

AREA PLAN on AGING and DISABILITY

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

First Tennessee Development District

Designated Area Agency on Aging and Disability

for the

First Tennessee

Planning and Service Area

**in TENNESSEE for
July 1, 2011 – June 30, 2012**

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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

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SUBMITTAL PAGE

- (X) 4-Year Plan for July 1, 2010 – June 30, 2014
(x) Plan Update for July 1, 2011 – June 30, 2012
() Amendment (Date): _____

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

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

Signature: Kathey J. Whitaker Date: 3/15/11
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: Shawn C. Brown PhD Date: 3/15/11
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: Susan Reid Date: _____
Director, Grantee Agency

Signature: [Signature] Date: 3-9-11
Chair, Grantee Agency Board

AREA PLAN UPDATE 2011 – 2012

This document is an update of the First Tennessee Area Agency on Aging and Disability ***2010 – 2014 Area Plan on Aging and Disability*** that was approved by the Tennessee Commission on Aging and Disability on May 11, 2010. The complete plan may be accessed through the Tennessee Commission on Aging and Disability website (www.tn.gov/comaging) and each Area Agency on Aging and Disability will also have a copy of their plan. This document contains only those exhibits from the ***2010 – 2014 Area Plan on Aging and Disability*** that require updating or new information.

For more information about this update or the complete ***2010 – 2014 Area Plan on Aging and Disability***, contact:

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AAAD: First Tennessee AAAD

Address: 3211 North Roan Street, Johnson City, TN 37601

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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: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

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.

Three I & A staff members used a survey tool to record the different kinds of requests that callers were making during a one month time period. **(January 24, 2011 – February 24, 2011).**

2. Which home and community based services have all slots filled and how many individuals are on wait lists as of October 1, 2010?

Homemaker, Personal Care, In-Home Respite and home-delivered meal slots have all been filled. We are able to replace the slots as consumers come off the services.

As of October 1, 2010, there were 1,472 individuals on the wait lists.

3. Have any new needs emerged in the planning and services area since the 2010 – 1014 Area Plan on Aging and Disability was submitted? Has there been a change in the priority of needs? If the answer to either of these questions is yes, please explain.

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

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.

Some of the most frequently requested needs were:

- 1) Transportation
- 2) Energy Assistance
- 3) Assistance with dental care
- 4) Assistance with Hearing aids

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.

FTAAAD maintains a Directory of Community Resources which is utilized to make referrals based on caller's needs. The staff also endeavors to find new resources to add to the directory and to keep abreast of situations in which a resource is temporarily out of funds and can no longer receive referrals or can only take referrals for their waiting list.

1) Transportation needs are met through two sources in the three metropolitan areas, in the smaller communities the only transportation available is through NET Trans. At times callers are looking for escort along with transportation or they need financial assistance paying for the cost of NET Trans. FTAAAD contracts with each of the eleven senior centers for transportation services. Priority trips include: transportation to and from senior centers, nutrition sites, grocery shopping, doctor's appointments, paying bills. Some charitable groups take referrals for these services.

2) One agency throughout the area provides energy assistance (LiHeap program). FTAAAD has been a partner with that agency in providing outreach to inform our consumers about this service. New funding announced for this program will allow many more callers to receive assistance.

3) As Medicare nor Medicaid provide assistance with dental care in most cases, many callers with and without insurance call looking for assistance. A few health clinics in the area provide limited dental care on a sliding scale. The ETSU Dental Hygiene

Department provides dental and oral cancer assessments free of charge to seniors. In Johnson City, Keystone Dental provides help with extractions and filings, however, they are open only three days per week.

4) Whenever callers express a need for hearing aids, we print out and mail them an application for a program called Hear Now through the Starkey Foundation. This program provides assistance with the purchase of hearing aids. Additionally, we determine whether the individual might need accessible telephone equipment. If so, we get them an application for free telephone equipment through the Tennessee Regulatory Authority.

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

Rural transportation

Adult foster homes

“Silver Alert” initiative (wandering and driving by persons with dementia)

Dental care/dentures, eye care/glasses, hearing exams/hearing aids

Respite for caregivers (institutional and in-home)

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.

1. Rural transportation – Addressed in Question 2.
2. Adult foster homes – The FTAAAD will work with TennCare to develop the Critical Adult Care Homes. We will conduct informational sessions and target licensed professionals and/or entities who meet the specified qualifications of Level II Adult Care Home Providers. The FTAAAD will also advocate to our State Legislators to include Level I Adult Care Homes in the Adult Care Home Bill.
3. “Silver Alert” Initiative – The FTAAAD will partner with the Northeast TN Alzheimer’s association to educate individuals sixty years of age or older and their families about this initiative, as well as the Safe Return. In addition, we will work with the Alzheimer’s Association to train law enforcement agencies as to the requirements of the missing senior citizen alert program. FTAAAD will also write Public Service Announcements, in cooperation with the Alzheimer’s Association and law enforcement agencies to publicize the information about Silver Alert in order to promote the safe recovery of a missing citizen.
4. Dental care/dentures, eye care/glasses, hearing exams/hearing aids – Addressed in Question 3 and 4.

5. Respite for caregivers (institutional and in-home) FTAAAD contracts with 16 providers on a unit cost basis to provide in-home respite throughout our eight counties with Older Americans Act funding. Respite (both in-home and institutional) services are offered through CHOICES. In CHOICES, there are 21 providers that offer in-home respite and eleven that offer institutional respite. In-home respite is provided in the home and institutional respite is provided in a nursing home or assisted care living facility to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Various nursing facilities and assisted care living facilities offer respite services. The James H. Quillen VAMC offers one week of respite services every three months or two week during every six months, with a 30 day per year maximum. This service is available to Veterans only.

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: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

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	121	90			
Homemaker	397	323			
Nutrition Services	2,360	2,318			
Case Management	1,206	1,219			
Transportation	1,528	1,513			
Legal Assistance	278	146			
Information & Assistance	2,307	2,121			
Family Caregiver	52,853	98,145			
Ombudsman	158	45			
Units of Service					
Personal Care	3,938.75	4,716.75			
Homemaker	19,514	20,603			
Nutrition Services	180,928	167,033			
Case Management	2,786.40	2,593.97			

Transportation	58,867	54,858			
Legal Assistance	636	281			
Information & Assistance	11,422	13,086			
Family Caregiver	27,995.25	15,123			
Ombudsman	2,260	1,600			

* 2011-2013 data will be completed in future Area Plan Updates. Numbers are based off of State Fiscal Year

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	2,216	1,969			
Units of Service	74,470.25	62,383.70			

CHOICES in Long Term Care

On August 1, 2010, the State wide Medicaid Elderly and Disabled Home and Community Based Services Waiver ended in East and West Tennessee and was effectively replaced by a new TennCare program “CHOICES”. Individuals currently enrolled in the E/D Waiver were transferred to CHOICES. Also, on August 1, 2010, individuals from the waiting list were enrolled into the CHOICES program. Slots remain open at this time for the CHOICES program and enrollment into the program remains consistent. The First TN area continues to work with TennCare and the Managed Care Organizations (MCO), Blue Care/VSHP and Americhoice, to make the transition into CHOICES as easy as possible and to ensure that those on the waiting list get assistance as quickly as possible. TennCare CHOCIES in Long-Term Care (or “CHOICES”) is TennCare’s program for long-term care services. Long-term care includes hop doing everyday activities that you may no longer be able to do for yourself as you grow, or if you have a disability – like bathing, dressing, getting around your home, preparing meals, or doing household chores. Long-ter Care services include care in a nursing home. Long-term care also includes care in your own home or in the community that may keep you from having to go to a nursing home for as long as possible. These are called Home and Community Based Services or HCBS.

Using Waiver funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Persons Served	1,683	1,585			
Units of Service	869,179.30	1,328,734			

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	2,212	3,052			

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	48	45			

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	8,827	8,687			
Meals	257	186			
Homemaker Services	403	321			

Units of Service					
Senior Centers	650,288.60	655,332.25			
Meals	44,748	34,236			
Homemaker Services	24,817.25	23,791.30			

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

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 (I&A) Services are designed to inform, guide, direct and link older individuals to needed and available resources. I&A is provided by the Area Agency on Aging and Disability (AAAD) and by our senior centers. First Tennessee has three staff members trained and certified through the nationally recognized Alliance for Information and Referral Systems (AIRS). All three I&A staff provide information about all services offered by the FTAAAD as well as other services available in the community. The information and assistance line is operated during business hours and has answering machine coverage nights and weekends. Calls are returned within two business days.

Single Point of Entry: ADRC enhances FTAAAD by building on existing services and networks that will streamline access to long term care services. The strategy utilized by ADRC is “single point of entry” to ensure older individuals and adults with disabilities obtain the resource information required to access an array of services that promotes their independence in the community. First Tennessee was one of the two pilot sites for the ADRC grant project. The Single Point of Entry is designed to be the central, one-stop, starting point for older adults, other adults with disabilities and their caregivers that includes an assessment of needs and referral to community services as appropriate. In order to further expand our Single Point of Entry role, we increased visibility and awareness of our agency by improving our signage on our building. In addition, upgrades to our current telephone system were made so that calls can be transferred in real time to other agencies, resources, and partners in order to provide the consumer with a seamless transition to the appropriate information and services. Other telephone improvements will be made to make it easier for consumers to access our services. Resource development will be a major function of the SPOE. Both TCAD and TennCare have designated the AAADs as the SPOE.

Website and Resource Directory Development: FTAAAD has a website which has direct links to resource information such as the ADRC tnconnect.org website. In addition it has an events calendar which will contain basic information like latest news releases and major events such as Senior Olympics, Aging Conference, and Public Hearing announcements. SHIP highlights and other Medicare/Medicaid information are also added on the website. FTAAAD will continue to improve upon its website to include more information to make more things available to its visitors. Some changes we will include to the website are to add more interactive forms which will allow visitors to fill out and send to us. We have also provided a link which informs visitors of each staff person, their title, and how to contact them. As we continue to update and publish a

Directory of Community Services as a book, we will review the possibilities of offering paid advertisements as well as make it available to view on the website. This directory provides information to professionals, caregivers, students and others who need assistance locating resources. In addition it is used by the Information & Assistance staff in answering calls.

Marketing the Area Agency: Regional and specific target group marketing allows FTAAAD to concentrate limited resources to provide the greatest opportunities to reach seniors with agency services and programs. Print, radio and television media are utilized as appropriate in addition to participation in Health Fairs, presentations to Senior Resource Networks and interaction with senior centers. Our “Good Doctor” program which identifies those physicians that go “the extra mile” is a unique way to inform adults 60 years and older and adults with physical disabilities about our services. Approximately 100 physicians have been identified. Regular updates about our services are provided to these identified physicians. Information updates on the website are particularly useful to consumers. A new AAAD statewide logo was developed, and we have updated brochures, business cards, stationary, envelopes and all of our marketing materials. We have purchased brochure holders, and are placing them in doctors’ offices, health departments, hospitals, clinics, and numerous social service agencies. Over 70 brochure holders have been or will be placed. Staff of the AAAD and members of our Advisory Council on Aging and Disability will assist in replenishing the brochures as needed.

Outreach: FTAAAD provides outreach to identify individuals who are eligible for our services with emphasis on individuals residing in rural areas, low-income especially low-income minority and those with greatest social need by requiring all service providers to conduct outreach activities. Examples of outreach activities include providing information at educational/health fairs.

Transportation: FTAAAD contracts with each of the eleven senior centers for transportation services. Priority trips include: transportation to and from senior centers, nutrition sites, grocery shopping, doctor’s appointments, paying bills. During the past several years some of the senior centers have not used all of their allocated transportation funds. An analysis of the units provided was the basis for redistributing the transportation funds. The funding formula includes: a rural factor, one-half based on the percentage of 60 plus population plus low income and minority, one-half based on average of four years of unduplicated numbers served.

Other:

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

Service Coordination/Case Management: The FTAAAD recognizes that many older individuals want to remain in their homes as long as possible, but may need help with

basic household tasks. Some may also have other needs which will help prevent or delay premature institutionalization. FTAAAD contracts with 6 senior centers to provide this service. The senior center directors handle the day-to-day supervision of the service coordinators and the FTAAAD maintains the technical supervision of the program. Staff includes three part-time and three full-time service coordinators employed by the senior centers, one full time service coordinator employed by the FTAAAD who covers the Kingsport area, and one full time lead service coordinator also employed by the FTAAAD who provides the overall supervision of the program. For the CHOICES program, FTAAAD employs two to four full time intake specialists. The day-to-day and technical supervision of the program is managed in-house by the Home Care Manager. Both the service coordinators and the intake specialists make home visits to the frail elderly and to other adults with disabilities, assess the individual's needs, develop a plan of care which will enable that person to remain at home, order services, follow up to assure services have been received. In addition to the items listed above, the intake specialists assist with completing and submitting the DHS application and required verifications, complete the PAE, submit the PAE along with other mandated documents to TennCare for review and enrollment into the LTC system. This service is available throughout the eight county area.

Service Provider Network Support:

Family Caregiver Support: By providing informal caregivers with the tools needed to properly care for their loved one, it decreases the amount of mental stress and physical strain a caregiver must face. Events are organized and facilitated to bring various educational programs and partnerships with a number of agencies and churches to discuss topics of interest within the community. Community presentations are given by request to health resource centers, hospitals, churches, senior centers, service clubs, support groups and various other organizations. Videos, books and informational packets are provided to the caregiver at no cost. Other support services offered through the Family Caregiver Program include in-home respite, personal care, homemaker, home delivered meals, financial assistance with supplies/medical equipments, and personal emergency response systems, as well as a listening ear, assessment of needs and assistance in locating resources and information. Ongoing Caregiver Support Group: Maintain partnership with MSHA, Health Resource Center in offering monthly educational and care & share support groups. The educational programs are based on needs assessment surveys that the participants fill out.

Homemaker: Services consisting of general household activities and chores (e.g., sweeping, mopping, dusting, making the bed, washing dishes, personal laundry ironing). FTAAAD contracts with 17 providers on a unit cost basis to provide this service throughout our eight counties. Homemaker services are also offered through CHOICES.

Personal Care: Services providing assistance with activities of daily living (e.g. bathing, grooming, personal hygiene, toileting, dressing, and ambulation). FTAAAD contracts with 17 providers on a unit cost basis to provide this service throughout our eight counties. Personal Care services are also offered through CHOICES.

Respite: Services providing assistance in the home furnished on a short-term basis due to the absence of the primary caregiver. FTAAAD contracts with 16 providers on a unit cost basis to provide this service throughout our eight counties. Respite (both in-home and institutional) services are offered through CHOICES. The James H. Quillen VAMC offers one week of respite services every three months or two weeks during every six months, with a 30 day per year maximum. This service is available to Veterans only.

Chores/Home Modifications: Provision and installation of home mobility aids such as rails, non-skid surfacing, grab bars, and other devices to aid in the consumer's safety in the home. FTAAAD contracts with local contractors to provide this service throughout our eight counties. Minor Home Modifications are also offered through CHOICES.

Personal Emergency Response Systems: Ongoing provision of an electronic device which enables high risk individuals to summon help in an emergency. FTAAAD contracts with 7 providers to offer this service throughout our eight counties using State Options and Family Caregiver funds. PERS is also available through CHOICES.

Assistive Technology: This service which includes devices, adaptive aids, controls or appliances which enable an enrollee to increase the ability to perform ADLs is available through Options for Community Living on a limited basis and through CHOICES.

Pest Control: This service uses sprays and poisons to eliminate the intrusion of roaches, wasps, mice, rats, etc., which improves the well-being of a frail enrollee is only available through CHOICES.

Adult Day Care: Community-based group program lasting more than 3 hours per day but less than 24 hours per day provided by a licensed provider is available through CHOICES. Currently there are eleven ADC CHOICES providers in our district. In addition, there are several nursing facilities that offer Adult Day Care that are not CHOICES providers. The YWCA in Bristol, which is not a CHOICES provider, has an Adult Day Care program providing social, recreational and health activities.

*Other:

<p>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.</p>

Health Promotion/Education: In order to empower seniors to make informed decisions, educational programs are designed to provide education and improve awareness of choices in healthcare decision making. Partnerships with entities such as MHSA, Health Resource Center, and Senior Centers supported the Diabetes Monitoring and Education program. Falls Prevention Screening and Falls Prevention Education were accomplished through joint efforts with ETSU Public Health, Department of Community Health and

ETSU Falls Clinic (Pharmacy, Nursing & Physical Therapy). Programs are designed for maximum outreach and directed toward as large a target group as possible.

Medication Management: Awareness of medications and proper prescription compliance is one of the most important issues of seniors. Our Medication Management funds are currently being used to support the Chronic Disease Self Management Program. One of the topics covered in the self management workshop is wise use of medications. These workshops are held for two and a half hours, once a week, for six weeks. It is anticipated that 200 individuals will participate in these workshops. We will continue to Partner with the ETSU Gatton School of Pharmacy and local pharmacists to offer programs at the senior centers and other community groups. Programs are designed to encourage seniors to take an active role in their health care.

*Other:

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

Long Term Care Ombudsman: The Long-Term Care Ombudsman serves as an advocate for elderly residents of nursing homes, assisted living facilities and residential care facilities. FTAAAD contracts with Legal Aid of East TN, Inc., to provide this service. The ombudsman's responsibility is to help resolve complaints against facilities and to ensure that client's rights and benefits are protected. Trained Volunteer Ombudsman Representatives (VORs) are an important component of this program. Currently the program has 26 active VORs with plans to recruit additional volunteers as needed.

Legal Assistance: Legal advice and representation is provided to help people age 60 and over to secure and maintain public benefits, to resolve consumer problems and other situations requiring the intervention of an attorney. In addition, the provider coordinates its services with our eleven senior centers and offers various educational sessions on advanced directives, public benefits and other consumer issues. FTAAAD has a contract with Legal Aid of East Tennessee, Inc.

Public Guardian for the Elderly: The Public Guardianship for the Elderly Program, a state funded program, is designed to aid person 60 years of age and older who are unable to manage their own affairs, and who have no family member, friend, bank or other agency willing and able to act on their behalf. The District Public Guardian and an Assistant to the Public Guardian are on the staff of the FTAAAD. The program also utilizes volunteers who visit our consumers at least twice per month. In addition, an Advisory Board made up of an attorney, a CPA, Director of Social Security and the Department of Human Services is an important component of this program.

Elder Abuse Awareness: FTAAAD is the lead agency involved in Northeast Tennessee Vulnerable Adult Coalition (NET-VAC). This collaborative effort, composed of public

and private entities, strives to address the issues of abuse and neglect of vulnerable adults in the region. The coalition composed of volunteers and professionals, is dedicated to raising public and professional awareness of abusive situations of elders and vulnerable adults. Community education and outreach campaigns, such as high quality education and training for law enforcement, legal system workers and others, seek to respond to the needs of victims.

Other: FTAAAD coordinates with the Adult Protective Service (APS) workers by including their staff in agency in-service trainings, the Northeast Tennessee Vulnerable Adults Coalition and our Annual Conference on Aging. In addition, we developed a new procedure for APS referrals which has increased our coordination activities.

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

Congregate Meals are offered at noon, five days a week, at each of the 16 meal sites within the eight county area. Each meal provides 1/3 of the Dietary Reference Intakes (DRIs) and, although no one is denied a meal for inability to pay, contributions are encouraged. The congregate meals program also provides an opportunity for socialization. During fiscal year 2012, we will continue to gather and evaluate information concerning the possibility of opening a new congregate meal site.

Home Delivered Meals which provide 1/3 of the DRIs are delivered five days a week. Approximately 450-500 volunteers (71 volunteer meal routes) deliver meals to the frail elderly who have been assessed by our service coordinators. Frozen weekend meals are available on a limited basis. Home delivered meals are now packaged in an improved tray system. The tray may be easily heated in a regular oven or microwave. The new trays are sealed with a clear film. The seal is 100% complete without any gaps. Temperature, freshness, nutritional value and presentation are all enhanced. The kitchen staff, consumers and volunteers all like the new and improved tray system. As in the congregate meals program, no one is denied a meal for inability to pay. However, if there are waiting lists, individuals or families may sponsor their meals for a fee, until a slot becomes available.

FTAAAD has a contract with the First TN Human Resource Agency to provide the service. The Nutrition Program relocated to a newly renovated central kitchen. The move was from Elizabethton to Johnson City. This is a more central location within the eight-county service region. The new location allows for more working space to accommodate the current needs as well as future growth. New and improved equipment include a walk-in cooler and walk-in freezer. There is also a high efficiency equipment hood system along with a top rated air make-up system.

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

Senior Centers are designed to enhance the quality of life for older people, supporting their independence and encouraging their involvement in the community. Activities and services include: Health Education and Screening, Physical Fitness, Recreation, Arts and Crafts, Information and Assistance, Telephone Reassurance, and Friendly Visiting. FTAAAD contracts with eleven senior centers in our district for center operations, transportation, health promotion activities, and with seven senior centers for service coordination activities.

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

FTAAAD provides SHIP, and SMP services through two SHIP counselors and a Volunteer Coordinator. Outreach, education, counseling and training activities combine all programs simultaneously. Services are delivered through the CMS advertized toll free number (877-801-0044), walk-in counseling, partnerships with other agencies, host sites, trained volunteers, public media, and community events. The staff meets regularly to plan events that coincide with CMS' enrollment periods, changes, options and preventive services. Through presentations for beneficiaries, family members, and partner agencies, the staff is able to inform the community about SHIP services and to provide one-on-one counseling at many of these educational events. Formal MOU's have been signed by 13 agencies that have agreed to provide a volunteer for on-site counseling. The SHIP program will provide their training and support. Additionally, enrollment events are used to provide direct assistance for Medicare Part D comparison and enrollment. At all events those with disabilities, low-income, rural residence and or limited English proficiency are targeted. The FTAAAD SHIP program surpassed the statewide goal for completing LIS/MSP online applications.

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

Our coordination budget is \$61,835 and the following is how we use our OAA coordination funding:

FTAAAD staff assists in the planning and coordination of all home and community based service providers' in-service training. Most of these training are held at least quarterly. Several of the trainings are geared to providing information, which will benefit low-income consumers with emphasis on low-income minority. Mini-training sessions dealing with outreach and targeting as well as Title VI will be presented at the quarterly Senior Center Directors' Association meetings.

FTAAAD continues to publish its district-wide resource directory to agencies. This directory is updated on an annual basis. In addition, the FTAAAD staff continues to serve on the following councils and boards in an effort to represent the best interest of

older people and other adults with disabilities and to foster coordination activities with other agencies that we feel will have a direct and positive impact on the enhancement of services for older persons and adult with disabilities: Beacon Users Group, Tennessee Senior Olympics Board of Directors, First Tennessee Senior Center Association, Northeast TN Long Term Care Coalition, Washington County Chapter of AARP, Tri-Cities Regional Impact Team, Carter County/Elizabethton, Sullivan County & Washington County TRIAD/S.A.L.T. Councils, Washington County Health Council Northeast TN Conference on Social Welfare, Johnson City Power Board Keeping Warm Advisory Board, Parish Nurse Advisory Council, Tennessee Suicide Prevention Network, Upper East TN Human Development Agency Board Community Services Block Grant Committee, Region I Planning and Policy Council for Intellectual Disabilities, Medical Center Homecare and Hospice Services Professional Advisory Board.

Our coordination budget provides funds to run the District Senior Olympics which we feel is an important function in providing physical fitness and health promotion activities for older people. In addition, we are able to work with many different agencies, organizations and volunteers. Funds from our coordination budget support our district-wide PC based computer system. With this system, we maintain a FTAAAD Homepage on the internet which provides access to data, and information on many matters of concern to elderly, adults with disabilities, and their families or caregivers. In addition, we have installed an electronic link to all other agencies with an internet presence that serve our eight county area.

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.

FTAAAD is a member of the Washington County Health Council and the Adult Subcommittee. The mission of the Council is to work collaboratively with community partners to identify and increase awareness of health concerns and needs; facilitate strategic planning to address health problems; and create opportunities for actions to improve health in the county. The SHIP program coordinates with Senior Centers, pharmacies, Senior groups, disease specific organizations, support groups, CSBG, and public housing to reach out to elderly, low incomes and disabled individuals for providing assistance in accessing their Medicare benefits. FTAAAD, in cooperation with our Advisory Council on Aging and Disability, developed a Disaster Preparedness Plan. Educational programs at each of our 11 senior centers and 16 congregate nutrition sites have been provided. In addition, our service coordinators during the assessment and reassessment visits educate our in-home consumers about what to do before, during and after a disaster and provide each of them with a copy of the Disaster Plan.

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.

FTAAAD is a member of the Region I Mental Health Planning Council. The Council is made up of regional professionals and consumers to identify the needs and facilitate strategic planning to address mental health issues in the region. Public Education is provided through AARP's Regional Impact Team meetings, the Long Term Care Coalition, the Northeast Tennessee Vulnerable Adults Coalition. Every year, FTAAAD hosts an Annual Conference on Aging. Over 200 professionals, service provider representatives and volunteers usually attend the conference with vendors from home health, assisted care living facilities and nursing home providers. Our updated resource directories are distributed at the conference. From July 1, 2010 – February 28, 2011, we dispensed information about area resources, FTAAAD services and Medicare counseling at over 16 health or information fairs throughout the district, FTAAAD staff and SHIP trained volunteers made over 35 presentations to various agencies, churches, and civic clubs about services provided by the FTAAAD with over 810 participants. ETSU Pharmacy students were trained to assist the SHIP staff with Medicare enrollment events during annual Part D enrollment. Other volunteers provide education and advocacy during in home visits to the elderly and disabled or in their own employment at mental health centers, as nurses, and as social Security staff.

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 SHIP Volunteer Coordinator recruits volunteers for SHIP and SMP programs through networking with professionals at Resource Meeting, speaking at other volunteer organizations, and all outreach events. Potential volunteers who have direct contact with Medicare beneficiaries are targeted. Partnerships with colleges in the service area have resulted in obtaining volunteers who are retired faculty as well as students who are future social workers and pharmacists. In addition, providing in-service training at Social Security offices gained eligibility counselors who have become in-kind volunteers. The staff plans to seek out other partnerships which might have regular contact with our targeted consumers. Formal MOUs have been signed by thirteen agencies that have agreed to provide a volunteer for on-site counseling. The SHIP program will provide training and support.

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.

FTAAAD will be first in the state to implement the Veterans Directed Home and Community Based Services (VD-HCBS). This program serves Veterans of any age who are at risk of nursing home placement and their family caregivers. The FTAAAD will provide or assist in arranging consumer/self-directed services based on the needs and

preferences of the participating Veteran and/or their representatives. The VD-HCBS program will be offered as a bundled package which will include: assessment and care planning assistance, Options Counseling/Support Services including case management, fiscal intermediary, flexible individual budget that allows the Veteran to hire and supervise their own workers, including family or friends.

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

The Service Coordinators that evaluate the consumers deliver envelopes to the homes so that donations may be made. It is explained that they are not required to contribute to the cost of their care if they are Title III funded but may make voluntary donations to FTAAAD.

The meal site coordinators have envelopes available to the HDM recipients to make voluntary contributions directly to FTHRA. The funds are used to provide more services. FTAAAD Fiscal Assistant reviews all Options charts to determine if they meet the state formula of Cost Sharing. When it is determined that a consumer is required to cost share, a letter and pertinent information is provided to the consumer requesting their remittance of a computed amount either monthly or quarterly. The Fiscal Assistant monitors these consumers. The services are not withheld if the consumer does not make their cost share payment.

14. *Other

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

AAAD Budget Summary

Operating Budget for FY 2012*

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	\$240,600	\$36,090	\$47,855	\$324,545
Coordination/Service Development	\$61,835	\$10,226	\$6,674	\$78,735
STATE FUNDS				
Options for Community Living	\$0.00	\$36,589	\$0.00	\$36,589
MEDICAID				
Elderly & Disabled Waiver			\$120,398	\$120,398
LOCAL FUNDS				
		\$15,000	\$0.00	\$15,000
TOTAL	\$302,435	\$97,905	\$174,927	\$575,267

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	\$571,773	\$63,530	\$1,999,074	\$2,634,377
Title IIIC1 Nutrition Services*	\$310,000	\$34,444	\$126,418	\$470,862
Title IIIC2 Nutrition Services**	\$600,000	\$74,600	\$175,323	\$849,923
Title IIID Disease Prevention & Health Promotion	\$29,400	\$0.00	\$51,900	\$81,300
Title IIID Medication Management	\$10,400	\$0.00	\$0.00	\$10,400
Title IIIE Family Caregiver	\$189,231	\$63,077	\$41,421	\$293,729
Title VII Elder Rights	\$7,200	\$0.00	\$0.00	\$7,200
STATE FUNDS				
Senior Centers	\$122,200	\$122,200	\$0.00	\$244,400
Nutrition (Home Delivered)	\$71,400	\$0.00	\$0.00	\$71,400
Homemaker	\$37,900	\$0.00	\$0.00	\$37,900
Guardianship	\$101,200	\$0.00	\$75,308	\$176,508
Title III Match	\$44,000	\$0.00	\$0.00	\$44,000
Options for Community Living	\$906,611	\$0.00	\$0.00	\$906,611
OTHER				
Elderly & Disabled Waiver SPOE		\$0.00	\$575,101	\$575,101
NSIP	\$121,500	\$0.00	\$0.00	\$121,500
SHIP & MIPPA	\$143,858	\$0.00	\$0.00	\$143,858
Ombudsman	\$32,600	\$0.00	\$8,067	\$40,667
TOTAL	\$3,299,273	\$357,851	\$3,052,612	\$6,709,736

*Allocations are estimates. Funding allocations for FY 2012 have not yet been approved by the State Legislature.

** State Options Funds used for Nutrition satisfy this Match requirement.

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 subclause (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: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

Annual Status Report and Highlights

For each of the goals listed in the 2010 - 2014 Area Plan on Aging and Disability, provide a status update that reflects the progress and accomplishments toward meeting the goals. Briefly describe any other agency highlights.

Goal 1: Access Services

Improve accessibility to long term care services through the FTAAAD single point of entry system by increasing information and assistance to 7,100 units.

Online interactive screening form has been created that allows web visitors to make referrals to CHOICES and Options. They can either submit the completed form by fax or by email from our website.

Currently we are working with T&M Communications to upgrade telecommunications that will allow callers automation for routing of calls. We anticipate the features this system will allow will become active by the end of this fiscal year.

Additional staff has been trained to assist with handling calls whenever primary I&A staff are unavailable.

Since July 2010, 42 referrals were received by fax or email. I&A staff followed up on each referral and completed screenings to determine eligibility for services. Of 611 total screenings during this period, 238 were received from outside sources (other than self, family, and friends).

FTAAAD targeted groups of individuals at greatest economical need through providing information at the following: Farmer's Market in Johnson City gave 180 individuals, including homeless people, personal products with information about our services; reached 350 at a Coalition for Kids Health Fair, including older caregivers; provided education to 600 at a Diabetes Expo; provided workshop at a conference for MATCH, Minority Action Team Community Health organization, with 60 attending. At a community wide July 4th celebration, reached 1,000 people in the rural area of Roan Mountain.

Partnered with Health Departments and Home Health Care agencies in all rural counties to inform rural populations about FTAAAD services. Continued to partner with all APS offices, updating and streamlining the interagency referral process.

Provided Spanish translation of multiple publications about Medicare and Medicaid services.

Mailed information about services (180 brochures) to 9 area Adult Education and Literacy Groups.

The I&A staff has OCI translations service information posted as a reminder to staff that this service is available and also to use whenever we have walk-ins that need interpreter services.

Dispensed 264 brochures to area clinics, doctors' offices, and hospitals.

Provided information for both 211 agencies in our area: Contact Ministries in Johnson City & Contact Concern in Kingsport.

Partnered with the following disease specific groups: Diabetes Expo, ALS Support Group, ETSU Infectious disease, Stroke Support Group, Caregiver Support Group, Alzheimer's Support Group.

Mailed 325 brochures to DHS offices in Kingsport, Blountville, Greeneville, Hawkins County, Hancock County, Carter County & Unicoi County. Provided in service trainings at Washington County & Greene County Social Security offices.

A PSA is listed daily in the Johnson City Press about our services. Information has been placed in several senior center newsletters and AARP newsletters. Additionally a marketing committee of the FTAAAD Advisory Council has been formed which will develop a plan to inform more residents about I&A services.

Goal will be met. From July 2010 to January 2011 provided 5,776 units of information and Assistance. At the current rate, we will meet the goal of 7,100 units.

Goal 2: Home and Community Based Services

To provide services and community resources to older adults and adults with disabilities to retain an independent lifestyle delaying the move to a long term care facility or other institution.

Informal meetings via phone and email with DHS weekly and as needed. Informal meetings and frequent email contacts with APS as needed. Phone calls and emails to MCO supervisors as warranted. Met with the following and discussed LTC programs and services and left brochures to promote SPOE: Home Health -3, Hospice-1, Doctors and doctors offices -7, Hospitals-2, Senior Resource Centers and Councils -8, Newspaper or TV-2, Health Department-1, Mental Health Agencies-1, Adult Education and Literacy Groups-9.

Participate in a weekly conference call with TennCare to discuss implementation/program issues, ensure all areas are following the same protocols and using the same tools. Worked with APS to develop processes for information sharing to promote smoother transitions.

Over 800 individuals have been screened, assessed, and assisted with applying for various programs that will keep them at home versus institutional setting. A variety of services and supports have been put in place and numerous referrals have been generated to other agencies.

In CHOICES, the wait list has been eliminated and individuals are assessed and assisted with obtaining services and supports as they call in. If and when the target goal for enrollment is reached, the protocols set forth by TennCare will be put in place and implementation measures will take place. The waiting list for Title III and Options Programs remains in place. An electronic assessment tool that auto-calculates scores based on key factors such as socioeconomic and health status is in place and utilized as well as a prioritization ranking form that is completed prior to the assessment. These tools allow us to focus on the highest priority needs cases and start those services as soon as funding becomes available.

Concern, incident and missed visit reports have been tracked and trended with follow ups generated to the provider agencies and individuals as needed. With missed visits, the common pattern identified lack of adequate staff. Provider agencies were notified in writing of the deficiency and were required to implement a plan of correction. Satisfaction surveys were performed and results are pending. Training is provided on-going via the annual aging conference and through quarterly provider meetings. Education with individuals and families is performed at the initial assessment and on a one by one basis when/if a concern or incident occurs.

Performance measure met. Over 980 elderly and adults with disabilities have been screened, assessed and/or referred for LTC services. Presentations, brochures, meetings and booths have been held with over 30 agencies serving the LTC community in our service area.

Strategy to develop a Caregiver Telephone Support System has not been met. The service coordinators have identified potential caregivers who would like to participate. This strategy will be continued as an objective into Fiscal Year 2012.

Three links have been added to the FTAAAD website that offers caregiver resources, supports and educational topics.

Caregiver Facts, Avoiding Burnout and Information about Respite Care with website resources have been added to our welcome folders for caregivers.

Three volunteer resources to connect people with available services have been met through the Christ in Youth Know Sweat Program, Grandview Christian Church and East Tennessee State University medical students. Forty-five individuals were referred to one of the volunteer resources, and of the 45 there were 14 individuals that were served. Of that 14, a survey was developed and completed on 5 individuals to evaluate their satisfactions with services which resulted in that all consumers were satisfied with the services.

Information was provided to the local city and county mayors on ways to develop a Livable Community for all Ages at their annual Board Meeting in October, 2010. As of this date, two communities have not expressed interest in completing the Aging-readiness checklist.

Conducting outreach activities to eligible individuals who participate in the congregate meals program has been accomplished as follows: the FTHRA meal delivery vans have become “rolling billboards” containing a contact number to call for information regarding home delivered and congregate meals; there have been at least four newspaper articles written in the last six months about different nutrition sites or a special planned meal at a site; a list of individuals who have not participated in the congregate meals program in the last six months was provided to the nutrition program staff and has been partially met; the FTHRA outreach person has spoken at four civic clubs.

Overall Home and Community Based Services Goal has been met.

Goal 3: Health Promotion and Disease Prevention

To provide educational programs and community resources to assist older adults in an effort to promote healthy lifestyles.

Provided oversight and coordination of the CDSMP and have a Master Trainer on staff to provide training for lay leaders in the region.

Major community partners have been identified. We are working closely with UT Extension to have lay leaders in every county in our area. Sustainability focus is working with the 3 major hospital systems (Wellmont Health System, Mountain States Health Alliance and Veteran’s Administration Medical Center) in order to continue the program.

Partnered with the ETSU Gatton College of Pharmacy to offer Medication Management programs at each senior center through-out our district.

Added links to www.diabetes.org for diabetes prevention and to www.cancer.org for information about Medicare’s new preventive coverage of smoking cessation.

At the bi-monthly senior center director’s meeting, the variety of health promotion activities is discussed.

FTAAAD SHIP program has recruited volunteers from several groups that work with low-income, rural and homeless people. Recruitment efforts have resulted in gaining volunteers from the following organizations: Smoky Mountain Home Health, Amedysis Home Health, Kingsport Senior Center, Greene County Skills, ETSU Infectious Disease staff, Alzheimer's Association.

The following disease specific groups or events were contacted to recruit volunteers: Diabetes expo, Alzheimer's Association, ARC of Sullivan County, Watauga Behavioral Health, McCleod Cancer & Blood Center, Woodridge Hospital, ALS Support Group.

Surpassed goal of recruiting 2 in-kind volunteers, have recruited 11 in-kind volunteers.

The SHIP program has created and is maintaining a spreadsheet that captures information about each volunteer as well as recording their time, including their training. Additionally this spreadsheet, has all of the volunteer's contact information.

Conducted 10 Medicare 101 classes at Senior Centers, Stroke & ALS Support Groups, church senior groups, YWCA, and the Health Resource Center at the Mall.

Dispensed 115 brochures at area pharmacies. Also had 24,000 pharmacy bags printed with our SHIP logo & phone number to dispense at Jonesborough Food City Pharmacy & 24,000 at Kingsport Food City Pharmacy.

LIS and Part D enrollment events were held in November & December in 6 counties. Events were also scheduled in the other 2 counties but inclement weather caused cancellations. The staff tried to assist those individuals who were not able to attend by telephone. The number of events that were actually held was 10.

Currently have agreements with 15 organizations to become SHIP host sites. The MOU has been signed & returned for 11 of those sites.

Our goal of enrolling 50 was exceeded. Enrolled 282 individuals in the online Social Security LIS program to assist their Part D drug program & informed 283 about MSP applications.

The possibility of a new site was discussed at the February 11, 2011 FTAAAD Advisory Council Meeting. The FTHRA Nutrition staff and the FTAAAD Administrative staff toured the proposed site on February 24, 2011 to see the amount of work and expense required to get the site up and open. TCAD will be contacted after the visit to see if a new meal site is feasible. This will be discussed with the FTAAAD Advisory Council as more definite information is available.

Compiled a list of agencies and other organizations that provide transportation services. A networking meeting with these entities to discuss ways to work together will be held in late April, 2011

Overall Health Promotion and Disease Prevention goal was met.

Goal 4: Elder Rights

Increase participation in all elder rights services in our district in order to protect individuals' rights to 460.

The Northeast TN Vulnerable Adult Coalition (NET-VAC) continues to meet on a monthly basis averaging 25 people in attendance.

The Public Guardian program currently has 11 volunteers in the program. Volunteers have been recruited by working with the local new media. All volunteers were recognized at the Annual Conference on Aging.

In an effort to educate the public about the public guardian program an information sheet was developed and mailed to individuals who requested guidance on becoming a conservator, and the public guardian spoke to churches, civic clubs, agency meetings, etc., about the program.

Partnered with the Northeast Tennessee Alzheimer's Association to educate individuals about the Silver Alert Program. Plans have been discussed to develop Public Service Announcements, in cooperation with the Alzheimer's Association to publicize the program.

Legal Aid of East TN, Inc. has provided two such programs this fall on Advanced Directives, Public Benefits and/or other consumer information. There are dates scheduled for these programs to be presented at the nine other senior centers by June 1, 2011.

Twenty three new volunteers have been added to the Long Term Care Ombudsman Program. All have received the orientation training and all are serving in an assigned Long Term Care and/or Assisted Care Living Facility. Several more individuals have signed up for the training. There are currently a total of 26 trained VORs serving the Long Term Care Ombudsman Program.

Partnered with the Adult Protective Service workers by including the staff in the Northeast Tennessee Vulnerable Adults Coalition which meets monthly and by inviting the APS workers to attend our Annual Conference on Aging without paying the registration fee.

Goal of serving 460 was not met.

Goal 5: Management Practices

Implement management practices that will improve program performance, consumer's quality of service and prevent budget under/over spending.

An electronic version of the P&P Manual will be available by June 30, 2011. A general review of the existing manual has been done, replaced "terms" that are no longer valid, as in Waiver-CHOICES and non-Waiver-Older Americans Act Programs and Options, zipped and emailed chapters to specific personnel responsible for updates, and sent reminders to staff the completed updates are due no later than the end of May, 2011.

A new accounting software system has been implemented by the FTDD which allows read and report generating privileges to the FTAAAD Fiscal Manager. MIS staff completes report in SAMS, transfers to excel spreadsheet for easier access and better reporting flexibility.

Assured progress and accomplishment of objectives through weekly staff meetings and a written update on status the end of February, 20, 2011.

In order to establish effective and efficient procedures for coordination FTAAAD meets quarterly with all providers, staff attends the local resource councils, we coordinate training at our Annual Conference on Aging to be held April 19, 2010, staff serves on a variety of councils and boards and we have partnered with

Goal has been met.

Other AAAD Highlights:

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

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

Improve accessibility to long term care services through the FTAAAD single point of entry system by increasing information and assistance to 7,500 service units.

MEASURABLE Objective 1: Develop tools or add technology to make access to services easier.

Strategy: Create an online prescription plan worksheet that will allow Medicare beneficiaries to gather the information they need for Part D plan comparison screening.

Strategy: Provide information on the website about Medicare's changing Part D enrollment date.

Strategy: Provide an application for SHIP/SMP volunteers on the website.

Strategy: Continue to work with T&M Communications to improve our telephone capabilities.

Strategy: Make the website more user friendly. (Click here to apply for services).

Performance Measure: Increase the number of visitors to the website to 25.

MEASURABLE Objective 2: Raise awareness among long term care professionals about FTAAAD services. Enhance their ability to identify appropriate consumers who might need services.

Strategy: Provide information through brochures or in-service training about long term care services at area dialysis centers, rehab centers, hospitals, radiation therapy centers, chemo centers, arthritis treatment centers.

Strategy: Partner with social service agencies to increase awareness about services.

Strategy: Seek out disease specific activities or sponsored events to raise awareness of long term care services.

Performance Measure: Provide 1,100 screenings for long term care services and Options.

MEASURABLE Objective 3: Improve accessibility for individuals who are older or disabled in underserved groups such as: minorities, low income, and limited English proficiency.

Strategy: Seek out cultural and ethnic festivals and events attracting diverse groups to distribute literature about services.

Strategy: Approach cultural organizational meetings to provide information about services.

Strategy: Reach out to leaders in organizations that provide services for individuals with disabilities.

Strategy: Provide information at sliding scale and rural clinics.

Strategy: Seek to educate diverse faith based groups.

Performance Measure: Provide information to 200 individuals who have greatest economic need, individuals residing in rural areas, or individuals who are disabled.

MEASURABLE Objective 4: Increase the SHIP/SMP programs by recruiting and maintaining volunteers to assist beneficiaries with Medicare counseling.

Strategy: Contact support groups and faith based senior groups to provide education about volunteer opportunities.

Strategy: Recognize volunteers' time by showing appreciation at annual events.

Strategy: Provide adequate training so that volunteers are able to assist in counseling and educating beneficiaries and their representatives.

Strategy: Continue to recruit professionals who work in areas that have daily access to targeted beneficiaries.

Performance Measure: Recruit and train 10 volunteers.

MEASURABLE Objective 5: Increase awareness of aging and disability long term services and supports available thus increasing the number of people accessing services through the single point of entry.

Strategy: Strengthen partnerships with other AAADs and TCAD promoting a statewide marketing logo and campaign to provide information to the public on how to access the long term care system.

Strategy: Provide on-going training to staff on topics related to their position and long term services and supports for elderly and adults with disabilities.

Strategy: Continue to develop and maintain partnerships with key members of the community that provide services and supports to the elderly and disabled populations.

Strategy: Provide speakers at local senior centers and nutrition meal sites to inform the participants of available services through the FTAAAD.

Performance Measure: All forms and advertising from the FTAAAD office and staff will have the logo developed and approved by the Aging Network. Degreed staff will receive a minimum of 12 hours of formal/informal in-service training per year. A database of marketing activities will be maintained and the FTAAAD will provide information, support, and assistance to at least 35 different agencies involved in the LTC system.

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

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

To provide services and community resources to older adults and adults with disabilities to retain an independent lifestyle delaying the move to a long term care facility or other institution.

MEASURABLE Objective 1: Explore the pros and cons of establishing an electronic medical records (EMR) system and if feasible start implementation processes.

Strategy: Make a checklist of items to ask regarding EMR systems.

Strategy: Gather information from at least 3 EMR providers requesting they demonstrate the system.

Strategy: Covert current forms into electronic format.

Strategy: Provide training to staff regarding electronic systems and EMR.

Performance Measure: An EMR system will be purchased and current paperwork received will be scanned into the system and at least 25% of active paper files will be scanned to the system making it more convenient and faster to access requested documents.

MEASURABLE OBJECTIVE 2: Work with key members of the long term care community to educate individuals transitioning home from an institutional setting such as the hospital or Long Term Care (LTC) unit on services and supports available to them in the management of their illness or disease.

Strategy: Partner with the hospital and other key members of the long term care community to create partnerships to develop and implement sustainable discharge planning processes.

Strategy: Continue to work on streamlining access to Home and Community Based Services (HCBS) that will provide education and support to individuals making the transition.

Strategy: Provide training opportunities to community partners that promote awareness of HCBS available which will result in better coordination of services in the community.

Performance Measure: Create partnerships with at least 2 key members of the long term care community and create a uniform discharge planning process that provides education and support to at least 10 individuals transitioning from an institutional setting.

MEASURABLE Objective 3: Assist informal caregivers with support services in an effort to decrease the amount of mental stress and physical strain they face by identifying areas of need and then partnering with key members of the community to provide education, resources, and support programs to fill service gaps.

Strategy: Develop a Caregiver Telephone Support Group as a way for the caregivers to share information and support each other.

Strategy: Contact caregivers to determine their interest in participating in the Caregiver Telephone Support Group.

Strategy: Partner these identified caregivers who are facing the same struggles and challenges to talk with others with similar situations.

Strategy: Develop a record keeping system to record units of service.

Performance Measure: Serve 5 caregivers during Fiscal Year 2012.

MEASURABLE Objective 4: Continue to conduct Outreach activities to assure the maximum number of eligible individuals may have the opportunity to participate in the congregate meals program.

Strategy: Identify community contacts and place posters and announcements about the congregate meals program at various establishments and organizations through-out the district.

Strategy: Place Public Service Announcements in local newspapers in order to advertise the nutrition sites located through-out the district.

Strategy: Contact individuals who have not participated in the congregate meals program in at least six months.

Strategy: Schedule to speak at churches, civic clubs, etc., to let people know about the congregate meals program.

Performance Measure: Increase nutrition outreach units from 93 in Fiscal Year 2011 to 100 in Fiscal Year 2012.

MEASURABLE Objective 5: Implement the Veteran's Directed Home and Community Based Services Program (VD-HCBS) consumer-directed model of care for veterans to provide options and flexibility.

Strategy: Work with the Tennessee Commission on Aging and Disability (TCAD) to develop and implement program guidelines.

Strategy: Meet with representatives of the Veterans Administration Medical Center (VAMC) on a regular basis as the program is developed and implemented.

Strategy: Participate in training offered to FTAAAD staff on the concepts of self-directed care and service brokerage.

Strategy: Accept referrals from the VAMC.

Strategy: Conduct intake/assessment session with Veteran, provide Options Counseling/Support Services, facilitate payment through a fiscal intermediary and establish a flexible budget that allows for the veterans self-directed care.

Strategy: Meet periodically with Veteran to assess spending plan and services and troubleshoot issues.

Performance Measure: Provide services to ten Veterans during Fiscal Year 2012.

MEASURABLE Objective 6: Decrease the amount of time the consumer chart is at the FTAAAD office in order for the county-based in-home service coordinator to have quicker access.

Strategy: Notice of Service Changes that are currently being used to communicate service changes with the providers will also be sent to the IT Technician at FTAAAD.

Strategy: Lead Service Coordinator or designee will approve service plan and attach signed service authorization from fiscal who will return chart to the Lead Service Coordinator.

Strategy: Consumer charts will be located only in the Lead Service Coordinator's office.

Strategy: Return consumer charts to the county-based in-home service coordinators.

Performance Measure: The amount of time consumer charts are at the FTAAAD will decrease from three months in Fiscal Year 2011 to one month in Fiscal Year 2012.

MEASURABLE Objective 7: Determine ways to recruit additional volunteers to deliver the home-delivered meals, especially in the rural areas.

Strategy: Identify community contacts and place posters and announcements about the home-delivered meals program and the need for volunteers to deliver the meals at various establishments and organizations through-out the district.

Strategy: Place Public Service Announcements in local newspapers and television about the opportunity for volunteers to deliver meals.

Strategy: Explore ways to assist volunteers with their mileage expenses, for example gas cards.

Strategy: Identify the areas where a meal route does not exist and work on developing a drop site.

Strategy: Look at GPS Mapping as a way to plot the meal routes to assist the volunteers with directions to a consumer's home and as a way to decrease volunteer mileage

Performance Measure: Increase the number of volunteers from 500 to 525 and increase the number of drop sites from 71 to 74.

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

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

To provide educational programs and community resources to assist older adults in an effort to promote healthy lifestyles.

MEASURABLE Objective 1: Implement the Stanford Critical Disease Self Management Program (CDSMP) for identified at risk adults (60 years and older) to acquire the skills to self manage their chronic disease to improve health outcomes and divert them from premature placement in Long Term Care facility.

Strategy: Provide the CDSMP in small groups once a week for 2 ½ hours for six weeks at various locations through-out the district.

Strategy: Track and report the required information including program locations, number of enrollees who participate at each location.

Strategy: Conduct a participant satisfaction survey that rates participants' satisfaction with each aspect of the course.

Strategy: Continue to identify Community Partners (Public Health and other concerned community groups (Medical Groups, Parish Nurses, Health Resource Centers).

Performance Measure: 198 older adults with chronic disease will complete the program by March 31, 2012.

MEASURABLE Objective 2: Provide information to Medicare beneficiaries and their families about Affordable Health Care – Preventive Services.

Strategy: Provide Medicare education about preventive services for callers if they are placed on hold.

Strategy: Conduct educational presentations at community sites about preventive services.

Strategy: Publish drop in articles about Medicare's preventive services in area newspapers or newsletters.

Strategy: Provide give away items with information that Medicare offers preventive services.

Strategy: Develop an informational flyer about preventive services.

Performance Measure: Reach 200 people with information about preventive services.

MEASURABLE Objective 3: Provide information to Medicare beneficiary's and their families about Affordable Care Act – change in the Part D enrollment date, thereby eliminating individuals trying to change their plan after December 7th when enrollment has ended.

Strategy: Contact consumers who were assisted in 2010 to inform them that the date for changing their plan has been moved up in 2011.

Strategy: Publish drop in articles about the date change in newsletters, newspapers.

Strategy: Provide give away items at area health fairs with the date change information on them.

Strategy: Conduct education presentations to inform consumer that Medicare's Part D enrollment is changing.

Performance Measure: Reach 400 people with the information that Medicare Part D enrollment will be over December 7, 2011.

MEASURABLE Objective 4: Increase partnerships with agencies to strengthen a referral network that results in appropriate referrals for individuals in target groups who need Medicare counseling and information.

Strategy: Dispense brochures at area medical offices and particularly sliding scale clinics.

Strategy: Contact area mental health providers about becoming resource centers for providing our brochures about free Medicare counseling.

Strategy: Provide information to agencies that serve rural consumers about SHIP and SMP services.

Strategy: Collaborate with Virginia SMP to reach out to residents who live in areas near the state line by providing “border events”.

Performance Measure: Increase clients served who have a Mental Illness to 50.

MEASURABLE Objective 5: Target populations for outreach who are eligible for LIS using the “MIPPA 2009 U.S. Zip codes Estimated LIS Potentially-Eligible Targets”.

Strategy: Maintain information at 5 resource centers in the service area.

Strategy: Coordinate Medicare counseling with volunteers at 10 host sites in the service area.

Strategy: Provide area enrollment events which focus on assisting individuals with Part D Enrollment and identifying LIS eligibility.

Performance Measure: Increase the number of LIS applications completed and MSP eligible individuals informed about services to 300.

MEASURABLE Objective 6: Continue to investigate the possibility of adding one new congregate nutrition meal site in the First Tennessee District.

Strategy: Meet with the Nutrition Project Director to determine the feasibility.

Strategy: Survey the various communities to determine an appropriate location.

Strategy: Obtain input from the First TN Advisory Council on Aging and Disability at their bi-monthly meetings as to an appropriate location.

Strategy: Obtain approval to add a new congregate nutrition site from the agency’s governing Board of Directors.

Performance Measure: Add one new congregate nutrition meal site within our district by June 2012.

MEASURABLE Objective 7: Continue to coordinate transportation services, especially in the rural areas.

Strategy: Dispense the list of agencies, churches, civic clubs, city and county governments, and other organizations which provide transportation services.

Strategy: Schedule a networking meeting with these entities to discuss ways to work together at least twice a year.

Strategy: Distribute alternative transportation information to senior center participants, Advisory Council members and other interested individuals.

Performance Measure: Identify three new transportation resources which older individuals will be able to utilize.

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

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 participation in all elder rights services in our district in order to protect individuals' rights to 460.

MEASURABLE Objective 1: Increase the number of volunteers and maintain the current volunteer base with regard to the needs of the wards in the Public Guardian Program.

Strategy: Maintain the volunteers currently utilized in the Public Guardian Program by hosting one annual meeting to discuss volunteer logs, review policy and obtain input; and, by regular contact via telephone, email and by regular mail.

Strategy: Prepare a series of 30-60 second audio tapes of the need for volunteers and send them to local radio stations requesting them to use these as PSAs to air for their audiences.

Strategy: Create a user friendly volunteer application and ask local clubs, churches and other agencies to allow a link to our application.

Strategy: Recognize the volunteers' hard work and dedication at least annually at the Annual Aging Conference in April 2012.

Performance Measure: An increase in the number of volunteers from 11 in Fiscal Year 2011 to 15 in Fiscal Year 2012.

MEASURABLE Objective 2: Educate the public about Conservatorships and Powers of Attorney.

Strategy: Update the FTAAAD website to include links to other guardianship information sites including the National Guardianship Association.

Strategy: Provide local referral information such as specific court information and contacts as well as area attorneys who are familiar with Conservatorships to those individuals who request guidance on becoming a Conservator.

Strategy: Be available to speak to churches, civic clubs, agency meetings, etc., as well as keep printed material readily available to provide to individuals in the medical and legal fields while out in the field.

Performance Measure: Develop a short survey and mail to those who have requested information to determine how we can improve on the I&A for the program.

MEASURABLE Objective 3: Increase participation in all elder rights programs.

Strategy: Require Legal Aid of East Tennessee, Inc., to provide educational seminars at each of the 11 senior centers on Advanced Directives, Public Benefits and/or other consumer information.

Strategy: Require the Long Term Care Ombudsman Program's part-time Volunteer Coordinator to increase volunteers from 26 in 2011 to 28 in 2012.

Strategy: Support the Volunteer Ombudsman Program by providing AAAD orientation to new volunteers, supplying each VOR with a picture ID badge, and recognizing all VORs at the Annual Conference on Aging.

Strategy: Partner with the Adult Protective Service workers by including the staff in in-service trainings, the Northeast Tennessee Vulnerable Adults Coalition and our Annual Conference on Aging.

Performance Measure: An increase in the number of consumers served from 240 in Fiscal Year 2010 to 250 in 2012.

MEASURABLE Objective 4: Increase awareness of Elder Abuse in the 11 senior centers utilizing Adult Protective Services (APS), Legal Aid of East Tennessee (LAET) and the Northeast Tennessee Vulnerable Adult Coalition (NET-VAC).

Strategy: Discuss ways to increase awareness of Elder Abuse with APS, LAET and Senior Center Directors and staff.

Strategy: Conduct educational workshops at each senior center on Elder Abuse Awareness utilizing APS and LAET.

Performance Measure: An evaluation form will be developed and utilized to measure the success of the educational workshops.

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

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

Implement management practices that will improve program performance, consumer's quality of service and prevent budget under/over spending.

MEASUREABLE Objective 1- Make available the FTAAAD's electronic version of the Policy and Procedures Manual (P&P Manual) into a centralized location for easy employee access and make available on website.

Strategy: Specific staff person that is responsible for compiling all policies and procedures into this format will keep his/her portion updated.

Strategy: Periodically contact management staff to verify if any changes need to be submitted for inclusion in electronic copy of the P&P Manual.

Strategy: Send update to staff and include in the centralized electronic version.

Strategy: Continue review of the P&P Manual at the annual staff retreat.

Performance Measure: Request feedback from staff as to the benefit of the updated, centralized version of the P&P Manual at the annual retreat.

MEASURABLE Objective 2: Implement new reporting procedures to better utilize provider invoices as a monitoring tool to equalize budget spending.

Strategy: Ensure providers use FTAAAD approved missed visit codes in order to provide consistency among all providers.

Strategy: Missed visit codes will be communicated to lead service coordinator which will in turn communicate to the appropriate service coordinator for any needed follow-up.

Strategy: Track cost of services not being provided as authorized (missed visits, holds).

Performance Measure: Better consumer satisfaction as documented in QSI surveys, and less budget under/over spending.

MEASURABLE Objective 3: Assure progress and accomplishment toward meeting the 2012 Area Plan goals and objectives.

Strategy: Create a table of all 2012 goals and objectives.

Strategy: Review progress on meeting the goals and objectives at scheduled staff meetings and during our annual staff retreat.

Strategy: Review progress made on meeting the goals and objectives at the bi-monthly Advisory Council on Aging and Disability meetings.

Performance Measure: 95% of the goals and objectives will be met by June 30, 2012.

MEASURABLE Objective 4: Establish effective and efficient procedures for coordination in order to improve networking capabilities.

Strategy: Meet quarterly with all FTAAAD providers.

Strategy: Attend the local resource councils that meet in Bristol, Kingsport, Johnson City and Greeneville.

Strategy: Coordinate training to other agencies at our Annual Conference on Aging.

Strategy: Serve on councils and boards in an effort to represent the best interest of older people and other adults with disabilities and to foster coordination activities.

Performance Measure: Partner with three new agencies in order to improve networking capabilities.

MEASURABLE Objective 5: Plan for the future increase in demand for aging services in our district.

Strategy: Identify key stakeholders and contact them to determine interest in this objective.

Strategy: Organize a small planning meeting consisting of these district-wide stakeholders.

Strategy: Assess current service delivery system.

Strategy: Suggest changes in this system for the next ten years by hosting a community forum to obtain input from interested stakeholders.

Performance Measure: As a result of the community forum, develop a written consensus concerning potential solutions that would be effective in meeting the future increase in demand for services.

PSA: FTAAAD
 Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
 (x) Update, Dated: 3/8/2011

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 2010 Census population data)	492
b. Number of older individuals residing in rural areas in the planning and service area (use 2010 Census population data)	71,045
c. Number of older individuals who speak English less than very well (use 2010 Census population data)	226
d. Number of low-income minority older individuals served (use State Reporting Tool data)	68
e. Number of individuals residing in rural areas served (use State Reporting Tool data)	1,224

* Number Below Poverty, 65 Years and Older for First Tennessee Development District's (FTDD) eight county area.

** Number 65 Years and Older for FTDD.

*** Number 65 Years and Older that speak English less than vary well for FTDD.

2. Provide information on the extent to which the Area Agency met its Targeting objectives **for all programs** in the FY 2010 Area Plan Update.

2010* OBJECTIVE	ACTUAL ACCOMPLISHMENT
1. Identify agencies that focus on minority populations and/or older individuals with limited English proficiency.	Information about all FTAAAD programs has been shared with all of the agencies in the area that provide Adult Education in order to reach LEP. We also sponsored a workshop and educational materials for an event sponsored by Minority Action Team Community Health (MATCH).
2. Identify community partners to gather information to determine the specific needs to this population.	Identified community partners at weekly staff meetings, as needed.
3. Partner with community agencies to provide outreach, support and services when available.	Partnered with community agencies, as needed.

4. Seek out cultural festivals, ethnic markets, farmers markets aimed at diverse population to provide informational booths.	Reached minorities and diverse groups at the Farmer's Market as well as Johnson City Housing Authority Health Fair for Seniors.
5. Report the number of elderly in economic and social need served each quarter, including low-income minority.	Reported on a quarterly basis.
6. Counsel those diverse and hard-to-reach Medicare beneficiaries.	317 individuals were counseled including those in rural zip codes, those with English as a second language and minorities.
7. Provide training on how to better target minorities.	Scheduled a workshop at our annual aging conference on this topic.
8. Reviewed with the staff the First TN Development District's Affirmative Action Plan.	Reviewed this plan at our annual staff retreat.

* Last complete 12-month period.

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

Targeting Plan

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

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

Information about services and programs are provided by the FTAAAD through our dedicated information and assistance phone line, and by our senior centers through our service coordinators. To aid in targeting those in greatest need for services, the FTAAAD utilizes a standard assessment form for prioritizing applications for in-home services. The assessment rates functional status, health, social support, and economic resources. Guidelines give first priority to low-income minority applications if resources are not available to serve all applicants with the same assessment score. Regional and specific target group marketing allows FTAAAD to concentrate limited resources to provide the greatest opportunities to reach seniors with agency services and programs.

Print, radio and television media are utilized as appropriate in addition to participation in Health Fairs, presentations to Senior Resource Networks. FTAAAD will make a special effort to target the minority population by contacting the minority churches. The senior centers continue to add more and more multicultural programs and celebrations to their schedules. In recent years, the only programs targeting minorities were held in February in conjunction with African-American History Month. Now, centers are scheduling a variety of programs to educate participants about cultures and to target the people in the area who are members of minority groups.

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

FTAAAD requires all service providers through contract provisions to target their services to those in most social and economic need. First TN has a minority population of 1,970 or 2.1%, and most of that population resides in Washington County in the Johnson City area. Our targeting efforts have been successful since from 7/1/2010 to 2/28/2011 we have served 432 total minorities out of 13,009 or 3%.

Diversity is reflected in all aspects of our operations. Our programming strengthens our communities by bringing together diverse groups and networks to assist in

diffusing stereotypes. The programs also promote the transmission of cultural traditions. Our service providers and our advisory council are reflective of our region and inspire collaboration. We have 25 voting members on our Advisory Council and 1 is minority which is less than 1%. Disability etiquette is offered to staff, service coordinators, advisory council member and service providers on a routine basis. In addition, Civic Rights training is provided every year to our staff, service providers, service coordinators and Advisory Council members.

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

The Area Agency gathers information such as race, ethnicity, age, and income level through Participant Registration forms or via In-Home assessments. This is entered into our SAMS system so that we may gather this statistical information as needed.

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
Identify agencies that focus on minority populations and/or older individuals with limited English proficiency.	Compile a list of agencies and disseminate to staff.	Daris Morgan
Recruit additional minority representation on the FTAAAD's Advisory Council.	Work with the Advisory Council's Membership Committee.	Teresa Sutphin
Partner with community agencies to provide outreach, support and services when available	Coordinate this activity with the senior centers at their bi-monthly director's meetings.	Teresa Stuphin
Seek out cultural festivals, ethnic markets, farmers markets aimed at diverse	Provide information at the annual Umoja/Unity Festival which places emphasis on	Lorrie Wilson

populations to provide informational booths.	the African-American population	
To report the number of elderly in economic and social need served each quarter, including low-income minority	Provide SAMS reports to appropriate staff.	Dale Condon
Counsel those diverse and hard-to-reach Medicare beneficiaries.	Use community bulletin boards on the cable channel, presenting the "Welcome to Medicare" seminars, contacting more diverse churches.	Lorrie Wilson
Provide training/information on how to better target minorities	Bi-monthly senior center directors' meetings.	Teresa Sutphin
Review with staff the First TN Development District's Affirmative Action Plan.	Schedule this review at the annual staff retreat.	Kathy Whitaker

Minority Representation Area Agency on Aging and Disability
Minority Service Providers with Expenditures
Fiscal Year 2009-2010

Service Provider Name	FY 2010 Total Expenditures Federal and State
<u>AAAD Name – First Tennessee</u>	
<u>Contractor Name:</u> Aid & Assist @ Home Diane Price, President 1241 Volunteer Pky, Ste 420 Bristol TN 37620-4635	\$212,730.61
<u>Contractor Name:</u> Cornerstone Personal Care Services, LLC Vickie Stills, Administrator 808 Tusculum Blvd. Greeneville TN 37745	
<u>Contractor Name:</u> Envision/ILS Andrea Dunbar, CEO 125 E Jackson Blvd., Ste 15 Jonesborough TN 37659	\$1728.76
<u>Contractor Name:</u> Heavenly Sonshine Senior Services Company April Gentry, President P. O. Box 978 Jonesborough TN 37659	\$140,235
<u>Contractor Name:</u> Legacy Home Care, LLC Pamela Lancaster, Administrator 207 E Main St., Ste 2J Johnson City TN 37604	\$350.46
<u>Contractor Name:</u> Pro Careers, LLC Rose Thompson, Director 5051 Washington St. W. Cross Lanes, WV 25313	\$157,834
<u>TOTALS</u>	

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

D-4

Advisory Council Bylaws

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

AAAD STAFFING

TABLE 1.

Staff Positions & Name of AAAD Staff Person & Job Title	Minimum Full-Time Equivalent (FTE) & Responsibilities	Required Qualifications	AAAD Staff FTEs & Qualifications
Older Americans Act			
Director Kathy Whitaker, Director	1 FTE Oversight of AAAD operation; Planning and development of Area Plan; Management and operation of all program and fiscal aspects	Master's Degree and five years experience in supervision or management in field of gerontology, aging programs or related field of social work. Bachelor's Degree in a related field and seven years of related experience may be substituted for the Master's Degree	1FTE Master's Degree in Sociology, emphasis in Gerontology, <u>35 years</u>
Financial Specialist <u>*Kristy Lewis</u> , Fiscal Manager	1 FTE Fiscal functions of AAAD; Financial accounting; Budgeting; Technical assistance to service providers and Financial monitoring	B.S. Degree in Accounting or related degree in an area of financial management and minimum of 2 years experience requiring financial expertise	<u>1 FTE</u> <u>High school education with over 3 years training and experience in the field of Accounting.</u> <u>4 years</u>
Quality Assurance Billie Creasey, Quality Assurance Coordinator	1 FTE Provide technical assistance to service providers; Develop district Q&A Plan; Monitoring service providers, Approve Plans of Correction	RN, BSN or Bachelor's Degree in social work, gerontology, psychology, sociology, counseling or related field.	1 FTE Bachelor Degree of Science in Nursing, <u>8 years</u>
Program Specialist/ Coordinator, Assistant Director Teresa Sutphin, Special Projects Specialist	.05 – 1 FTE Duties as assigned by Director	Bachelor's Degree in social work or related field and minimum of 2 years experience in Social Service Program implementation	1FTE Bachelor's Degree in Interdisciplinary Studies, <u>7 years</u>

<p>Management Information Specialist</p> <p>Dale Condon, IT Manager</p>	<p>1 FTE</p> <p>Manage databases; Compile reports; Maintain resource directory; SRT; Analyze data</p>	<p>Proven familiarity with software and hardware installation and customization; Ability to provide help desk support on hardware, software, communications; Ability to develop and conduct training; Oral and written skills; Working knowledge of software packages; Programming experience; BS Degree, preferably in Computer Science, or other computer-related field with data-base experience, hardware experience, and/or 5 year's relative experience</p>	<p>1FTE</p> <p>Associate's Degree of Applied Science in Computer Engineering, <u>10 years</u></p>
<p>Family Caregiver Coordinator</p> <p>Do not staff this position</p>	<p>A designated coordinator, full-time or part-time as deemed necessary</p> <p>Disseminate caregiver information; Organize support groups; Maintain records; Compile reports; Oversee caregiver needs assessments; Arrange for caregiver services; Assist with Area Agency functions as assigned by the AAAD Director</p>	<p>Bachelor's Degree in social work or related field, or RN</p>	<p>1 FTE</p>
<p>Support Staff</p> <p>Chris Gortney, Information Technician</p>	<p>Full-time or part-time as deemed necessary</p> <p>Assist AAAD program staff (Letters, faxes, documents, telephone, meeting coordinator, etc.)</p>	<p>Computer skills; Verbal and written skills; Ability to organize files; Correspondence; Faxing; Minimum of High School Education with emphasis in business, preferably post secondary clerical skills training</p>	<p>1 FTE</p> <p>Associate Degree in Computer Information Science, <u>2 years</u></p>

Other Staff			
<p>Adequate numbers of staff, qualified by education and experience, assigned for the development and administration of the plan and to conduct other required AAAD functions</p> <p>Rose Brown, Information Technology Assistant</p> <p>*Martha Fitzgerald, Fiscal Assistant</p> <p>Rita Hunter, ADRC Specialist</p>	<p>Full-time or part-time as deemed necessary</p> <p>Based on the needs of the individual AAAD planning and service area</p>	<p>Qualifications will be developed in keeping with responsibilities assigned to the position</p>	<p>1.5 FTEs</p> <p>Rose Brown, high school education, proficient in computer programs <u>8 years</u></p> <p>1 FTE, high school education, over 20 years general office experience, <u>6 years</u></p> <p>Master's Degree in Adult Education, <u>4 years</u></p>
SHIP			
<p>SHIP Coordinator</p> <p>Lorrie Wilson, I&A Assistant/SHIP Coordinator</p> <p><u>Melody Conkin, Volunteer Coordinator</u></p>	<p>1 dedicated FTE</p> <p>Cooperate with CMS requests to recruit/train volunteers; Maintain current knowledge of Medicare and Medicaid and other health insurance; Telephone counseling to beneficiaries; Compile reports; Communication skills</p>	<p>Preferably a Bachelor's Degree and 2 years experience in advocacy or information and assistance. A high school education and 4 years experience in advocacy or information and assistance may be substituted.</p>	<p>1 FTE</p> <p>AIRS Certified, high school education with over 4 years experience in advocacy and information, <u>7 years</u></p> <p><u>1 FTE</u></p> <p><u>Bachelor's Degree in American Studies, 1 year</u></p>
Guardianship for the Elderly			
<p>Guardian</p> <p>Wanda Martin, District Public Conservator</p> <p>Karrie Errick,</p>	<p>1 dedicated FTE</p> <p>Manage Guardianship Program</p>	<p>See the Guardianship for the Elderly Chapter in this Policy Manual</p>	<p>1 FTE</p> <p>Paralegal, Certified Registered Guardian, <u>9 years</u></p> <p>1 FTE, high school</p>

Assistant to the Public Guardian			education, financial management background, <u>4 years</u>
CHOICES in Long Term Care			
Waiver Manager Angie Gwaltney, Home Care Manager	1 FTE Financial & Program Oversight; Marketing; Policies and Procedures Compliance; Data Analysis of Performance; Reporting; Contact for Case Management Provider; Recruitment/Relations; Grievances/Appeals; Staff supervision as assigned by AAAD Director	Preferably Master's Degree in Social Work or a Registered Nurse (subject to Waiver requirements). Minimum of 2 years in management or supervision, preferably working with older adults and/or adults with disabilities.	1FTE Bachelor of Science Degree in Nursing, <u>10 years</u>
Information & Assistance Specialist Lynn Pennington, I&R Assistant	1 – 2 FTE As deemed necessary Telephone Information Assistance and Referral; Comprehensive telephone screening; Assist with appointments for in-home assessment visits; Assistance with case file development	AIRS Certified Information and Referral Specialist – Aging, according to AIRS Standards within 2 years of employment; Written/Verbal communications skills; Minimum of completion of grade 12, preferred at least 2 years college and minimum of 2 years employment in field of social work.	1 FTE Bachelor's Degree in Advertising Art, AIRS Certified <u>4 years</u>
Pre-Enrollment Specialist LeAnn Pierce, Nurse Coordinator Kim Fink, Intake Coordinator Stephanie Cox, Plan of Care Specialist	2 – 4 FTE As deemed necessary Arrange and complete in-home assessments; Develop PAE; Develop initial Plan of Care; Compile information to submit to DHS for financial eligibility; Coordinate getting physician's orders; Submit paperwork to TennCare for enrollment	Preferably a Master's Degree in Social Work, Psychology, Sociology, or a related field from an accredited college or university and one year of supervised social services experience, with experience in geriatrics or service planning and delivery for the disabled. Bachelor's Degree in Social Work, Psychology, Sociology, or other field related to social work with	4 FTEs LeAnn Pierce, Registered Nurse, <u>6 years</u> Kim Fink, Master's Degree in Social Work, Licensed Clinical Social Worker, <u>2 years</u> Stephanie Cox, Bachelor's Degree Social Work, <u>3 years</u>

		2 years of supervised work experience in a social services program, with experience in geriatric or service planning and delivery for the disabled preferred. The Bachelor's level Social Worker must work under the supervision of a Social Worker with a Master's Degree or an RN.	
CHOICES QA Do not staff this position.	1 FTE Provider Recruitment; Training / Provider Meetings; Problem solving w/consumers and providers; Complaint Resolution; Missed Visits / Trends / QI; Plan of Correction; HIPAA Responsibilities	Bachelor's Degree in social services or related field or nursing degree (RN or LPN)	
Data Entry Sharon Thomas, Information Technician	0.5 – 1 FTE As deemed necessary Waiver Client Data / Care Plan entered in SAMS 2000; Invoice / Billing Data entered in SAMS 2000; Develop and Run Rosters for Providers	Computer Skills; Minimum of High School education, preferably post-secondary training	1 FTE High school education, Administrative Assistant background, 3 years
Assistant Fiscal Staff <u>Do not staff this position.</u>	0.5-1 FTE As deemed necessary Assist AAAD Financial Specialist with duties as assigned; Assist with Billing; TCAD contact for denials of payment; Provider Relations; Reconcile Care Plans to Provider Invoices; Provide financial monitoring	Minimum of high school education and 2 years training or experience in the field of Accounting	
Support Staff Michelle Jenkins, Pre-Enrollment	1 – 2.5 FTE As deemed necessary Assist waiver staff with	Computer skills; Verbal and written communication skills; Ability to organize files;	4 FTEs Michelle Jenkins, high school education, 10 years

Assistant Kathie Ketron, Pre-Enrollment Technician Trudy Buchanan, Intake & Screening Technician	duties as assigned	Correspondence; Faxing; Minimum of high school education with emphasis in business, preferably post secondary clerical skills training	office experience, <u>6 years</u> Kathie Ketron, high school education, over 20 years general office experience, <u>3 years</u> Trudy Buchanan, high school education, 8 years experience in human services field, <u>2 years</u>
OPTIONS for Community Living			
I&A Specialist Daris Morgan, Information & Assistance Coordinator Genie Guinn, Lead Service Coordinator Julia Church, Service Coordination Assistant	1 dedicated FTE Disseminate information and make referrals; Telephone screening; Telephone counseling; Enter data into Beacon/SAMS database	AIRS Certified Information and Referral Specialist – Aging, according to AIRS Standards Written/Verbal communications skills. Minimum of completion of grade 12, prefer at least 2 years college and minimum of 2 years employment in field of social work.	1 FTE AIRS Certified, high school, extensive experience in government settings both in executive and administrative support and office management, <u>10 years</u> 1 FTE Bachelors Degree in Health Care Administration, <u>7 years</u> 1 FTE Bachelor’s Degree in Social Work, <u>3 years</u>

TABLE 2.

Name	Age 60+?	Female?	Minority?	Disability?
Rose Brown		x		
Trudy Buchanan		x		
Julia Church		x		
Dale Condon				
Stephanie Cox		x		
Billie Creasey	x	x		
Karrie Erick		x		

Kim Fink		x		
Martha Fitzgerald	x	x		
Chris Gortney				
Genie Guinn		x		
Angie Gwaltney		x		
Rita Hunter		x		
Michelle Jenkins		x		
Kathie Ketron		x		
Kristy Lewis		x		
Wanda Martin		x		
Daris Morgan	x	x		
LeAnn Pearce		x		
Lynn Pennington	x	x		
Melody Conkin		x		
Teresa Sutphin		x		
Sharon Thomas	x	x		
Kathy Whitaker		x		
Lorrie Wilson		x		
Total - 25	5	23		

Supervision

The director of the Area Agency on Aging and Disability is directly supervised by:
Susan Reid, Executive Director, First Tennessee Development District

PSA: FTAAAD
 Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
 (x) Update, Dated: 3/8/2011

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	
Service Coordinator Training	2	8		Every 2 months
HCBS Conference – Washington DC (Angie Gwaltney)	1			Sept. 11-14, 2011
TCSW Conference (Genie Guinn, Julia Church)	1			March 2012
Annual Conference on Aging	27	175	25	April 17, 2012
Public Guardian Training (Wanda Martin)	1			May 2012
SHIP & Volunteer Coordinator Statewide Training – Nashville (Lorrie Wilson, Melody Conklin)	1			April 26-28, 2012
National SHIP Conference (Daris Morgan & Lorrie Wilson)	2			June 2012
Volunteer Training (Two-days) (Medicare and Public Guardian Volunteers)	2		120	November 2011 April 2012
AIRS Conference, (Daris Morgan, Lorrie Wilson and Lynn Pennington)	3			June 2012
Regional SHIP Training	2			Sept. 2012
CPR Instructor Training (LeAnn Pearce)	1			
National Guardianship Conference	1			October 2-5, 2010
SE4A Conference	12	11		September 25-28, 2011
N4a Conference	1	2		July 16-19, 2011

PSA: FTAAAD
 Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
 (x) Update, Dated: 3/8/2011

Advisory Council

A. MEMBERSHIP and REPRESENTATION

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

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

Members	Represents
Judith Barrett	Age 60+ (50% Older persons) Advocate for Individuals with Disabilities Has a Disability
Jeff Keller	Service Provider for Older Adults
Dr. Edward Brown	Age 60+ (50% Older persons)
Debra Buckles	Service Provider for Older Persons
Betty Cook	Age 60+ (50% Older persons)
Linda Evans	Service Provider for Older Persons
Dr. John Falls	Age 60+ (50% Older persons) Advocate for Older Persons
Nora Goins	Age 60+ (50% Older persons) Resides in a Rural Area
Val Herod	Age 60+ (50% Older persons) Resides in a Rural Area
Chaplain Ed Jefferies	Age 60+ (50% Older persons)
Tracey Kendall	Service Provider for Older Persons
Ann McConnell	Age 60+ (50% Older persons) Minority age 60+
Paul Monk	Age 60+ (50% Older persons)

	General Public (County Representative)
Ruth Phillips	Service Provider for Older Persons Age 60+ (50% Older persons)
Kim Moore	Service Provider for Older Persons
Larry Proffitt	Age 60+ (50% Older persons) Resides in a Rural Area General Public (County Representative)
Mark Preshong	a. Service Provider for Older Persons, Service Provider for Individuals with Disabilities
Margot Seay	Age 60+ (50% Older persons) Advocate for Older Persons General Public (County Representative)
Betty Staten	Age 60+ (50% Older persons) Advocate for Older Persons
Beth Rader	Service Provider for Older Persons,
Sam Tomlin	Age 60+ (50% Older persons) Advocate for Older Persons
Anita Trent	Resides in a Rural Area Service Provider for Older Persons General Public (County Representative)
Peggy Willocks	Advocate for Individuals with Disabilities Has a Disability
Herb Willig	Age 60+ (50% Older persons)
Barbara Young	Age 60+ (50% Older persons)

B. SCHEDULE OF ADVIORY COUNCIL MEETINGS

Give Dates and Times of Scheduled Meetings

Tuesday, August 16, 2011 1:30 p.m.
Tuesday, October 18, 2011 1:30 p.m.
Tuesday, December 13, 2011 11:30 a.m.
Tuesday, February 21, 2012 1:30 p.m.
Tuesday, April 17, 2012 1:30 p.m.
Tuesday, June 19, 2012 1:30 p.m.

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Dr. Edward Brown	Chair	December 2012
Debra Buckles	Vice-Chair	December 2012
Judith Barrett	Secretary	December 2012

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

**ADVISORY COUNCIL OF THE FIRST TENNESSEE
AREA AGENCY ON AGING & DISABILITY**

BY-LAWS

ARTICLE I - NAMES AND DESCRIPTION

Section 1 - The name of this organization shall be the **Advisory Council of the First Tennessee Area Agency on Aging & Disability**.

Section 2 - The central office shall be located in the First Tennessee Development District building, 3211 North Roan Street, Johnson City TN 37601.

Section 3 - The Advisory Council shall be composed of volunteers and shall include:

- a) Fifty percent of Council membership shall be seniors: with emphasis on volunteers representing those with greatest economic and social needs, and consumers of the Older Americans Act and the Americans with Disabilities Act services;
- b) Elected local officials;
- c) Advocates for the elderly (selected from among the general public).

ARTICLE II - MEMBERSHIP

Classification A - Regular Membership

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

- a) Leadership ability in representing the interest of older persons and those with disabilities;
- b) Ability to work harmoniously with others;
- c) Sensitivity to needs of older persons and those with disabilities at the local level;
- d) Willingness to devote time and effort toward achieving Council goals;

e) Taking an active role in working toward building a continuum of care system for older persons and those with disabilities.

Section 2 - The Council's constituency categories shall be those assuring both county-wide and region-wide representation:

- a) Agencies and number of representatives, with a primary and alternate representative chosen for each agency:
 - Mental Health 1
 - Social Security Administration 1
 - Housing Authority 1
 - Health Care 1
 - Veteran's Administration 1
 - Department of Human Services 2
 - Neighborhood Service Center 1
 - Disability Organization 2
- b) Groups and/or Organizations:
 - Churches 2
 - AARP/NRTA 3
 - Alzheimer's Association 1
- c) Consumer Representatives:
 - One from each recognized Senior Center
 - One Family Caregiver
- d) Appointees:
 - One by County Mayor from each county within the District
 - One by Governor to TCAD (Ex-officio/non-voting)
- e) Six At-Large Members
- f) Area Agency Grant-based Sub-Contractors (non-voting)

Section 3 - Voting membership on the Council shall be for a five-year term, with Council members elected to membership within a yearly class (i.e. "the Class of 2010"), depending on the member's ability and willingness to involve him/herself responsibly in the work of the Council. Rotations off of the Council will occur following the December meeting. Following a one (1) year's absence from the Council, a former member may be reinstated.

Section 4 - Three consecutive absences from regular Council meetings shall render the member inactive unless he/she has given the Area Agency on Aging & Disability an acceptable reason for absence – before the meeting when the absence can be anticipated; within twenty-four (24) hours following the meeting when the absence cannot be anticipated.

A situation, condition, or circumstances beyond the member's control, including the following, shall be deemed an acceptable reason:

- a) Accident
- b) Illness/death in family
- c) Car inoperable/lack of transportation
- d) Unexpected employment demands

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

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

Section 5 - Only one member of any given family shall serve on the Council at the same time.

Section 6 - Avoidance of Conflict of Interest: Members of the Council who have a special interest in a program through financial contribution, staff position, service responsibility, or family relationship in the hierarchy of the Agency shall:

- a) Abstain from voting on specific conflict of interest matters coming before the Council;
- b) Refrain from using their influence directly or indirectly to sway or coerce another to vote in favor of their specific interest.

Section 7 - New members may be proposed by any member of the Council; resumes shall be assessed by the Membership/Nominating Committee for compliance with the foregoing Sections of this Article. (Cross ref. Article VIII, Section 1-f).

Section 8 - When a vacancy occurs within the Advisory Council, the Membership/Nominating Committee shall ask the appropriate county or agency to submit the name of a nominee. (Cross ref. Article VI, Section 2-d).

Classification B - Honorary Membership

- Section 1 - Honorary membership is a complimentary position, conferred in perpetuity unless forfeited through some infraction of rules, policies, or misconduct.
- Section 2 - Honorary membership shall be conferred in recognition of outstanding contribution by a member of the Advisory Council who has invested time and talents in promoting the work of the Agency/Council, especially in the areas of consumer advocacy; marketing and dissemination of information regarding the programs and services administered by the Area Agency on Aging & Disability; objective involvement in legislation affecting the elderly and disadvantaged; diligent performance of responsibilities (within prescribed expectations) and going beyond the call of duty; regularity in attendance and participation in committees and Advisory Council meetings and Public Hearings.
- Section 3 - Honorary members may attend meetings, have the same privilege of speaking and be assigned any duty the same as if they did not hold honorary status. Honorary members shall not hold any office in the Council or have voting rights.
- Section 4 - The secretary shall inform, in writing, the individual that honorary membership has been conferred upon him/her.

ARTICLE III - ADVISORY COUNCIL DUTIES/RESPONSIBILITIES

- Section 1 - The duties and responsibilities of the Advisory Council of the First Tennessee Area Agency on Aging and Disability (AAA & D) shall fall generally into unclassified categories, and shall be to:
- a) Make recommendations based on expert knowledge and special expertise;
 - b) Assist in determining and achieving goals; establishing and implementing policies and procedures; identifying needs, gaps in services, and problems, and seeking means and solutions to problems and methods for closing gaps in services.
- Among more specific duties shall be:
- 1) Assisting in developing a comprehensive and coordinated service delivery system at the local level;
 - 2) Sharing information, providing guidance, giving advise and support in decision making;
 - c) Attend publicized Public Hearings,
 - d) Assist the Membership/Nominating Committee in recruitment of

- Advisory Council members to ensure equitable representation from the various segments of the senior population and those with disabilities;
- e) Assist in making decisions affecting respective Sub-Contractor programs;

ARTICLE IV - OFFICERS AND TERM OF OFFICE

- Section 1 - Officers of the Advisory Council shall be a Chair, Vice-Chair, and Secretary. These officers shall be members of the Executive Committee. (See Article VI).
- Section 2 - Term of office for elected officers shall be one year, with incumbents having the privilege to succeed themselves in the same offices not to exceed three consecutive terms.

ARTICLE V - DUTIES OF OFFICERS

- Section 1 - Chair - The duties of the Chair shall be to:
- a) Preside over all meetings of the Advisory Council and meetings of the Executive Committee;
 - b) Foster a harmonious and cooperative work environment within the Council;
 - c) By example, encourage a genuine commitment on the part of Council members to keep informed on all policies, programs, and activities which effect the disabled and 60-and-over-population;
 - d) Assure that each Council member is given opportunity to express ideas and to make suggestions, and to contribute in the open discussion during Council meetings;
 - e) Appoint standing committees and special committees as needed to advance programs for the elderly and disabled;
 - f) Serve as Ex-officio member of all standing committees;
 - g) Vote only to break a tie vote.
- Section 2 - Vice-Chair - The Vice-Chair shall, in the absence of the Chair:
- a) Preside over meetings of the Advisory Council and the Executive Committee;

- b) Be responsible for the functioning and coordination of all activities of the standing committees;
- c) Perform such other duties appropriate to that office and/or as assigned by the Chair;

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

- a) Prepare and preserve the minutes of the monthly Advisory Council meetings and the meetings of the Executive Committee (AAA & D staff to assist);
- b) Keep an attendance record of members present at both Council and Executive Committee meetings;
- c) Have available at each meeting the following:
 - Agenda
 - Minutes
 - Copy of the By-laws
 - Copy of list of all committee membership

ARTICLE VI - EXECUTIVE COMMITTEE AND POWERS

Section 1 - The Executive Committee shall consist of the:

- Elected Officers
- Immediate Past Chair
- Chairs of all Standing Committees

Section 2 - Functions and powers of the Executive Committee shall be to:

- a) Represent and act between meetings of the Advisory Council on matters of policy and/or procedure. Such action shall be reported in the form of minutes for ratification by the Advisory Council at the next regular meeting;
- b) Act in a directive capacity on matters of policies and procedures and, as appropriate, make recommendations regarding policies and procedures for consideration by the Advisory Council;
- c) Participate responsibly in the decision-making process and resolution of special problems arising in connection with Advisory Council sponsored programs;
- d) Elective office: The Chair of the Executive Committee shall notify the Chair of the Membership/Nominating

Committee of any vacancy occurring in an elective office and direct the Membership/Nominating Committee to present name(s) of nominee(s) to the Advisory Council at the next regular meeting. The person elected shall hold the office for the remainder of the unexpired term;

Appointive Office: When, for whatever reason, a vacancy occurs in an appointive office, the Chair of the Executive Committee shall notify the appropriate AAA & D staff to request an immediate appointment of a successor in the position.

- e) Transact any business brought before the Executive Committee, by a quorum vote of four. (Cross ref. Article XI, Section 2);
- f) The Executive Committee shall hold scheduled meetings in January and July, with additional meetings called as required.

ARTICLE VII – COMMITTEES

Section 1 - All standing committee membership shall be selected from the Advisory Council membership and shall be appointed by the Chair of the Advisory Council at the first meeting beginning his/her term of office; committee membership shall be commensurate with the term of office of the appointing Chair.

Section 2 - A Council member cannot chair more than one committee in a given year.

Section 3 - Standing committees shall be:

- a) Membership/Nominating Committee
- b) Policies and Procedures/By-laws Committee
- c) Project Research and Development Committee
- d) Legislative Committee
- e) Marketing Committee

Section 4 - Committees shall submit reports, recommendations, et cetera in writing to the Executive Committee for review and referral to the Advisory Council at regular meetings.

Section 5 - Ad hoc committees may be established by the Chair at his/her discretion or upon request by five Advisory Council members.

ARTICLE VIII - DUTIES OF COMMITTEES

Section 1 - Membership/Nominating Committee – The Membership/Nominating Committee shall consist of a Chair with members appointed from the Advisory Council.

The Membership/Nominating Committee shall be responsible for:

- a) Preparing a slate of nominees for all elective offices;
- b) Notifying the members of the Advisory Council as set out in Article X, Sections 1 and 2;
- c) Recruiting individuals active in their communities, retirees, and others concerned for the welfare of the needy and disadvantaged to consider becoming members of the Advisory Council;
- d) Processing and screening applications/resumes of nominees for membership on the Advisory Council, keeping in mind Article II, Sections 1, 4, 5, 6, and 7 of these By-Laws;
- e) Working closely with the Secretary (and appropriate AAA & D staff) to be informed of the status of the Advisory Council membership and attendance records;
- f) Conducting orientation and planned activities.

Section 2 - Policies and Procedures/By-Laws Committee - The Policies and Procedures/By-Laws Committee shall consist of a Chair with members appointed from the Advisory Council.

The Policies and Procedures/By-Laws Committee shall be responsible for:

- a) Reviewing, from time to time, By-Laws and making recommendations for revisions and amendments, as necessary;
- b) Drafting amendments and revisions upon request of the Executive Committee;
- c) Reviewing policies and advising on procedures which shall assure that programs of the Area Agency on Aging & Disability shall be administered in a responsible, professional manner and shall speak specifically to:
 - Assisting in formulating policy and establishing procedure for recruiting candidates into membership in the Advisory Council
 - Assisting in developing guidelines governing the functioning of the Advisory Council in carrying out mandates stated in the By-Laws;
 - Reviewing and revising Standing Rules for the conduct of public hearings, general and special meetings of the Advisory Council;
 - Reviewing the orientation manual and other related informational and training materials and

- determining methods to facilitate integration of new members into the Advisory Council;
- Promoting the concept of advocacy as a basic responsibility of every council member.

The Chair of the Policies and Procedures/By-Laws Committee shall serve as Parliamentarian.

Section 3 - Project Research and Development Committee – The Project Research and Development Committee shall consist of a Chair with members appointed from the Advisory Council.

The Project Research and Development Committee shall be responsible for:

- a) Researching programs, seminars, services, etc., that would positively impact the lives of seniors and those with disabilities;
- b) Utilizing the internet, print materials, personal experience, or other methods, prepare and provide synopses of research findings to the Executive Committee or Advisory Council;
- c) Researching funding possibilities and preparing proposals for any project recommendations made to the Advisory Council.

Section 4 - Legislative Committee - The Legislative Committee shall consist of a Chair with members appointed from the Advisory Council:

The Legislative Committee shall be responsible for:

- a) Keeping informed on legislative issues which have a direct bearing on the programs and services administered by the Area Agency on Aging & Disability, and the extent to which consumers would be affected, transmitting (in person, by letter, or telephone) this information to the Advisory Council;
- b) Communicating at appropriate times with the Legislature to:
 - 1. Gain information regarding proposed bills:
 - By whom sponsored
 - When bill will be introduced
 - If passed, how it will affect consumers
 - 2. Informing legislators regarding the goals of the Area Agency on Aging and Disability and communicating constituent/consumer expectations of them as personal representatives, committed to act in their behalf;

3. Seeking information and interpretation concerning proposed legislation;
- c) Acquainting Advisory Council with legislators who represent Northeast Tennessee constituents/consumers;
- d) Keeping Advisory Council informed regarding status of bills as they are debated.

Section 5 – Marketing Committee - The Marketing Committee shall consist of a Chair with members appointed from the Advisory Council.

The Marketing Committee shall be responsible for:

- a) Utilizing all available news media to inform the Council membership and the general public of public hearings, special meetings, workshops, seminars, and local, state, and national conferences designed to expand the body of knowledge of Advisory Council members;
- b) Assisting with outreach and marketing activities with area hospital discharge planners, nursing facility social workers, physician offices staff, senior centers, community centers, senior forums and fairs, retirement communities and other target audiences and locations.

ARTICLE IX-MEETINGS

Section 1 - Advisory Council - The Advisory Council shall meet on the third Tuesday of every other month, beginning in February. Notification, designating the hour and place, shall be given by the Chair of the Advisory Council on Aging and Disability.

Section 2 - Executive Committee – The Executive Committee shall hold scheduled meetings in January and July, with additional meetings called as required and upon petition of five (5) members of the Advisory Council.

Section 3 - Special meetings of the Council may be called by the Chair when necessary.

ARTICLE X – ELECTIONS

Section 1 - The Membership/Nominating Committee shall prepare a slate of nominees for all elective offices. (See Article VIII, Section I-a).

- Section 2 - The membership of the Council shall be notified by the Chair of the Membership/Nominating Committee of the slate of nominees, at least seven (7) days prior to the October meeting, at which elections will be held, with installation to follow at the December meeting. Newly elected officers shall assume the responsibilities of their respective offices at the February meeting.
- Section 3 - Election of officers shall be by a voice vote, for a term of one year, with the privilege of succeeding themselves in the same office; not to exceed three (3) consecutive one-year terms.
- Section 4 - Vote on all other matters coming before the Advisory Council shall be a voice vote.

A roll call vote requested by a member of the Advisory Council may be taken either before the question, or after a decision has been announced.

ARTICLE XI – QUORUM

- Section 1 - The Advisory Council - One-third plus one of the voting members of the Council shall constitute a quorum.
- Section 2 - The Executive Committee - Four members of the Executive Committee shall constitute a quorum.

ARTICLE XII - COMPENSATION

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

ARTICLE XIII - RULES OF ORDER

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

ARTICLE XIV - FISCAL YEAR

- Section 1 - The fiscal year for the Council shall be from January 1 through December 31.

ARTICLE XV - AMENDMENTS

- Section 1- These By-Laws may be amended or repealed by a two-thirds majority vote of the voting members present and voting.

- Section 2 - Any member of the Advisory Council may propose an amendment to the By-Laws.
- Section 3 - Proposed amendments shall be submitted in writing to the Secretary at least three weeks before the next regular meeting, or amendments may be proposed orally at any regular meeting of the Advisory Council.
- Section 4 - The Secretary shall mail, with the minutes, to each member of the Council, a copy of the proposed amendments which have been submitted In writing or made orally in a regular meeting of the Advisory Council.
- Section 5 - As necessary, these By-Laws shall be amended, with the following information being recorded in this Section of the By-Laws.

ARTICLE XVI - ADOPTION OF BY –LAWS

- Section 1 - These By-Laws shall supersede and render invalid all previous By-Laws of the Advisory Council of the First Tennessee Area Agency on Aging & Disability, and shall take effect and be in full force immediately upon their adoption by two-thirds majority of the Advisory Council membership present and voting in the regular monthly meeting of the Advisory Council.

This full revision of the By-Laws of the Advisory Council was adopted this the 20th day of October, 2009.

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
F-3	Requests for Waivers – Optional
F-3.1	Direct Provision of Service
F-3.2	Required Minimum Services
F-3.3	Provision of Priority Services
F-3.4	Nutrition Site
F-3.5	State Rule, Regulation, or Policy Requirement
F-3.6	Cost Share Requirement
Attachment 1	Supporting Documentation for Public Hearing and Advisory Council Participation

PSA: FTAAAD
Plan Period: July 1, 2011 – June 30, 2012

() Original, Dated:
(x) Update, Dated: 3/8/2011

Advisory Council Participation in the Area Plan Process

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

Throughout the year, the Advisory Council members are provided information about the operations of the FTAAAD, including reports about our services.

At the March 16th meeting, the Advisory Council reviewed the Area Plan including our Executive Summary and our 2011 goals and objectives.

1. Date(s) when the Area Plan was reviewed by the Advisory Council.
February 11, 2011 and March 15, 2011
2. Attach an agenda of the Area Plan review meeting or describe the review process.
Attached
3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.
John Falls, Sam Tomlin, Dr. Ed Brown, Val Herod, Ruth Phillips, Mary Porter, Margot Seay, Ann McConnell, Betty Cook, Herb Willig, Anita Trent, Barbara Young, Betty Staten, Paul Monk, Beth Rader, Larry Proffitt, Betty Cook
4. Provide a summary of comments made by advisory council members about the
Several Advisory Council Members said the staff of the FTAAAD had done a good job completing the Area Plan. The plan was “remarkable”. One of the members provided written comment as to suggested additions to the Area Plan in February as follows:
To: Director of AAA&D
From: Sam Tomlin
Subject: Suggested additions to Area Plan July 1 – June 30, 2012
 - 1) You might add a strategy to access services measurable objectives 3 to contact agencies that serve the poverty stricken such as Good Samaritan, Salvation Army and Rescue Mission on Boones St. to increase your partnership
 - 2) You might add a strategy to HCBS measurable objective 5 to give brochures to those who receive home delivered meals as potentials for increased services to remain in their own homes
 - 3) You might provide speakers at meal sites while people are eating to inform them of available services through the AAAD. Jonesborough Senior Center has a larger crowd the second Wednesday of each month when the Main St. Restaurant serves a free meal.

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

No changes were made to the plan as a result of comments made at the review on March 15th.

**FIRST TENNESSEE ADVISORY COUNCIL ON AGING
AGENDA**

DATE: Tuesday, March 15, 2011
TIME: 1:30 p.m.
PLACE: First Tennessee Development District, 3211 North
Roan Street
Conference Room – 2nd Floor
PRESIDING: Dr. Edward Brown, Chairman

- I. Call to Order.....Dr. Edward Brown
- II. Pledge of Allegiance.....Dr. John Falls
- III. Roll Call.....Judy Barrett
- IV. Approval of Minutes
- V. Announcement/Reports
 - A. Directors Report.....Kathy Whitaker
 - B. TCAD Commission Report.....Kenneth Kisiel/Margot Seay
 - C. Committee Reports
 - 1. Membership/Nominating Dr. John Falls
 - 2. Policies & Procedures/By-Laws.....Betty Staten
 - 3. Project Research & Development.....Herb Willig
 - 4. Legislative
.....Margot Seay
 - 5. MarketingTBA
- VI. Old Business
- VII. New Business
 - A. 2012 Area PlanKathy Whitaker
- VIII. Adjournment

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