ❖ 52% of sampled clients live alone and 38% receive visits from friends or family less than once a week

How does MIFA compare to National Administration on Aging Outcome Measures?

- ❖ MIFA has a higher rating of overall program excellence than the 2004, 2006, and 2008 AoA national averages and MIFA's positive rating total (93%) exceeds the 2008 AoA outcome goal
- ❖ MIFA comparison to national averages of targeting vulnerable populations
 - 89% of Meals HDM clients report at least 1 ADL limitation. The AoA average is 39% and the national average for all 60+ seniors is 6%.
 - 99% of Meals HDM clients report at least 1 Instrumental Activities of Daily Living limitation. The AoA average is 69% and the national average is 14%.
 - 63% of clients are aged 75 and older and the AoA national average is 73%

Advisory Council Input

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