

AREA PLAN on AGING and DISABILITY

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

Greater Nashville Regional Council Area Agency on Aging & Disability

Designated Area Agency on Aging and Disability

for the

Greater Nashville Regional Council

Planning and Service Area

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

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Older Americans Act

Section 306 *AREA PLANS*

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

Section 307 *STATE PLANS*

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

(a)(1) The plan shall—

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

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

Submittal Page

Part A: Area Profile

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SUBMITTAL PAGE

- 4-Year Plan for July 1, 2010 – June 30, 2014
- 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 **Greater Nashville Regional Council (GNRC) Area Agency on Aging & Disability** planning and service area. The **GNRC** Area Agency on Aging and Disability assumes full responsibility for implementation of this plan in accordance with all requirements of the Older Americans Act and Regulations; laws and rules of the State of Tennessee; and policies and procedures of the Tennessee Commission on Aging and Disability.

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

Signature: _____ Date: _____
Area Agency Director

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

Signature: _____ Date: _____
Chair, Area Agency Advisory Council

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

Signature: _____ Date: _____
Director, Grantee Agency

Signature: _____ Date: _____
Chair, Grantee Agency Board

AREA PLAN UPDATE 2011 – 2012

This document is an update of the Greater Nashville Regional Council 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:

Name: Cathy White, Director

AAAD: Greater Nashville Regional Council

Address: 501 Union Street, Sixth Floor, Nashville, TN 37219

Phone: 615-862-8828

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: **Greater Nashville**
Plan Period: **FY 2012**

() Original, Dated:
(x) Update, Dated: **March 14, 2011**

Designated Planning and Service Area

Area Agency: Greater Nashville Regional Council

Physical Address: 501 Union Street, 6th floor; Nashville, Tennessee 37219

Phone 615-862-8828/Fax 615-862-8840

State Health Insurance Program 1-877-801-0044

Information and Assistance toll free 1-877-973-6467

E-mail Address: cwhite@gnrc.org

Website: www.gnrcaaad.org

Director: Cathy White

In Operation Since: 1974

Mission: The Greater Nashville Regional Council Area Agency on Aging and Disability promotes independence, dignity and quality of life for older persons, adults with disabilities and those who care about/for them by maintaining an innovative service delivery system that is responsive to and empowers individuals to achieve their vision of independence.

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Methods Used to Determine Service Needs

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

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

HCBS State Options/OAA	1184 (Includes 30 who also need FCSP)
Family Caregiver Support Only	7

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.

N/A

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

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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 IIIB	223	189			
Homemaker IIIB	429	367			
Nutrition Services	4,667	4,092			
Case Management IIIB	1,542	1,876			
Transportation IIIB/IIIC	496	1,760			
Legal Assistance	468	441			
Information & Assistance	3168	8,184			
Family Caregiver IIIE	249	211			
Ombudsman	135	101			

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Units of Service	2009	2010	2011*	2012*	2013*
Personal Care	16,537	15,617			
Homemaker	36,765	37,520			
Nutrition Services	506,742	416,340			
Case Management	3,032	3,264			
Transportation	31,599	43,686			
Legal Assistance	1,872	1,550			
Information & Assistance	4,951	8,184			
Family Caregiver	34,545	26,337			
Ombudsman	219	230			

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

Options for Community Living

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

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

	2009	2010	2011	2012	2013
Persons Served SF 60+	900	902			
Units of Service	77,913	68,633			

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

Choices in Long-term care, or "Choices" is TennCare's program for long term care services. Choices is intended to provide a community-based, cost-effective alternative to institutional nursing facility care for eligible individuals, as well as care in approved

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facilities. The program is administered by the Tennessee Department of Finance and Administration, Bureau of TennCare. This program provides a variety of home and community-based services to low-income older persons and adults with disabilities who are frail, functionally impaired, and at-risk of nursing home placement. It also provides nursing home care for those who chose this option. Funding for this program comes from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid.

The Area Agency on Aging and Disability serves as the single point of entry for the Choices Program, by assisting consumers in navigating the application process, providing education, assessment and by helping facilitate the enrollment.

Using Waiver funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Persons Served	1,104	782			
Units of Service	1,440,152	1,194,912			

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	1850	2,923			

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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	62	69			

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	9,631	9,627			
Meals	64	62			
Homemaker Services	113	75			
Units of Service					
Senior Centers	725,925	545,290			
Meals	16,245	15,600			
Homemaker Services	3,170	3067			

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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 is provided directly by the AAAD using trained and certified staff to provide accurate information to callers. The information help-line assists the community in finding services that can meet the needs of older adults and adults with disabilities. To assure that the caller is given appropriate referral information, some calls are followed-up to determine if further assistance is needed.

Single Point of Entry:

In addition to Information and Assistance, the Single Point of Entry provided directly by the AAAD, includes outreach, counseling, intake and eligibility determination for long-term care services.

Website and Resource Directory Development:

AAAD coordinates resource directory updates with the Council on Aging of Greater Nashville. AAAD maintains an agency website with plans to upgrade with additional tools for persons with HCBS needs.

Marketing the Area Agency:

A major part of the marketing plan is the coordination with the statewide marketing plan developed by TCAD and by TennCare. GNRC has had some opportunity for input in the SPOE marketing strategy and will be able to quickly implement the components of the statewide strategy as soon as it is developed.

Another target of this plan is the upgrading of display materials used by staff for presentations. The AAAD wants to project a more professional display when marketing our services to the public. GNRC has secured a professional quality banner for use by GNRC staff that highlights the AAAD mission and counties served. GNRC will continue to use the Marketing Spreadsheet to document all presentations by staff, including location, topic, number attending and who presented the session.

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Outreach:

GNRC has greatly increased outreach efforts to specific groups and plans to enhance the ability to continue this effectively by developing prototype presentations for professional groups and for consumer groups that any AAAD staff can use. AAAD staff will continue to target professional associations, vendors, and consumer groups. With the CHOICES roll out we anticipate presentations for discharge planners, social workers and plan to build on this year's presentations to the nursing home association, Vanderbilt University Geriatric Education sessions, as well as other university classes.

Transportation:

Service provided through contract agencies (Mid-Cumberland HRA and Metro Social Services). The AAAD also funds several transportation pilots in senior centers.

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| 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:

GNRC provides service coordination (case management) services directly for Older Americans Act, State Options and Family Caregiver Support consumers. A Service Coordinator conducts a home visit to fully assess the consumer's needs and, with input from the consumer, develops a Plan of Care. When services are implemented by providers chosen by the consumer, the Service Coordinator monitors the services, advocates for the consumer, resolves issues or complaints that may occur, and assists the consumer in accessing other services available in the community.

Service Provider Network Support:

The AAAD has been instrumental in building a large provider network reaching consumers in the GNRC 13 county middle Tennessee region. GNRC supports service provider network by providing technical assistance as needed and convening orientation meetings for newly approved providers. In addition, provider meetings are held to address any concerns and for reporting on current issues.

Family Caregiver Support:

The AAAD has a staff person responsible for the coordination of the Family Caregiver Support Program. The AAAD completes at least 10 public information activities during the fiscal year to educate the public about FCSP and to encourage referrals. The program utilizes other community resources to assist families in maintaining loved ones in the home for as long as possible.

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Homemaker & Personal Care

Homemaker services help consumers with household chores or errands like laundry, sweeping or groceries. Personal care services help consumers with activities of daily living.

Chores/ Home Modifications

Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work, or sidewalk maintenance. The chore service activities include: Heavy housework, such as cleaning appliances, cleaning and securing carpets and rugs, washing walls and windows, scrubbing floors, cleaning attics and basements to remove fire and health hazards, and moving of heavy household furniture for house cleaning purposes may be provided. Yard work, including mowing lawns and raking leaves: clearing walkways of ice, snow, and leaves; trimming overhanging tree branches; and similar tasks.

Respite

The provision of short term supervision and/or assistance with activities of daily living of mentally or physically disabled elderly persons in order to provide a period of rest or relief to the caregiver.

Personal Emergency Response System (PERS)

PERS system is utilizing a call button for a consumer to call for help in an emergency when a caregiver is not around.

Assistive Technology

Only provided through CHOICES.

Pest Control

Only provided through CHOICES.

Adult Day Care:

Adult Day Care is licensed facility where clients can be placed for more than 3 hours but less than 24 hours during the day to assist families in keeping a loved one as independent as possible.

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|---|
| <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> |
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Health Promotion

Health promotion services are provided through contract with senior centers. Health promotion activities such as health screening, physical fitness, activities and health education are provided. In addition, during fiscal year 2010, the AAAD provided a Fall Prevention Program and a diabetes demonstration exercise project.

Health Education

Same as above

Medication Management:

GNRC contracted with the University of Tennessee, College of Pharmacy to provide Medication Management events within the GNRC planning and service area. GNRC staff provided advance information to Senior Center Directors who then indicated their desire to schedule events at their Senior Center. Local marketing of the event was implemented by the Senior Center using prototype materials developed by GNRC staff. UT College of Pharmacy senior students were trained by the UT College of Pharmacy, Assistant Dean and GNRC staff prior to the events. The students were supervised by the Assistant Dean and the outreach events were part of the students' required practicum activities. A presentation was made by the students to Senior Center attendees and then students, UT staff and GNRC staff assisted the participants in utilizing the handout packets to document their medications. Vials of Life were distributed and if medication questions were identified that needed clarification, a form letter was provided to the participant to take to their pharmacist or physician for the answer. UT provided a final report to GNRC summarizing the Medication Management project. As a result of this outreach, it became clear that the consumers in the GNRC planning and service area are not aware of the serious and dangerous issues related to Medication Management, i.e., "I can open the prescription bottles just fine." In fiscal year 2011, GNRC will combine SHIP Medicare Outreach with the medication management events.

*Other: Chronic Disease - GNRC contracted with senior centers requesting each to implement an evidenced-based program in their community. On October, 2010, GNRC coordinated with senior center directors to provide Living Well With Chronic Conditions programs. Currently, GNRC staff are coordinating also with University of Tennessee Agriculture Extension staff, Volunteer State Community College, Tennessee State University Cooperative Extension staff, and other health providers to conduct participant training and Coach Training for the Living Well with Chronic conditions program.

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

The AAAD contracts with Mid-Cumberland HRA (primarily 12 counties surrounding Davidson County) and Metro Social Services (Davidson County) for congregate and

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home delivered meals. The region has a total of 30 sites in the 13 county area. The meals are prepared by vendors (Bateman and Piccadilly) and in addition to the nutritious meal, this program offers participants an opportunity for socialization which contributes to the overall well-being of older persons as well as nutrition screenings, education, nutrition assessments and counseling as appropriate.

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

The AAAD develops and maintains linkages with other agencies and organizations in order to enhance the coordinated service delivery system in the 13 county area. The AAAD attends numerous professional meetings to increase visibility of the AAAD, maintain membership on various boards and committees including advisory council with managed care organizations in Middle Tennessee, TNAIRS Board of Directors, Tennessee Respite Coalition, Alzheimer's Association, Adult Protective Services, Partners in Transit, Council on Aging of Middle Tennessee, Metro Transit Authority and Social Services Network.

Emergency/disaster preparedness – GNRC AAAD staff have coordinated efforts with each county's Office of Emergency Preparedness including cross training of county staff, joint presentations, consulting with each other on specific events/issues. Training materials developed by Metro Nashville Mayor's Office of Emergency Management have been incorporated into GNRC's plan and are distributed at each community presentation. Communication capability by Ham radio has been added to GNRC's preparedness plan with one staff person and one volunteer licensed to provide that service as needed. Emergency contact information and a map of staff home locations are updated twice a year and distributed to GNRC administrative staff and AAAD supervisory and administrative staff.

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.

GNRC receives and provides training with Vanderbilt – Reynolds Geriatric Education Center including the Fall Geriatric and Long-Term Medicine Conference and ongoing Geriatrics & Gerontology Interest Group Lunchtime Lecture Series. GNRC also secured training for frontline staff on updated Do Not Resuscitate issues from the Nashville Fire Department.

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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.

GNRC provides volunteer opportunities for the Guardianship, SHIP, Family Caregiver, and Living Well with Chronic Conditions programs. Guardianship and SHIP programs have their own volunteer coordinator to facilitate recruiting and retaining volunteers. The AAAD coordinates with AARP, Hands on Nashville and other volunteer organizations to recruit volunteers for these programs. Hands on Nashville is a new partnership utilized to meet the service needs of the seniors and persons with disabilities. Hands on Nashville has connected nearly 200,000 volunteers with service opportunities, facilitating volunteer work for 737 Middle Tennessee nonprofits, schools, government agencies, faith-based organizations, civic groups and businesses.

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.

In fiscal year 2010, the AAAD is one of 9 AAADs in the nation to have partnered with Healthways and N4A in implementing a 12 week study to test the effectiveness of a physical activity program specifically designed for senior citizens who have been diagnosed with the chronic condition-Diabetes. Healthways reported that 2/3 of the demonstration project participants felt their health was much better or somewhat better at the conclusion of the program. In the Greater Nashville program, 11 participants completed the program. Of those eleven persons, nine lost weight ranging from one to eighteen pounds.

During fiscal year 2009, GNRC received a three year \$80,000 state funded grant to establish a self-directed program. The goal of the program was to offer persons with physical disabilities who require long-term supports and services, the opportunity to direct their own care including the ability to pay family members, friends, or neighbors to provide needed care to remain independent.

Building on a care transitions pilot project GNRC conducted with an urban and rural hospital; GNRC worked with the Tennessee Commission on Aging and Disability to submit a proposal to AOA/CMS and was awarded funding for a 2-year Care Transitions project. This project will target cardiac patients discharged from Vanderbilt Hospital to the 12 rural counties surrounding Davidson County. It emphasizes increased communication with the local physician and pharmacist, skill building that will empower caregivers and consumers, and up to 30 days of minimal in-home support services to reduce rebound to the hospital after discharge.

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AAAD Budget Summary

Operating Budget for FY 2011*

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

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
OLDER AMERICANS ACT				
Area Plan Administration	332,400	110,800	83,489	526,689
Coordination/Service Development	166,900	18,544		185,444
STATE FUNDS				
Options for Community Living	133,000			133,000
MEDICAID				
Elderly & Disabled Waiver			133,476	133,476
LOCAL FUNDS				
TOTAL	632,300	129,344	216,965	978,609

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	459,800	51,089	199,576	710,465
Title IIIC1 Nutrition Services				
Title IIIC2 Nutrition Services				
Title IIID Disease Prevention & Health Promotion				
Title IIID Medication Management	19,600	2,178		21,778
Title IIIE Family Caregiver	138,700	26,233		164,933
Title VII Elder Rights	13,500	1,500		15,000
STATE FUNDS				
Senior Centers				
Nutrition (Home Delivered)				
Homemaker				
Guardianship	120,500			120,500
Title III Match	20,000			20,000
Options for Community Living	334,700			334,700
OTHER				
Elderly & Disabled Waiver				
NSIP			1,008,587	1,008,587
SHIP	142,560			142,560
			12,000	12,000
TOTAL	1,249,360	81,000	1,220,163	2,550,523

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

Part C: GOALS, OBJECTIVES AND STRATEGIES

Older Americans Act

Section 306 *AREA PLANS*

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

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

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

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

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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

- GNRC developed a professional quality portable banner to use in presentations that depicted the GNRC mission statement and showed the counties covered with the approved AAAD logo.
- GNRC developed a power-point presentation detailing the steps for accessing LTC and in-home services through the Single Point of Entry (SPOE).
- Brochures developed by TennCare were distributed during GNRC presentations on services available through the SPOE pathway.
- Coordinated with the Council on Aging in publication of the 2011-2012 Edition of the Directory of Services for Seniors. Promoted awareness of Single Point of Entry through an ad for Greater Nashville Regional Council Area Agency on Aging and Disability on the back cover of the Directory. The AAAD received copies of the Directory for distribution throughout the region.
- The GNRC SHIP program continues to collaborate with other organizations to increase awareness of LIS and MIPPA. Recently SHIP collaborated with Health Assist Tennessee, Project Homeless Connect, and Tennessee Homeless Connect. SHIP is also working with Center for Independent Living to conduct a lunch and learn series.
- The GNRC SHIP program has developed LIS/MIPPA brochures and has distributed them to community centers, senior centers and libraries. Expect to have a memo of understanding with at least two sites in all 13 counties by the end of March 2011.
- The GNRC SHIP program has developed new volunteer recruitment flyers and has started distributing them to community centers, senior centers and libraries.
- The GNRC SHIP program has scheduled many volunteer recruitment events at various senior centers for the month of March 2011.
- The GNRC SHIP program attended a volunteer recruitment fair in Ft. Campbell February 2011.

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- GNRC Quality Assurance staff started gathering additional information by asking extensive questions during our regularly scheduled annual monitoring visits of our transportation providers. Upon completion, recommendations will be made to the advisory council.
- Three churches have responded favorably, as has one senior tower, to having survey given onsite to groups of seniors regarding transportation.
- AccessRide pilot was so successful in Madison/37115 that MTA made that loop a permanent route.

Goal 2: Home and Community Based Services

- As of 2/28/2011, 998 persons received home and community based services through the State Options Program and Title IIIB and Title IIIC of the Older American's Act. Homemaking, personal care, home delivered meals and case management were provided to support the consumer in their home environment and to avoid unnecessary institutionalization. In addition, supportive services such as the Personal Emergency Response System were provided to support the consumer's needs.
- Monthly service coordinator meetings were held to share information and strategies in supporting consumers in their homes with the optimal level of services available in the community.
- The AAAD continued to work with Public Partnership, LLC and the ARC of Tennessee through a pilot self direction program that provided services to 11 participants.
- Coordinated with the Tennessee Commission on Aging and Disability and other Tennessee AAADs in development of program guidelines for a new Veterans Directed Home and Community Based Services program. These guidelines and lessons learned from the pilot self direction program will provide the framework for the provision of self direction for other programs such as State Options, Older Americans Act and Family Caregiver Support program.
- As of 2/28/2011, 180 caregivers received respite, caregiver training and other supportive services through the Family Caregiver Support Program. Based upon funding availability, new referrals are removed from FCSP wait list as soon as possible after closing another case. A total of 38 persons are on FCSP wait list as of 2/25/11.

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- FCSP clientele are strongly encouraged to utilize familial and community resources, places of worship, neighbors, friends, personal finances, medical insurance, other agencies and organizations as deemed appropriate to meet their individual needs. This may include but not be limited to hospice, palliative care services, support groups, Tennessee Respite Coalition, Alzheimer's Association, Mental Health Association, etc.
- FCSP and ADRC personnel continue to develop and maintain current listing of Caregiver Support Groups throughout middle Tennessee as well as continued facilitation of monthly support groups for the African American Caregiver community.
- Continued partnerships with local Alzheimer's Association, Mental Health Association, Tennessee Respite Coalition, Senior Services Network, Fifty-Forward and Children & Family's Services.
- GNRC/FCSP continues to provide Case Management Support Assistance to Tennessee Respite Coalition for various grants throughout Middle Tennessee.
- GNRC/FCSP partnering with TCAD and Mental Association to provide Case Management Support Assistance for the Alzheimer's Grant for Doctors and First Responders.
- GNRC's AAAD is again sponsoring and supporting the 3rd "Fearless Caregiver" Conference scheduled for 3/30/11 to provide a maximum of 200 caregivers the opportunity to attend this educational support conference free.

Goal 3: Community Services / Health Promotion

- GNRC – AAAD contracted with 19 senior centers requesting each to implement an evidence-based program in their community. On October, 2010, senior center directors were provided an overview of Matter of Balance and Living Well with Chronic Conditions evidence-based programs. Currently, Montgomery, Dickson, Rutherford, and Sumner counties have implemented the Matter of Balance program and Sumner, Robertson, Houston, Humphreys, Davidson, and Montgomery are scheduled to implement the Living Well with Chronic Conditions program. To date, 9 of our 13 counties or 70% are involved in specific efforts to implement evidence-based programs.
- GNRC has participated in conference calls with TCAD and conducted a strategic planning session to provide direction as to how best to implement the Living Well

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with Chronic Conditions program. Staff work closely with TCAD in providing participant training and quarterly reports are submitted for communicating updates of program.

- GNRC secured a part-time nutritionist, Gwendolyn Blackman, for reviewing nutritional analysis of meals, conducting nutritional counseling for high-risk consumers, and providing other nutritional consultations as needed.

Goal 4: Elder Rights

- GNRC staff have worked with APS supervisors and Legal Aid staff to develop a training packet that can be used by all three agency staff in presenting abuse prevention information to consumers and professional staff. This training packet will emphasize the role each group can play in addressing abuse prevention and referral responses. Cross training session for the DHS 5A and 6 APS field staff was held Wednesday, February 23, 2011. Initial feedback received was incorporated into the training packet
- The GNRC Public Guardianship Program continues to provide services for individuals assigned to the agency by the Circuit, Civil and Probate Court system. The program provides services to those persons 60 years of age and older who due to physical or mental limitations, are unable to meet the essential requirements of their physical health or to manage essential aspects of their financial resources, and have no family member, friend, or corporation willing or able to act on their behalf. The program continues to work with a number of community agencies including mental health organization in order to meet the need of the consumers being referred to the program. Recruiting volunteers is an important component of the program because they assist in making visits to the consumer in order to monitor conditions and environment and report finding back to the Guardian.
- The Ombudsman program is subcontracted to MCHRA. The program focuses on prevention of elder abuse, neglect and exploitation of elderly and disabled persons, education of caregivers and residential facility staff and resolving complaints affecting long-term care residents. Volunteers continue to be a vital part of the program. A Volunteer ombudsman training was held in November, 2010. Ombudsman Representatives provided visits to long-term care facilities in the region, provided information and education by phone and through public presentations.

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Goal 5: Management Practices

- GNRC took advantage of several local training opportunities including ABCs of Long-Term Care sponsored by the Council on Aging, Tennessee Federation on Aging Conference, Tennessee Conference on Social Welfare, Tennessee Commission on Aging and Disability sponsored SHIP Training, 5th Annual Hispanic Disabilities Conference, and training on Housing sponsored by Pathfinder.
- GNRC staff have taken advantage of webinars on Care Transitions, Suicide Prevention, and Evidence Based Programming.
- The GNRC Policies and Procedures manual was updated and approved by the Executive Board October 20, 2010. Small group training sessions were provided for staff by the Human Resources Director of GNRC.
- The AAAD continually evaluates staffing needs for the Single Point of Entry through the monthly AAAD Management team meetings and smaller strategy group meetings.

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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

Enhance the Single Point of Entry function in order to provide accurate information about long- term care services for all consumers in the GNRC region.

MEASURABLE Objective 1: Develop a Marketing/Outreach plan emphasizing the expanded Single Point of Entry (SPOE) functions for GNRC programs that target seniors and adults with disabilities.

Strategy 1: Incorporate required elements of TCAD and TennCare statewide marketing plans when developed.

Strategy 2: Upgrade professional quality of GNRC display materials for use in presentations.

Strategy 3: Work with Legal Aid Society in evaluating pamphlets and brochures to ensure readers who have limited reading skills are able to understand GNRC printed material.

Strategy 4: Develop two (2) outreach presentations—one for a professional audience and one for an audience of seniors, caregivers, and/or adults with disabilities.

Strategy 5. Market aging programs to senior centers, nutrition sites and other locations frequented by seniors.

Performance Measure: Method for Measurement: Document improved materials by invoice, inventory listing, and pictures showing before/after display items.

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MEASURABLE Objective 2: Establish working relationships with other agencies that serve Medicare beneficiaries.

Strategy 1: Increase awareness of LIS and MIPPA through collaborating with other organizations who work with Medicare beneficiaries i.e. TennCare Partners and Advocacy Line, Department of Human Services, Social Security, QMB hot-line, TN Disability Pathfinder.

Strategy 2: Develop new partnerships through Memos of Understanding to strengthen partnership to increase visibility and outreach to Medicare beneficiaries

Performance Measure: Method for Measurement: Memos of Understanding;

MEASURABLE Objective 3: Make SHIP program more accessible to beneficiaries in the Greater Nashville region.

Strategy 1: Continue the focus on SHIP volunteer recruitment in order to reach more persons who qualify for the assistance available under the Medicare Program.

Strategy 2: Establish host sites in the Greater Nashville region.

Performance Measure: Method for Measurement; list of volunteers and new host sites

MEASURABLE Objective 4: Review the effectiveness of our current transportation programs.

Strategy 1: Continue to evaluate current transportation programs and their effectiveness.

Strategy 2: Partner with AARP and others on supporting 55 Alive Driving Classes.

Performance Measure: Method for Measurement: Documented summary of effectiveness of the work of Title III E partners & verification of meetings w/ new partners.

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MEASURABLE Objective 5: Increase access of Metro coverage in zip 37115, Madison improving transportation for seniors.

Strategy 1: Coordinate with faith-based partners and other resources within the ZIP 37115 ascertaining the existence of, and recruit, a volunteer-base that could be trained as schedulers and drivers to interface with MTA.

Strategy 2: Partner with MTA in applying for a grant to acquire additional assets.

Strategy 3: Pursue with MTA any potential for cross-county rides and returns by AccessRide. Currently riders can be taken into another county but AccessRide cannot initiate returning into the county to pick up the rider: one-way only.

Performance Measure: Signed Memos of Understanding or meeting minutes & copy of submitted grant

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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.

<p style="text-align: center;">AAAD GOAL</p> <p>Promote an HCBS system to empower seniors, disabled adults, and other targeted populations to remain independent in their homes and community.</p>

MEASURABLE Objective 1: Explore and develop an infrastructure to accommodate private pay consumers.

Strategy 1: Create protocol to identify and serve individuals who do not wish to go on a wait list for HCBS and have the means to privately pay for case management and/or supportive services.

Strategy 2: Promote and educate the availability of private pay services through a marketing strategy with hospitals, nursing facilities, home health agencies and other community organizations.

Strategy 3: Work with AAAD staff to train and educate regarding private pay options with consumers.

Performance Measure: Method for Measurement; private pay protocol/brochure

MEASURABLE Objective 2: Promote self-direction as an alternative to traditional HCBS services.

Strategy 1: Continue to work with TCAD to implement Self Direction for State Options, Older American's Act In-Home Services and Family Caregiver Support Program.

Strategy 2: Continue to work with TCAD to develop and implement the Veteran's Directed HCBS program.

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Strategy 3: Access transition of consumers served through the Pilot Self Direction into Self Direction for Options.

Performance Measure: Method for Measurement; Presentations and development of guidelines for Self Direction.

MEASURABLE Objective 3: Support family caregivers by connecting them to needed community resources.

Strategy 1: Continue to develop and maintain a current listing of Caregiver Support Groups throughout middle Tennessee as well as continue facilitation of monthly support groups for the African American community.

Strategy 2: Continue to utilize community resources of church, neighbors, friends, other agencies and organizations concerning the Family Caregiver Support Program.

Strategy 3: Continue to support and work with the Fearless Caregiver Conference.

Strategy 4: Explore a partnership with Hands on Nashville to begin a volunteer based respite program for those care receivers under 60 years of age.

Strategy 5: Continue to partner with the Tennessee Respite Coalition regarding various respite programs.

Performance Measure: Method for Measurement; Listing of support groups, documentation of partnership notes or agenda meetings.

MESUARBLE Objective 4: Implement Critical Pathways program with Vanderbilt University Medical Center (VUMC) Cardiac Unit partner targeting patients discharged to 12 counties surrounding Davidson County to reduce incidents of rebound to the hospital.

Strategy 1: Utilize trained transition coaches to provide intervention for patients discharged from VUMC.

Strategy 2: Track patient progress.

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Strategy 3: Explore Critical Pathway sustainability and expansion opportunities through other funding sources, including insurance, foundations, hospitals and other federal funds.

Performance Measure: Method for Measurement; Progress Notes.

MESURABLE Objective 5: Assist persons in accessing CHOICES long term care services.

Strategy 1: Provide education and counseling to persons about the CHOICES program, provide intake and facilitate enrollment into the CHOICES program as appropriate.

Strategy 2: Make contact with referred consumers in nursing homes who desire to return to the community and provide education on, and application assistance to, Choices and other community resources.

Performance Measure: Method for Measurement; Case Notes.

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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

Enhance quality of life of older adults by providing programs that empower them to maintain and control their own health.

MEASURABLE Objective 1: Implement an evidence-based Prevention Program throughout the 13-county GNRC AAAD region.

Strategy 1: Continue evidenced-based fall prevention program, A Matter of Balance, for older adults, adults with disabilities and caregivers in locations frequented by seniors within the GNRC region.

Strategy 2: Expand the Matter Of Balance program by recruiting at least one person per county to participate in the Train the Trainers Conference.

Performance Measure: Method for Measurement: Attendance sheets at the Matter of Balance classes and Trainers of Trainers classes.

MEASURABLE Objective 2: Coordinate with Tennessee Commission on Aging & Disability in implementing the approved Communities Putting Prevention to Work: Chronic Disease Self-Management Program.

Strategy 1: Recruit volunteers to be trained on the Stanford Chronic Disease Program.

Strategy 2: Develop strategies to recruit at least 300 older adults with a chronic disease to maintain a healthy status through self-management.

Performance Measure: Method for Measurement: Attendance sheets at the training sessions.

MEASURABLE Objective 3: Continue to maintain/support current OAA nutritional program to ensure maximum coordination of the program.

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Strategy 1: Review quarterly reports to determine number of meal and nutrition educational material being provided for consumers.

Strategy 2: Meet on a regular basis with nutrition director to provide training
And ensure the program being operated in an effective manner.

Strategy 3: Utilize nutrition consultant to assist in maintaining the effectiveness of the nutrition program.

Performance Measure: Method for Measurement; Reports, meeting notes, consultant notes.

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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 involvement in Elder Rights services in the GNRC area in order to protect rights, prevent abuse, neglect and exploitation and preserve dignity.

MEASURABLE Objective 1: Explore the possibility of developing a training packet with Adult Protective Services (APS) and Legal Aid Society of Middle Tennessee and the Cumberland (Legal Aid) to be used in Elder Rights/Adult Abuse community presentations.

Strategy 1: Schedule a collaboration meeting with APS and Legal Aid to develop the outline of training packet contents.

Performance Measure: Method for Measurement: Document collaboration outcomes in meeting minutes and the training packet contents list.

Strategy 2: Develop prototype training packet and use in community presentations.

Performance measure: Method of Measurement: Documentation of community trainings on GNRC Marketing Spreadsheet.

Strategy 3: Post link to educational materials on GNRC website.

Performance Measure: Method of Measurement; Documentation of link by print screen and hard copy of educational materials.

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MEASURABLE Objective 2: Provide Public Guardianship Services to consumers providing individualized services plan, with the support of trained volunteers.

Strategy 1: Work with consumers of the Public Guardianship Program by developing a plan of care that meets the individualized services needs of persons appointed by the agency by the courts.

Strategy 2: Identify and utilize other community resources to address the needs of the consumer who does not have funds to meet an identified need.

Strategy 3: Continue to recruit volunteers utilizing newspapers, senior centers, and community organizations to assist in the management of the Public Guardianship program.

Strategy 4: Explore utilizing Court Appointed Special Advocate (CASA) as a resource for recruiting volunteers to assist in meeting the needs of persons in the program.

Strategy 5: Identify and utilize community resources to address the mental health needs of the person being referred to the Public Guardianship program.

Performance Measure: Method for Measurement.

1. Minimum of monthly visits and quarterly care plan of clients in facilities.
2. Review of volunteer reports both written and oral.
3. Periodic mental health evaluations as required by the court or deemed necessary by the Conservator.
4. Applications made for any public assistance or grants client may need due to lack of income for placement and/or medications, medical equipment, etc.

MEASURABLE Objective 3: Provide Long-Term Care Ombudsman services to at least 350 eligible consumers in the Greater Nashville Region.

Strategy 1: Make presentations to community organizations to increase awareness of the Ombudsman Program.

Strategy 2: Recruit additional volunteers for the program in order to increase the effectiveness of the program.

Strategy 3: Work with the Ombudsman Program to resolve nursing home and other related issues that are identified by the SPOE when working with Choices consumers.

Performance Measure: Method of Measurement; Reports.

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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

Promote sound management practices that improve effectiveness and efficiency of the operations and/or programming of the GNRC AAAD.

MEASUREABLE Objective 1: Implement training and development programs that will encourage staff members to seek opportunities for professional growth and enrichment that will improve job performance and ultimately improve service delivery to persons being served by the agency.

Strategy 1. Take advantage of training opportunities available through local organizations in order to maintain or obtain needed certifications for staff position.

Strategy 2. Utilize available technology such as webinars and other online training opportunities to enhance skills level of AAAD staff.

Strategy 3. Provide training for all AAAD staff on newly updated GNRC policies and procedures manual.

Performance Measure: Method for Measurement. Documentation of training through sign in sheets, approved travel request and training agendas.

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MEASUREABLE Objective 2: Evaluate current and future staffing needs of the AAAD as result of the Single Point of Entry responsibilities under the Long-Term Care Community Choices Act.

Strategy 1. Meet on a regular basis with AAAD management team to determine the need for additional staffing to meet the requirements of the TennCare SPOE Contract.

Strategy 2: Revise current staffing plan to reflect recommendations from management team strategy meetings.

Performance Measure: Method for Measurement: Revised organizational Chart

MEASURABLE Objective 3: Explore innovative technologies and/or approaches for service delivery.

Strategy 1: Research different technologies that would enhance effectiveness of the AAAD.

Strategy 2: Research different technologies or innovative products that would enhance the delivery of services.

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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)	5,150
b. Number of older individuals residing in rural areas in the planning and service area (use 2010 Census population data)	54,460
c. Number of older individuals who speak English less than very well (use 2010 Census population data)	1,475
d. Number of low-income minority older individuals served (use State Reporting Tool data)	405
e. Number of individuals residing in rural areas served (use State Reporting Tool data)	1,349

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
Continue to address the planning and assessment efforts of the growing aging network	AAAD partnered with various agencies and/or groups to address needs of the aging network including the Council on Aging's Community Assessment Committee, and transportation committees addressing transportation issues and needs.
Empower low-income minority older people to stay active and healthy	<ul style="list-style-type: none"> ▪ Conducted "Matter of Balance" workshops in Murfreesboro, M. Juliet, & Orlinda. ▪ Coordinated with N4A to provide a Diabetes Demonstration Project which consisted of a 12 week fitness program geared toward seniors with diabetes. Targeted minorities with disabilities. ▪ Continued support group for African American caregivers which meets monthly at the Mt. Nebo Missionary Baptist Church
Improve tracking system on low income minorities seeking services.	Implemented new client tracking system, PeerPlace, to improve tracking of consumers calling into the Single Point of Entry at GNRC for services.

* Last complete 12-month period.

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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?

The AAAD utilizes faith-based organizations to reach minority populations, this strategy has proved successful in FY-10 with the addition of new support group in an African American church and new contacts with the Hispanic community.

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

- AAAD supports the recruitment of minority service providers. The GNRC network currently has approximately 20 minority providers.
- GNRC AAAD has 28% minority personnel employed.
- The GNRC Advisory Council is made up of 23% (5 of 22) minorities. (Angie Can you get this?)

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

- The AAAD monitors on a regular basis the number of persons who are served by the program provided by the agency with a goal of serving at least the percentage of minority population represented in the total population.
- When recruiting members for the GNRC AAAD Advisory Council, the AAAD emphasizes the need for minority representation in correspondence with County Mayors in order to comply with provisions of the OAA.

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

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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
Continue to address the planning and assessment efforts of the growing aging network	Coordinate with aging partners on planning how to meet the needs of the aging network	Norma Powell
Empower low-income minority older people to stay active and healthy	Recruit minorities in evidenced-based funded programs	Norma Powell
Improve tracking system on low income minorities seeking services	PeerPlace tracks consumers	Diane Schaufman

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

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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 * Cathy White, AAAD 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	1 FTE Bachelor's of Science, Major in Accounting Over 30 years experience in Aging Services
Financial Specialist Gayle Wilson, Fiscal Specialist	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	1 FTE Bachelor's of Science, Major in Accounting Over 20 years exp.
Quality Assurance *Marilyn Wade-Jordan; 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's of Arts in Social Work; Master's in Clinical Psychology
Program Specialist/ Coordinator, Assistant Director * Norma Powell, Assistant Director, AAAD	.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	1 FTE Bachelor's in Social Work; Masters in Counseling Psychology

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AAAD STAFFING

Staff Positions & Name of AAAD Staff Person & Job Title	Minimum Full-Time Equivalent (FTE) & Responsibilities	Required Qualifications	AAAD Staff FTEs & Qualifications
Management Information Specialist David Konig	1 FTE Manage databases; Compile reports; Maintain resource directory; SRT; Analyze data	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	1 FTE Bachelor of Science degree in IT; 16 years experience in operating systems, networking, and databases
Family Caregiver Coordinator Clara Kelly, Family Caregiver Coordinator	A designated coordinator, full-time or part-time as deemed necessary 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	Bachelor's Degree in social work or related field, or RN	1 FTE Bachelor degree in Social Work

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AAAD STAFFING

Staff Positions & Name of AAAD Staff Person & Job Title	Minimum Full-Time Equivalent (FTE) & Responsibilities	Required Qualifications	AAAD Staff FTEs & Qualifications
Support Staff * Angie Hutchison, Administrative Asst.	Full-time or part-time as deemed necessary Assist AAAD program staff (Letters, faxes, documents, telephone, meeting coordinator, etc.)	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	1 FTE B.A. in Art Education
Other Staff			
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	Full-time or part-time as deemed necessary Based on the needs of the individual AAAD planning and service area	Qualifications will be developed in keeping with responsibilities assigned to the position	
SHIP			
SHIP Coordinator Mark Singer, Senior Medicare Program Specialist	1 dedicated FTE 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; Work with media; computer skills	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.	1 FTE Certified IRS-A Associate Degree

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Plan Period: **FY 2012**

() Original, Dated:
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AAAD STAFFING

Staff Positions & Name of AAAD Staff Person & Job Title	Minimum Full-Time Equivalent (FTE) & Responsibilities	Required Qualifications	AAAD Staff FTEs & Qualifications
Guardianship for the Elderly			
Guardian Kim Hale, Guardian	1 dedicated FTE Manage Guardianship Program	See the Guardianship for the Elderly Chapter in this Policy Manual	1 FTE Bachelor's of Science 20+ Social Services Experience
Statewide HCBS Waiver for the Elderly and Disabled			
Waiver Manager Fredna Hodge, MW Intake Supervisor	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.	1 FTE Bachelor's of Science Master's Degree Licensed Social Worker 20+ years experience
Information & Assistance Specialist Lisa Lugo Jeanne Carroll Pamela Swett Diane Schlaufman	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 of Science- Social Work Masters Degree 14 year's related experience

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AAAD STAFFING

Staff Positions & Name of AAAD Staff Person & Job Title	Minimum Full-Time Equivalent (FTE) & Responsibilities	Required Qualifications	AAAD Staff FTEs & Qualifications
Pre-Enrollment Specialist Courtney Feltner Danielle Rutherford Beth Willard Meg Wolf	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 TCAD 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 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.	4+ FTEs Bachelor's Degree 2+ years experience
Waiver QA VACANT Senior Aging Programs Specialist	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)	

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AAAD STAFFING

Staff Positions & Name of AAAD Staff Person & Job Title	Minimum Full-Time Equivalent (FTE) & Responsibilities	Required Qualifications	AAAD Staff FTEs & Qualifications
Data Entry Linda Murphy- Esmond	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 Business school; 32 years experience
Assistant Fiscal Staff Gwen Thompson, Fiscal Specialist	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	1FTE Over 20 years related experience
Support Staff	1 – 2.5 FTE As deemed necessary Assist waiver staff with duties as assigned	Computer skills; Verbal and written communication skills; Ability to organize files; Correspondence; Faxing; Minimum of high school education with emphasis in business, preferably post secondary clerical skills training	

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AAAD STAFFING

Staff Positions & Name of AAAD Staff Person & Job Title	Minimum Full-Time Equivalent (FTE) & Responsibilities	Required Qualifications	AAAD Staff FTEs & Qualifications
OPTIONS for Community Living			
I&A Specialist	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.	2 Bachelor's Degree 2 Master's Degree
Service Coordinator	1 FTE Plus additional FTEs as deemed necessary by caseload In-home assessments; Development and management of Care Plans; Referral and arrange services; Re-assessment	BS Degree in social work, psychology, gerontology, sociology, counseling, nursing, or equivalent degree; or Licensed Practical Nurse/Registered Nurse or BS Degree with minimum of 2 years experience working with older persons and/or adults with disabilities; or Minimum of completion of 2 years of accredited college or university and 2 years experience in the field of social work or related field	Bachelor's Degree 2+ years experience

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TABLE 2.

NAME OF EMPLOYEE	TITLE	Part-time	60+	Female	Minority	Disability
White, Catherine G. *	Director Aging Programs			x		
Powell, Norma L. *	Assist. Dir. Aging Programs			x	x	
Thompson, Gwendolyn B.	Fiscal Specialist			x		
Konig, David	MIS Coordinator					
Garrett, Gary	Senior Aging Program Specialist - Part Time	x	x			
Murphy-Edmond, Linda	Data Entry			x	x	
Synder, Jeanmarie	Data / Account Clerk	x		x		
Wade-Jordan, Marilyn E. *	Quality Assurance Coordinator			x		
Stewart, Lynn L.	Aging Program Specialist			x	x	
VACANT *	Senior Aging Program Specialist					
Wilson, Gayle F.	Fiscal Specialist			x		
Hale, Kim S.	Public Guardian			x		
Shipp, Billie Jean (B.J.)	Assist. Public Guardian			x		
Harris, Keisha L.	Assist. Public Guardian			x	x	
Gamble, Teresa K.	Guardianship Fiscal Assistant			x		
Young, Jane E.	ADRC Coordinator			x		
D'anelle Desire	Data Entry			x	x	
Willard, Beth	Service Coordinator-Intake			x		
Schuttrow, Sidney *	SHIP Volunteer Coordinator			x		
Hodge, Fredna	Service Coordinator Supervisor-MW Intake			x		
Howell, Melanie B.	Service Coordinator Supervisor			x		
Feltner, Courtney	Service Coordinator			x		
Fowler, Sara E.	Service Coordinator - Team Leader			x		
Butcher, Stephanie	Service Coordinator - Team Leader			x		
Williamson, Pamela J.	Service Coordinator			x	x	
Marbury, Sonya T.	Service Coordinator			x	x	
Head, Faye A.	Service Coordinator			x	x	
Johnson-Lee, Tonya	Service Coordinator			x	x	
Rutherford, Danielle	Service Coordinator			x		
Earthman, John	Service Coordinator					

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NAME OF EMPLOYEE	TITLE	Part-time	60+	Female	Minority	Disability
Carlson, Kaitlin	Service Coordinator			x		
Reagan, Lauren	Service Coordinator			x		
Graham, Tonya H.	Service Coordinator			x		
Chenault, Earlean D.	Service Coordinator			x		
Swett, Pamela	Information & Assistance Specialist			x	x	
Singer, Mark P.	Information & Assistance Specialist					X
Carroll, Jeanne K.	Information & Assistance Specialist			x		
Lugo, Lisa	Information & Assistance Specialist			x		
Butler, Hwesi	Information & Assistance Specialist			x	x	
Allen, Venus	Information & Assistance Specialist			x	x	
Dore, Hal	I & A Specialist – Part Time	x				
Kelly, Clara	FCSP Specialist			x	x	
Donaldson, Misty D.	Enrollment Coordinator Specialist			x		
Simon, Aaron *	Enrollment Coordinator Specialist			x		
Childers, Ruth *	Support Services Coord.			x		
Knox, Leah A.	Case Aide- Part Time	x		x		
Jared, Deborah	Case Aide			x		
Schlaufman, Diane D.	Aging Programs Information & Assistance Coordinator			x		
Hutchison, Angie *	Administrative Assistant			x		

Name	Age 60+?	Female?	Minority?	Disability?
Total 48	2	44	13	1

Supervision The director of the Area Agency on Aging and Disability is directly supervised by:
 Sam Edwards, Executive Director GNRC.

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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	
N4a Annual Conference	1	0	0	July 2011
AOA/CMS Conference	2	0	0	February 2012
Transportation Conference	1	0	0	Oct. 2011
Guardianship Conference	2	0	0	Oct. 2011
TCSW	6	0	0	March 2012
Fiscal Training on new accounting program	2	0	0	July 2011
SE4A (Memphis)	8	6	0	Sept. 2011
THCA Conference	1	0	0	Sept. 2011
American Society on Aging	2			April 2012
NAUSA HCBS Conference	1			Sept 2011
AIRS Conference	1			May 2012
Time Out Workshops	10			Summer 2011
Disability Mega Conference	1			Fall 2011
Guardianship Volunteer Training			10	Ongoing
SHIP Volunteer Training			30	Ongoing
Private Pay Training	10			Feb 2012

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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
Marie Anglin	General Public (Cheatham Co.)
Freddy Bailey	Minority age <60 Service Provider for Individuals w/Disabilities Has a Disability General Public (Sumner Co.)
Ernest Brockman	Age 60+ General Public (Montgomery Co.)
Martha Brockman	Age 60+ Local Elected Official General Public (Montgomery Co.)
Nancy Corley	General Public (Sumner Co.)
Les Downes	Age 60+ Service Provider for Older Persons General Public (Sumner Co.)
Marilyn Field	Age 60+ Service Provider for Older Persons Resides in a Rural Area General Public (Dickson Co.)

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Tracy Halloran	Service Provider for Older Persons Service Provider for Individuals w/Disabilities General Public (Williamson Co.)
Judith Homan	Age 60+ Advocate for Older Persons General Public (Rutherford Co.)
Columbus Jones	Minority age 60+ Resides in a Rural Area General Public (Cheatham Co.)
Janice Kay Jones	Age 60+ General Public (Rutherford Co.)
Bernie Kane	Age 60+ Family Caregiver General Public (Wilson Co.)
Gerda Layfield	Age 60+ Resides in a Rural Area General Public (Stewart Co.)
Steve Matthews	Age 60+ Advocate for Older Persons General Public (Davidson Co.)
Carl Moeck	Age 60+ General Public (Williamson Co.)
Howard Nash	Age 60+ Resides in a Rural Area General Public (Stewart Co.)
Joseph Nicholson	Age 60+ Local Elected Official General Public (Robertson Co.)
Sarai Reed	General Public (Robertson Co.)
Florence Smith	Minority Age 60+ General Public (Rutherford Co.)
Servella Terry	Minority Age 60+ General Public (Montgomery Co.)
Jerry Weninger	Age 60+ Resides in a Rural Area General Public (Houston Co.)
Lois Winston	Minority Age 60+ General Public (Davidson Co.)

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B. SCHEDULE OF ADVIORY COUNCIL MEETINGS

Give Dates and Times of Scheduled Meetings

March 15, 2010 (10:00-12:00)
 June 21, 2010 (10:00-12:00)
 September 20, 2010 (10:00-12:00)
 December 13, 2010 (10:00-12:00) Rescheduled to January 24, 2011 due to weather

March 14, 2011 (10:00-12:00)	March 19, 2012 (10:00-12:00)
June 20, 2011 (10:00-12:00)	June 18, 2012 (10:00-12:00)
September 19, 2011 (10:00-12:00)	September 17, 2012 (10:00-12:00)
December 19, 2011 (10:00-12:00)	December 17, 2012 (10:00-12:00)

March 18, 2013 (10:00-12:00)	March 17, 2014 (10:00-12:00)
June 17, 2013 (10:00-12:00)	June 16, 2014 (10:00-12:00)
September 16, 2013 (10:00-12:00)	September 15, 2014 (10:00-12:00)
December 15, 2013 (10:00-12:00)	December 15, 2014 (10:00-12:00)

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Bernie Kane	Advisory Council Chair	March, 2012
Judith Homan	Advisory Council Vice-Chair	March, 2011

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

See Exhibit D-4

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Advisory Council Bylaws

**Greater Nashville Regional
Advisory Council On Aging**

BYLAWS

Article One

This Council shall be known as the Greater Nashville Regional Advisory Council on Aging, hereinafter referred to as the Council.

Article Two

This Council is established at the behest of the Tennessee Commission on Aging and pursuant to the Older Americans Act of 1965, as amended.

Article Three

It shall be the function of this Council to serve in an advisory capacity to the Executive Board of the Greater Nashville Regional Council with regard to the Council's efforts to develop a comprehensive and coordinated system of services for older persons and in the implementation of certain action programs within the region consistent with a comprehensive area plan. The Council shall advise the Area Agency on Aging relative to the conduct of public hearings; and shall review and comment on the Area Plan/Update for Programs on Aging. The Council may review and comment on policies, programs, and actions, which affect older persons and shall at all times attempt to represent the best interests of all older persons in the region.

This Council shall act in an advisory capacity and not as a policy-making body. All powers and final responsibilities for the adoption and implementation of the comprehensive plan and its attendant action grant programs rests solely with the Executive Board of the Greater Nashville Regional Council.

Article Four

This Council shall meet at least quarterly at Nashville, Tennessee, or at such other place and time as may be designated by the Executive Board or the Executive Director of the Greater Nashville Regional Council.

Article Five

Membership of the Council shall consist of two older persons from each county in the Greater Nashville Region. These persons must be sixty years of age and older and be appointed by the chief elected official of each county for a three-year term or until the expiration of the chief elected

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official's term of office, whichever is less. Members of the Council may be reappointed for one additional term. The chief elected official of each county shall insure that the county delegation will be representative of minority and low-income older persons. The Council will specifically adhere to membership guidelines and recommendations as set forth by the Tennessee Commission on Aging.

The chief elected officials of the four counties in the region having the largest minority population shall each appoint one-minority older persons to serve on the Council. These four members shall be in addition to the membership delegation appointed for those four counties. The term of membership shall be the same as that of the other members.

The chief elected official of each county may waive the age requirement for one member of the county delegation. This waiver may be used in the event that there is a person within the county who has demonstrated outstanding leadership, knowledge, and interest in the field of aging and who, in the opinion of the chief elected official of the county, would make a significant contribution to the Council. The chief elected official shall attempt to include persons representing organizations providing health and social services to older persons. No person shall be appointed to the Council who is a member of the Greater Nashville Regional Council's Executive Board or is paid from funds administered by the Greater Nashville Regional Council's Area Agency on Aging.

Article Six

The rules contained in the latest edition of Robert's Rules of Order shall apply in all meetings of the Council to the extent that such rules are not in conflict with these bylaws.

Article Seven

One third of the members of the Council will constitute a quorum for the purpose of conducting business, but a smaller number may convene from time to time until a quorum is obtained. However, it shall be assumed that a quorum existed at any meeting unless the question of quorum was raised at that meeting. When a quorum is present, a majority of those present will decide all issues presented.

Article Eight

Voting shall be by voice and shall not be recorded by yeas and nays unless requested by a member of the Council.

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Article Nine

The officers of the Council shall be a Chairman and Vice Chairman who shall be elected at the first meeting of the Council in the calendar year and serve for a two year term. The Chairman of the Council will be eligible for an additional one-year term.

Article Ten

There shall be no specific requirements for the creation of sub-Councils; however, the Chairman shall be invested with the authority to form such sub-Councils as it deems necessary.

Article Eleven

These bylaws may be amended by a majority vote of the Council membership present at any regular or special meeting of the Council, provided that such amendment be stated in writing in the call for the meeting at which the amendment or amendments are to be considered. Notice of such meetings shall be mailed to all members, at least five days prior to the meeting. All amendments to these bylaws must be sanctioned by the Executive Board of the Greater Nashville Regional Council before they can take effect.

The Executive Board of the Greater Nashville Regional Council may, at any regular or special meeting, rescind or amend these bylaws. Notice of such meetings shall be mailed to all Executive Board members at least ten days prior to the meeting.

Amended March 18, 1996

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

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Advisory Council Participation in the Area Plan Process

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

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

March 14, 2011.

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

A draft of the FY 2012 goals, objectives and funding plan was sent to the Advisory Council members prior to the meeting on March 14, 2011. Cathy White reviewed the purpose of the area plan and the area plan process. She also reviewed the proposed goals, objectives and funding plan allowing for discussion throughout. The Advisory Council approved a motion to recommend approval of the Area Plan to the Executive Committee of Greater Nashville Regional Council.

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

Joseph Nicholson, Robertson Co.
Lois Winston, Davidson Co.
Columbus Jones, Cheatham Co.
Bernie Kane, Wilson Co.
Judy Homan, Rutherford Co.
Florence Smith, Rutherford Co.
Nancy Corley, Sumner Co.

Tracy Halloran, Williamson Co.
Janice Kay Jones, Rutherford Co.
Marilyn Field, Dickson Co.
Ernest Brockman, Montgomery Co.
Martha Brockman, Montgomery Co.
Les Downes, Sumner Co.

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

- The council members asked several questions about self-directed services. They were quite interested in these services.
- The council members raised a question about the word “Create” in one of the objectives under Access Services. It was agreed to change this word to “Make”.

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- They asked several questions about the Single Point of Entry (SPOE) function. They wanted to make sure people know that all these programs exist especially people leaving the nursing home to go home.
- The council members had a several questions about getting volunteers to help with transportation. They were concerned whether insurance coverage for the voluntary transportation is needed and if so, if that would discourage volunteers to drive.
- They expressed concern about the many choices with Medicare and how important it is to get objective information and assistance.
- They had a lot of questions about the number of people on the waiting list for Home & Community Based Services. They want to get a breakdown of how many of these individuals are in each county so they can talk with their local elected officials.
- They asked if there will be any changes or cuts in the proposed allocation.
- They are concerned about the waiting list on several of the programs due to funding. If the SPOE works and everyone who needs help is calling GRNC, they will be 3,000 on the list not just 1,300.

The Advisory Council members voted to approve the Plan as presented (except for the one change of the word “Create”). All members were in favor.

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

Due to the fact that the plan was just an Area Plan Update, no significant changes were recommended. One clarification issue was addressed regarding Objective # 3 under Access Services. Changed the wording from “Create a SHIP Program that is more accessible...” to “Make the SHIP Program more accessible ...”

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

G-1

Title of Exhibit

Financial Report File