

**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: 07  
Plan Period: FY 2010 - 2014

(X) Original, Dated: 3-1-2010  
( ) Update, Dated:

## **Designated Planning and Service Area**

Area Agency: Northwest Tennessee Area Agency on Aging and Disability

Physical Address: 124 Weldon Drive, Martin, TN 38237

Mailing Address: P.O. Box 963

All Phone #s and Fax #:

Phone Numbers:

Development District: (731) 587-4213

HCBS: (731) 587-4023

SHIP: (731) 824-3430

Toll Free: 1-800-750-6866

Toll Free: 1-866-836-6678

Toll Free: 1-877-801-0044

Fax Numbers:

Development District: (731) 587-4587

AAAD: (731) 588-5833

SHIP: (731) 784-2814

E-mail Address: [susan.hill@nwtd.org](mailto:susan.hill@nwtd.org)

Website: [www.nwtdhra.org](http://www.nwtdhra.org)

Director: John Bucy, NW TN Development District  
Susan Hill, AAAD

In Operation Since: July 1971

Mission: Northwest Tennessee Development District Area Agency on Aging and Disability purpose is to plan for the provision of the Older American Act and state funded services to provide services to the elderly and other adults with disabilities by bringing together as many resources as possible in a effort to keep these individuals active, healthy and independent for as long as possible.

Federal ID #: 62-0852637

Business Hours: 8:30 – 4:30, Monday - Friday

## Area Profile

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

There are 9 counties in the Northwest Tennessee District: Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, Obion and Weakley counties.

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

All counties in the Northwest Tennessee District have been designated as rural.

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

No county in the Northwest Tennessee Area are designated as urban. According to the 2000 Census, all counties in the Northwest Tennessee PSA have more of the targeted population residing outside a city or town. Statewide, more of the same population lived within city limits.

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

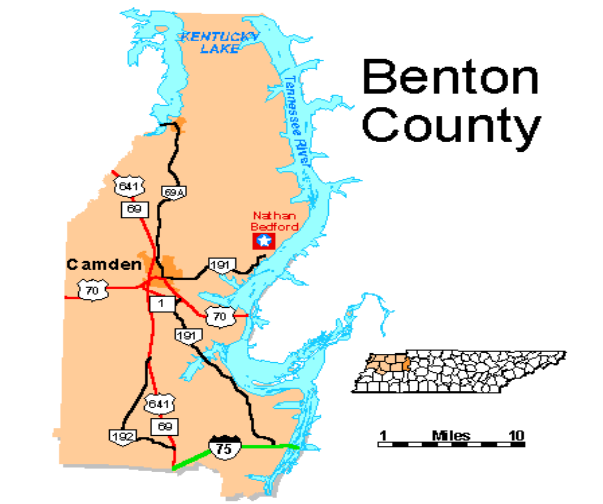
According to the 2000 Census, the total population of persons 60 years or older in the Northwest Tennessee PSA is 52,920 persons. The targeted population with a financial status at or below the poverty level is 7,515 persons. That represents about 14% of the total population in the Northwest Tennessee PSA of the same age group. The County most populated with this group is Gibson County and the least populated is Lake County. (See maps below)

As all counties in the Northwest Tennessee PSA are designated as rural, these persons are more likely to be living alone, isolated or at a distance from medical facilities and other vital services. It is also likely that they are immobile or without reliable means of transportation. It's likely they will not be highly educated and possess necessary comprehension skills and rely heavily on others to comprehend and to secure basic and life sustaining resources such as nutritional and medical. Being isolated also means there is little if any needed social contact. In the event of natural disasters such as floods, tornadoes, and earthquakes, these are people most at risk and vulnerable in our communities. Extreme weather conditions in summer and winter can be hazardous for those without proper cooling and heating devices. They can also be victimized by the criminal element in the area.

Exhibit A-2 Continued

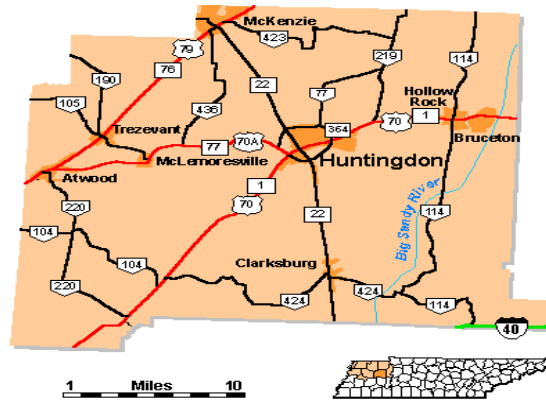
According to the recent study by the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation on health outcomes for overall health the Northwest PSA had the following rankings of Tennessee's 95 counties.

	Benton	Carroll	Crockett	Dyer	Gibson	Lake	Obion	Henry	Weakley
<b>Overall Health</b>	92	89	22	64	65	81	56	75	21
<b>For Mortality</b>	95	92	19	56	80	91	49	81	8
<b>Unemployment</b>	85	80	70	58	75	38	31	69	51



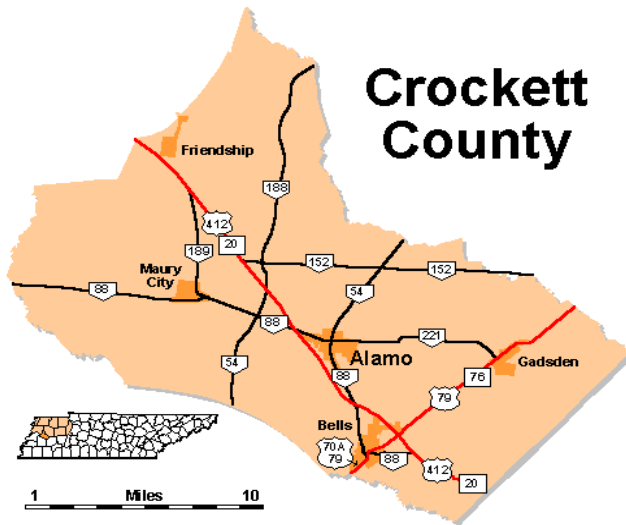
2000 Census 60+ **3,995**  
 Disability Status <60 **270**  
 Disability Status >60 **397**  
 Total 60+ below poverty Level **500**  
 Minorities below poverty level **20**

## Carroll County



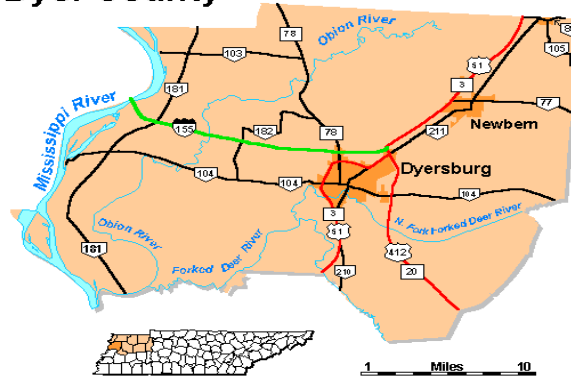
2000 Census 60+ **6,435**  
Disability Status <60 **403**  
Disability Status >60 **587**  
Total 60+ below poverty Level **809**  
Minorities below poverty level **109**

## Crockett County



2000 Census 60+ **2,980**  
Disability Status <60 **190**  
Disability Status >60 **485**  
Total 60+ below poverty Level **513**  
Minorities below poverty level **123**

### Dyer County

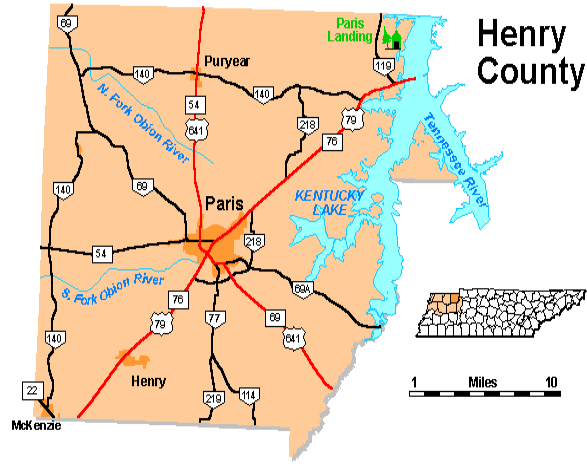


2000 Census 60+ **6,610**  
Disability Status <60 **526**  
Disability Status >60 **1,088**  
Total 60+ below poverty Level **1,088**  
Minorities below poverty level **193**

### Gibson County



2000 Census 60+ **10,750**  
Disability Status <60 **727**  
Disability Status >60 **1,052**  
Total 60+ below poverty Level **1,464**  
Minorities below poverty level **326**



2000 Census 60+ **7,425**  
Disability Status <60 **459**  
Disability Status >60 **667**  
Total 60+ below poverty Level **958**  
Minorities below poverty level **138**



2000 Census 60+ **1,395**  
Disability Status <60 **96**  
Disability Status >60 **110**  
Total 60+ below poverty Level **303**  
Minorities below poverty level **83**



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Exhibit A-3  
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**Area Profile  
 North West**

<b>Population by Age Categories</b>		<b>Grandparenting</b>	
All Ages	252390	Grandparents 60+ Responsible for Grandchildren	810
60-64	12545	Grandparents 60+ Living with Grandchildren	880
65-69	10810	Grandparents <60 Responsible for Grandchildren	2,300
70-74	9865	Grandparents <60 Living with Grandchildren	1,230
75-79	860		
80-84	5660		
85+	5420		
60+	52920		
<b>By Race/Ethnicity (60+)</b>		<b>Educational Attainment</b>	
White Alone	48110	< 5th Grade	2650
African American	4360	5th - 8th Grade	12885
American Indian	35	9th - 12th No Diploma	11850
Asian	49	High School Diploma	15380
Other Minorities	354	Some College	6290
		Bachelors	2185
		Master/Professional/Doctorate	1690
<i>Ethnicity</i>			
Non Hispanic	52733		
Hispanic	184		
<b>By Gender (60+)</b>		<b>Medical Facility Beds</b>	
Male	22020	Skilled Nursing Facilities	3476
Female	30905	Hospitals	
		General	1080
		Mental Health	
		VA	
<b>Living Situation (60+)</b>		<b>Financial Status (60+)</b>	
Living alone	14420	Below Poverty Level	7515
		Minorities below Poverty Level	1232
<b>Disability Status</b>		<b>Elder Housing</b>	
Self Care <60	3621	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	217
Self Care 60+	4924		
Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	11.82	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	116
Number of Elderly (60+) Householders with Housing Expense (>40% Income)	2450		
		Home for the Aged	9
		Assisted Living Facilities	9

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### Focal Points

1. For the purpose of designating focal points, the Northwest Tennessee Area Agency on Aging and Disability defines community as a county where the population of older persons is not centrally located where a large number of older persons reside. Preference for focal points shall be give to facilities established to encourage the maximum collocation and coordination of services for older individuals.
  
2. List community focal points within the Planning and Service Area.

BENTON COUNTY  
OFFICE ONAGING  
119 Cole Avenue  
P.O. Box 34  
Camden, TN 38320-0034  
731-584-4101  
731-584-3568 - fax

CARROLL COUNTY  
OFFICE ON AGING  
625 High Street, Suite 108  
Huntingdon, TN 38344  
731-986-1985  
731-986-0284 - fax

CROCKETT COUNTY  
OFFICE ON AGING  
739 South Bell Street  
Alamo, TN 38001  
731-696-2050  
731-696-4637 – fax

DYER COUNTY  
OFFICE ON AGING  
1400 Hornbrook Street  
P.O. Box 1143  
Dyersburg, TN 38024  
731-286-7832  
731-286-7836 – fax

GIBSON COUNTY  
OFFICE ON AGING  
P.O. Box 190  
Bradford, TN 38316  
731-742-2891  
731-742-3028 – fax

HENRY COUNTY  
OFFICE ON AGING  
55 Jones Bend Road  
P.O. Box 591  
Paris, TN 38242-0591  
731-642-2919  
731-642-7964 – fax

LAKE COUNTY  
OFFICE ON AGING  
327 College Street  
Courthouse, Box 2  
Tiptonville, TN 38079  
731-253-6229  
731-253-9674 – fax

OBION COUNTY  
OFFICE ON AGING  
622 South Depot  
731-885-1246  
731-885-1257 - fax

WEAKLEY COUNTY  
OFFICE ON AGING  
589 Evergreen Street  
Dresden, TN 38225-0651  
731-364-5678  
731-364-5784 - fax

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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.

The Northwest Tennessee Area Agency on Aging and Disability Advisory Council meets quarterly and members have the opportunity to make comments and offer suggestions on the needs of older persons and adults with disabilities.

The Tennessee Commission on Aging and Disability contracted with the University of Tennessee College of Social Work Office and Research and Public Services (SWORPS) to conduct a statewide, comprehensive needs assessment. SWORPS conducted a West Grand Division Statewide Needs Assessment Focus Group meeting. At this meeting the following were discussed:

- 1. Top survey item needs
- 2. Top personal barriers
- 3. Top service-related barriers

The Northwest Tennessee Area Agency on Aging and Disability Information and Assistance Specialist, Area Agency on Aging and Disability Service Coordinators, other Area Agency on Aging and Disability staff determined the top six needs from contacts with consumers, family members and caregivers.

In January the Area Agency on Aging and Disability mailed 1,662 Quality Satisfaction surveys to in-home consumers receiving services during FY ending September 30, 2009. The Area Agency on Aging and Disability received 689 responses. From these responses the Area Agency on Aging and Disability was able to determine if we were meeting the needs of our consumers and what additional services were needed.

The Area Agency on Aging and Disability mailed surveys to the Advisory Council members and Service Providers to determine the needs of older adults and other persons with disabilities.

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

All home and community based services slots were filled as of October 1, 2009. Wait list is as follows:

Title III Home Delivered Meals                      199

Exhibit A-5 Continued

Title III/State Homemaker	147
Family Caregiver Support Program	1
OPTIONS	346

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## Service Needs

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

1. Help with utilities
2. Home delivered meals
3. Homemaker services
4. Dental care/dentures, eye care/hearing aids
5. Wheel chair ramps and home modifications/repairs
6. Chore
7. Transportation
8. Support for self-directed, in-home services
9. Weatherization

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

1. Individuals needing assistance with utilities will be referred to the Northwest Tennessee Economic Development Council LIEAP program. Information will be given to the person requesting assistance of any other agency or funding source that might be able to assist them.
2. Individuals will be removed from the home delivered meals wait list by need.
3. Individuals will be removed from the homemaker wait list by need.
4. Individuals will be referred to other agencies or doctors that will work with them and their financial needs.
5. Individuals will be referred to agencies, churches, civic groups that help with home repairs.

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

1. Silver Alerts
2. Walkable Communities
3. Rural Transportation
4. Dental care/dentures, eye care/glasses, hearing exams/hearing aids

5. Home repairs and modifications

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

1. Individuals will be referred through the SPOE to the National Silver Alert Program toll free number for assistance.
2. Individuals needing information on walkable communities will be assisted by SPOE providing websites information and community leaders contact information for assistance.
3. Individuals needing public transportation will be referred by SPOE to Northwest Tennessee Human Resource Agency Public Transportation Program.
4. Dental Care/dentures, eye care/glasses, hearing exams/hearing aids were discussed in #2.
5. Home repairs and modifications were discussed in #2.

**Part B: AREA SERVICE PLAN**

**Older Americans Act**

Section 306 *AREA PLANS*

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area....

Each such plan shall—

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

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

**Exhibit Number**

**Title of Exhibit**

B-1

System of Aging and Disability Services

B-2

Service Delivery in the Planning and Service Area

B-3

AAAD Budget Summary

PSA: 07  
Plan Period: FY 2010-2014

( X ) Original, Dated: 3-1-2010  
( ) Update, Dated:

## Statewide Aging and Disability Programs

### Introduction

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

### Older Americans Act

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

Using Older Americans Act funding the Area Agency served approximately:

<b>Persons Served</b>	<b>2009</b>	<b>2010*</b>	<b>2011*</b>	<b>2012*</b>	<b>2013*</b>
Personal Care	27				
Homemaker	252				
Nutrition Services	1,216				
Case Management	877				
Transportation	N/A				
Legal Assistance	139				
Information & Assistance	1,685				
Family Caregiver	63				
Ombudsman	247				
<b>Units of Service</b>					
Personal Care	2786				
Homemaker	11,720				
Nutrition Services	139,220				
Case Management	947				

Transportation	7,370				
Legal Assistance	338				
Information & Assistance	1,685				
Family Caregiver	9,493				
Ombudsman	3,172				

\* 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:

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Persons Served	174				
Units of Service	34,343				

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

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

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

Using Waiver funding the Area Agency served approximately:

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Persons Served	281				
Units of Service	1,654				

**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	1,103				

**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	21				

**Other State Appropriations**

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

Using State Appropriations the Area Agency served approximately:

<b>Persons Served</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Senior Centers	3,730				
Meals	524				
Homemaker Services	255				
<b>Units of Service</b>					
Senior Centers	181,280				
Meals	86,229				
Homemaker Services	11,938				

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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:** The AAAD has an AIRS Certified Information and Assistance Specialist that handles calls. In addition to completing a telephone screening for AAAD in-home services she may refer the caller to other local agencies for assistance with services.

**SINGLE POINT OF ENTRY:** The AAAD has been designated to serve as a Single Point of Entry (SPOE) for long-term care services. Will provide Information and Assistance, in-home assessments, facilitated enrollment into Older Americans Act Programs, OPTIONS and CHOICES and provide information to persons needing assistance with private pay services and long-term care planning.

**WEBSITE AND RESOURCE DIRECTORY DEVELOPMENT:** The Northwest Tennessee Development District AAAD website is being updated and will include an on-line application for services. AAAD staff participates in county inter-agency councils and with the development of resource directories.

**MARKETING THE AREA AGENCY:** AAAD staff attends health fairs and distribute brochures to participants. Brochures are distributed at doctor’s offices, hospitals, nursing homes and other stakeholders. SHIP will advertise On the Ball television ads throughout Gibson County. Will advertise MIPPA on Medibag pharmacy bags for Super D Pharmacy in Obion County. Advertisements on WKNO (Public Broadcasting Station) publicizing MIPPA (e.g. LIS and MSP). NW TN SHIP website has been created to capture our internet friendly Medicare Beneficiaries.

**OUTREACH:** AAAD target stakeholders such as minority and low-income individuals, civic organizations, disability communities, faith-based organizations, doctors, hospitals and nursing homes.

**TRANSPORTATION:** The AAAD contracts with the Northwest Tennessee Human Resource Agency Transportation Program for medical trips such as dialysis for persons 60+.

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

**SERVICE COORDINATOR/CASE MANAGEMENT:** In-home assessments are conducted by Title III Service Coordinators or OPTIONS/Family Caregiver Service Coordinator when slots become available. Reassessments are conducted annually unless the condition of the consumer warrants an earlier assessment.

HCBS Elderly/Disabled Waiver assessments are conducted by the Waiver Manager or Waiver Service Coordinator.

**SERVICE PROVIDER NETWORK SUPPORT:** The AAAD holds quarterly service provider meetings to give program updates and technical assistance. Meetings are held as needed with Senior Center directors to provide program updates and technical assistance.

**FAMILY CAREGIVER SUPPORT:** The AAAD contracts with nine service providers to provide someone to come into the home for a short time to relieve the caregiver.

**HOMEMAKER:** The AAAD contracts with 12 service providers for Title III and OPTIONS, 9 service providers for Family Caregiver Support and 24 service providers for HCBS Elderly/Disabled Waiver. A homemaker may perform household chores like laundry, sweeping or grocery shopping.

**PERSONAL CARE:** HCBS Elderly/Disabled Waiver has 24 service providers to help with activities of daily living such as bathing, toileting or transfers.

**RESPIRE:** Family Caregiver Program has 10 service providers and HCBS Elderly/Disabled Waiver has 21 service providers to have someone come and stay in the home to give the Caregiver a break.

**HOME MODIFICATIONS:** HCBS Elderly/Disabled Waiver has 8 service providers to make it easier and safer to stay in the home such as ramps or grab bars.

**PERSONAL EMERGENCY RESPONSE SYSTEMS:** HCBS Elderly/Disabled Waiver has 14 service providers that provide PERS such as a call button so you can call for help in an emergency.

**ASSISTIVE TECHNOLOGY:** HCBS Elderly/Disabled Waiver has 12 service providers that provide devices that help with activities of daily living, such as grabbers or big handled eating utensils.

**PEST CONTROL:** HCBS Elderly/Disabled Waiver has two service providers that go into the home a few times a year to spray for bugs or get rid of mice and rats.

**ADULT DAY CARE:** HCBS Elderly/Disabled Waiver has 7 local service providers that provide a place where someone can go for more than 3 hours but less than 24 hours during the day to spend time with others.

**INPATIENT RESPITE:** HCBS Elderly/Disabled Waiver has 17 service providers where an enrollee can stay such as a nursing home or assisted care living facility so the caregiver can get some rest.

**PERSONAL CARE ATTENDENT:** HCBS Elderly/Disabled Waiver has 22 service providers that can help with activities of daily living for longer periods of time or go with you to doctor's visits or other appointments.

**ASSISTED LIVING:** HCBS Elderly/Disabled Waiver has 10 service providers. This is a place where you can go live that will help with personal care needs, homemaker services, and taking medicines correctly. Room and board is not covered.

**HOME DELIVERED MEALS:** Title III, OPTIONS, and Family Caregiver has one service provider that delivers either a hot or frozen meal per consumer choice five days per week.

HCBS Elderly/Disabled Waiver has 5 service providers that can provide a healthy meal up to 7 days per week.

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

**HEALTH PROMOTION:** The AAAD contracts with fifteen senior centers to provide community based health, prevention and wellness programs to address chronic disease, disease prevention and physical fitness activities.

**HEALTH EDUCATION:** The AAAD contracts with fifteen senior centers to provide education on various health issues such as fall prevention, disease prevention and nutrition education.

**MEDICATION MANAGEMENT:** The AAAD purchases Senior Health Calendars and distributes to older adults throughout the district. "Brown Bag" meds at senior centers.

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

**LONG TERM CARE OMBUDSMAN:** The AAAD contracts with the Northwest Tennessee Human Resource Agency Long-Term Care Ombudsman Program. The LTC Ombudsman and volunteers provide service to older residents of long-term care facilities such as investigate and mediate disputes between the facility staff and residents. Advocates for the residents.

**LEGAL ASSISTANCE:** The AAAD contracts with West Tennessee Legal Services to provide high quality legal advice to older adults who are facing direct threats to their ability to live independently in their homes and communities.

**PUBLIC GUARDIANS FOR THE ELDERLY:** Public Guardianship staff provides services to older persons who are no longer able to manage their health and financial decisions and have no family, friend, bank or corporation to act on their behalf.

**ELDER ABUSE AWARENESS:** The AAAD host an annual Elder Abuse conference to increase awareness of elder abuse, neglect and exploitation and how to recognize and respond to elder abuse.

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

The AAAD Service Coordinators conduct in-home assessments on older adults to determine the needs of the individuals and start services when slots are available. The AAAD contracts with the Nwthra Nutrition Program who is responsible for delivery of nutritious meals at 14 congregate meal sites and 14 home delivered meal routes. Nutrition services provided also include nutrition education and nutrition counseling. The AAAD provides technical assistance and contract monitoring. Of the 14 congregate meal sites, 10 sites are used to expand meals served under the American Recovery and Reinvestment Act (ARRA) contract.

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

The AAAD contracts with 15 senior centers. There is nine Office on Aging/Senior Centers which are focal points located in Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, Obion and Weakley counties. There are five senior centers that are located in Humboldt, Milan, Ridgely, Martin, Sharon and Reelfoot Rural Ministry. A variety of services such as recreation, physical fitness, health promotion, outreach, friendly visiting, telephone reassurance, education classes and congregate meals are provided to participants.

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

The AAAD has a Coordinator and Volunteer Coordinator that implement the State Health Insurance Program (SHIP), Senior Medicare Patrol (SMP) and the Medicare Improvements for Patients and Providers Act (MIPPA) that are located in Humboldt, Gibson County.

SHIP staff participates in meetings of various community organizations where they inform persons of the program benefits and provide Medicare counseling.

SHIP staff provides training to senior centers, pharmacies and other groups to educate staff about the resources and benefits available to Medicare recipients.

Part D enrollment events are held each year from November 15 through December 31 to provide Medicare Part D assistance to Medicare beneficiaries.

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

One of the major functions of the Area Agency on Aging and Disability is to develop programs and coordinate activities with other agencies. The AAAD contracts with service providers in the planning and service area to ensure that the needs of the elderly are being met. Through these service providers, older adults are receiving meals, homemaker services.

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.

Northwest AAAD coordinates activities with other agencies such as Northwest Tennessee Economic Development Council energy assistance program to help defray the high costs of utility bills. Home health agencies to provide health screenings at senior centers. Social Security Administration, Department of Human Services, Veterans Affairs, Centers for Independent Living, AARP and county inter-agency councils to broadcast our services that are available. In coordination with Blue Cross Blue Shield, West Tennessee Healthcare and the University of Tennessee at Martin we reach many people we could not ordinarily reach through organizing the district Senior Olympics. UT Extension provides exercise classes at senior centers.

The State Health Insurance Program (SHIP) coordinates activities with CVS pharmacies, libraries, local hospitals, Social Security Administration and Senior Centers.

The AAAD works with Emergency Management offices to define crisis management procedures and individual responsibilities in advance of an emergency/disaster situation.

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

The AAAD coordinates activities with AARP in advocating for legislation that meet the needs of older adults and other adults with disabilities.

The AAAD coordinates activities with TARP Center for Independent Living for best practices of meeting the needs of older adults and other adults with disabilities.

The AAAD is members and attends county inter-agency councils. This gives the AAAD an opportunity to provide education to other agencies about our services.

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.

Volunteers are utilized at congregate meal sites to serve participants and on home delivered meal routes delivering meals to home bound older adults.

State Health Insurance Program utilizes volunteers to counsel beneficiaries on Medicare Part D.

Public Guardianship Program utilizes volunteers to visit clients in nursing homes or in their homes. PGP has a cadre of local professional volunteers that serve on an advisory board.

Long-term care Ombudsman utilizes volunteers known as VORs to serve older residents of long-term care facilities.

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.

None

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

There is a cost share for homemaker, OPTIONS and Family Caregiver Program consumers whose income is over 200%.

Nutrition program accepts contributions using a suggested contributions per meal. Churches and/or family members contribute to home delivered meals in their communities.

PSA: 07  
Plan Period: FY 2010 - 2014

Exhibit B-3  
(X) Original, Dated: 3-1-2010  
( ) Update, Dated:

## AAAD Budget Summary

Operating Budget for FY 2011\*

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

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
<b>OLDER AMERICANS ACT</b>				
Area Plan Administration	192,700	64,300		257,000
Coordination/Service Development	33,300	3,700		37,000
<b>STATE FUNDS</b>				
Options for Community Living	24,000	0	6,500	30,500
<b>MEDICAID</b>				
Elderly & Disabled Waiver			150,000	150,000
<b>LOCAL FUNDS</b>				
NWTDD			45,200	45,200
<b>TOTAL</b>	<b>250,000</b>	<b>68,000</b>	<b>195,200</b>	<b>519,700</b>

B: Total Resources to Be Used For Service Delivery:

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
<b>OLDER AMERICANS ACT</b>				
Title IIIB Supportive Services	464,900	51,700		516,600
Title IIIC1 Nutrition Services	161,800	18,000		179,800
Title IIIC2 Nutrition Services	361,000	40,200		401,200
Title IIID Disease Prevention & Health Promotion	19,600	2,200		21,800
Title IIID Medication Management	6,900	800		7,700
Title IIIE Family Caregiver	160,800	53,600		214,400
Title VII Elder Rights	4,800	600		5,400
<b>STATE FUNDS</b>				
Senior Centers	91,300	91,300		182,600
Nutrition (Home Delivered)	38,100	4,300		42,400
Homemaker	21,000	2,400		23,400
Guardianship	90,000			90,000
Title III Match	24,100			24,100
Options for Community Living	419,700			419,700
<b>OTHER</b>				
Elderly & Disabled Waiver			245,400	245,400
NSIP	85,300			82,300
SHIP/MIPPA	115,700			115,700
<b>TOTAL</b>	<b>2,065,000</b>	<b>265,100</b>	<b>245,400</b>	<b>2,575,500</b>

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

## Part C: GOALS, OBJECTIVES AND STRATEGIES

### **Older Americans Act**

#### Section 306 *AREA PLANS*

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

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

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

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

(a)(4)(B) provide assurances that the area agency on aging will use outreach efforts that will—

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement

### **Exhibit Number**

### **Title of Exhibit**

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

PSA: 07  
Plan Period: FY 2010 - 2014

( X ) Original, Dated: 3-1-2010  
( ) Update, Dated:

## **Annual Status Report and Highlights**

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

### Goal 1: Access Services

- Provided accurate, up-to-date information to 1,150 callers about available resources.
- Provided outreach to 601 older persons who have unmet needs.
- Recruited and trained two SHIP volunteers.
- Increased marketing events at health fairs, county interagency meeting, distributing brochures to hospitals, SSA, DHS, commodity food distribution sites, home health agencies, libraries, physician's offices and health departments.
- Partnered with other agencies such as Northwest Economic Development Council, West TN Legal Services, Department of Human Services, Centers for Independent Living to meet the needs of older persons.

### Goal 2: Community Services / Health Promotion

- Provided recreational activities through all 15 senior centers.
- Provided physical fitness activities at Milan YMCA, Silver Sneakers Program at Obion County Office on Aging, Huntingdon Baptist Hospital Plex and water aerobics at Paris/Henry County Civic Center.
- Provided health screening such as blood pressure checks, cholesterol, eye screening and foot clinics to test for the presence of a particular diseases or conditions.
- Provided educational sessions at all 15 senior centers.
- Provided 22,662 nutritious, dietitian approved congregate meals to 532 participants at 14 designated congregate meal sites.
- Provided 35,074 nutritious, dietitian approved home delivered meals to 415 homebound seniors.

Goal 3: Home and Community Based, Long-Term Care

- Marketed the Statewide Waiver, Family Caregiver, OPTIONS and Title III thru distribution of brochures at such locations as County Health Departments, libraries, doctor's offices, hospitals, Social Security Administration, home health agencies, senior centers.
- All available slots in OPTIONS, Family Caregiver and Title III home delivered meals and homemaker are filled.
- A Screening Prioritization Form is used to rank the consumers placement on the waiting list.
- Outreach has been conducted to recruit volunteers for the Family Caregiver Program.

Goal 4: Elder Rights

- Recruited and trained one volunteer for the Public Guardianship Program.
- Recruited and trained two volunteers for the Long-Term Care Ombudsman program.
- Plans are being made for the Elder Abuse conference in June 2010 at the University of Tennessee at Martin.
- Provided legal counsel to 85 older adults.

Goal 5: Management Practices

- Conducted bi-monthly Office on Aging/Senior Center Directors and AAAD staff meetings.
- Conducted as needed meetings with AAAD staff for the opportunity to increase knowledge of each program's operations and to offer suggestions for improvement.

Other AAAD Highlights:

- Area Agency on Aging and Disability participated in Carroll and Gibson County inter-agency meetings and AARP Regional Impact Team meetings.
- Gibson County Office on Aging, Humboldt and Milan Senior Centers coordinated the delivery of 400 meals to home bound elderly on Thanksgiving Day in Gibson County. Meals were prepared by the three centers; packaged by local, state, and federal officials and delivery was made by the local bike riders association.

Exhibit C-1 Continued

- Crockett County Office on Aging served 97 seniors with a Tennessee Nutrition Services Initiative grant “Breaking the Southern Fried Addiction.”
- Benton County Office on Aging Director trained as a coach for Matter of Balance.

PSA: 07  
Plan Period: FY 2010 - 2014

Exhibit C-2  
(X ) Original, Dated:3-1-2010  
( ) Update, Dated:

## Access Services

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

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

### AAAD GOAL

**To serve as a visible and trusted source where people of any age, disability or income can turn for information on, and assistance in accessing, the full range of long-term care options, information, counseling and referrals.**

**MEASURABLE OBJECTIVE:** Implement and monitor the approved policies and procedures that allow individuals, family members and caregivers to make informed decisions about their long-term care and service delivery.

**Strategies:**

- A. Ensure that the Information and Assistance Specialist and backup staff maintain Alliance for Information and Referral Systems (AIRS) certification.
- B. Implement an Information and Assistance quality satisfaction survey for individuals using the aging and disability I & A services.

**MEASURABLE OBJECTIVE:** Continue to enhance the Single Point of Entry (SPOE) concept.

**Strategies:**

- A. Improve phone system and update website to include an on-line application.
- B. Train Information and Assistance staff to implement a consistent message and to use consistent forms for SPOE statewide.

**MEASURABLE OBJECTIVE:** Develop and implement a marketing plan to educate individuals, family members, caregivers and service providers to use the SPOE services.

**Strategies:**

- A. Design and use material that can be easily read and understood using a variety of alternative formats.
- B. Implement a consistent statewide message about the availability of services.
- C. Outreach targeted stakeholders such as minority and low-income individuals, civic organizations, disability communities, faith-based organizations, physicians, hospitals and nursing homes.

**GOAL 1: PERFORMANCE MEASURE FY 09**

**Information and Assistance Contacts**

<b>FY 09</b>	<b>FY 10</b>	<b>FY 11</b>	<b>FY 12</b>	<b>FY 13</b>
1,685	1,735			

2009 Figures is from the State Reporting Tool

2010 Figure is the target

PSA: 07  
Plan Period: FY 2010 - 2014

(X ) Original, Dated: 3-1-2010  
( ) Update, Dated:

## Home and Community Based Services

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

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

### AAAD GOAL

**Provide a foundation of home and community based supportive services that enable older persons and adults with disabilities to remain in their own homes and communities thus delaying institutionalization in long term care facilities.**

**MEASURABLE OBJECTIVE:** Ensure that individuals that are found to be eligible through the Single Point of Entry (SPOE) are assessed and served as funding becomes available.

**STRATEGIES:**

- A. On behalf of older persons and adults with disabilities, develop a partnership with other stakeholders in carrying out the provisions of the Long Term Community Choices Act of 2008.
- B. Using Older Americans Act funds, authorize supportive services for older persons and family caregivers in their homes and communities that will enable them to maintain their independence.
- C. Using state funds for the OPTIONS Program, authorize in-home services for older persons and other adults with disabilities that will enable them to maintain their independence.

**MEASURABLE OBJECTIVE:** Work with TennCare and the service provider network to implement best practices for enrolling older persons and other adults with disabilities and providing in-home services through streamlining processes. Provide technical assistance and training to service providers.

**STRATEGIES:**

- A. Monitor contract compliance through on-site visits and quarterly reports.
- B. Implement training events with service providers to improve quality of services.

**MEASURABLE OBJECTIVE:** Provide families and caregivers with information, assistance, counseling, training, in-home respite and other services that support their efforts to keep their relatives and/or friends in their own homes.

- A. Develop plans of care to help them with their caregiver roles.
- B. Support grandparents and other relatives who are caring for children under the age of 18 with developmental disabilities.
- C. Develop online caregiver training.

**MEASURABLE OBJECTIVE:** Develop strategies to address the waiting lists for in-home services funded by Older Americans Act and State funding.

**STRATEGIES:**

- A. Prioritize waiting list based upon greatest risk of institutionalization.
- B. Ensure optimal use of State and Older Americans Act funds to delay enrollment in long-term Medicaid services.

**GOAL 2: PERFORMANCE MEASURE FY 09**

**Home and Community-Based Services**

SERVICE	FY 09	FY 10	FY 11	FY 12	FY 13
Older Americans Act	776	780			
OPTIONS	174	151			
Family Caregiver	59	59			

2009 Figures is from the State Reporting Tool and the OPTIONS Program Report  
 2010 Figure is the target

PSA: 07  
Plan Period: FY 2010 - 2014

Exhibit C-4  
(X) Original, Dated: 3-1-2010  
( ) Update, Dated:

## **Health Promotion and Disease Prevention**

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

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

### **AAAD GOAL**

**Enhance the availability of community based health, prevention and wellness programs that can enable participants to adopt a more healthy lifestyle and decrease hospital admissions and the unnecessary use of other expensive health services and to enhance the enrollment in Medicare and other insurance options.**

**MEASURABLE OBJECTIVE:** Expand evidence-based health promotion and disease prevention activities.

#### **STRATEGIES:**

- A.** Collaborate with the UT Extension offices to provide training and technical assistance for disease prevention and wellness programs.
- B.** Develop methods with senior centers to implement evidence-based programs that address chronic disease, disease prevention, medication management, physical activities and fall prevention.
- C.** Provide technical assistance and training to senior centers in adapting to the needs of the baby boomer generation.

**MEASURABLE OBJECTIVE:** Provide nutritious meals that meet the Dietary Guidelines for Americans and 1/3 of the Recommended Dietary Intake to eligible older persons.

**STRATEGIES:**

- A. Promote opportunities for socialization and disease prevention and health promotion services.
- B. Target services to those in greatest social and economic need, with particular attention to low-income individuals, minority individuals and those at risk of institutional care.
- C. Provide nutritious meals to older adults to help them stay healthy and decrease their risk of disability.
- D. Provide nutritious meals to homebound older adults, as well as provide social contacts that help reduce the risk of depression and isolation.
- E. Create meals and settings that are attractive to the baby boomer generation.
- F. Maximize the use of American Recovery and Reinvestment Act funds for congregate and home-delivered meals.
- G. Provide technical assistance to comply with nutrition education and counseling requirements.

**MEASURABLE OBJECTIVE:** Provide outreach activities to assist beneficiaries in learning about and accessing new Medicare benefits, including the Limited Income Subsidy (LIS). Develop Medicare awareness among those aging into Medicare. Provide public education to potential Medicare consumers, their families and other advocates.

**STRATEGIES:**

- A. Recruit, train and retain volunteers.
- B. Maintain a cadre of trained SHIP counselors and volunteers.
- C. Assist beneficiaries with finding affordable prescription drugs during coverage gaps and access to drugs not covered under Medicare Part D.
- D. Outreach to and educate Medicare beneficiaries about all of their Medicare benefits.

**GOAL 3: PERFORMANCE MEASURES FY 09**

<b>SERVICE</b>	<b>FY 09</b>	<b>FY 10</b>	<b>FY 11</b>	<b>FY 12</b>	<b>FY 13</b>
Senior Center Participants	3,730	3,750			
Individuals served meals in congregate sites	684	685			
Individuals provided home delivered meals	524	525			
Individuals provided SHIP Counseling	1,103	1,136			

2009 figures are from SAMS report, State Reporting Tool and Client Contact and Summary Report from SHIPtalk.org.

2010 Figure is the target

PSA: 07  
Plan Period: 2010 - 2014

(X) Original, Dated: 3-1-2010  
( ) Update, Dated:

## Elder Rights

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

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

### AAAD GOAL

**Provide increased public awareness of elder abuse, neglect and exploitation by education efforts on how to recognize and respond to elder abuse.**

**MEASURABLE OBJECTIVE:** Provide Ombudsman services to older residents of long-term care facilities.

**STRATEGIES:**

- A. Maintain a cadre of Volunteer Ombudsman Representative (VORs) in each county.
- B. Recognize the importance of volunteer assistance to the Ombudsman Program.

**MEASURABLE OBJECTIVE:** Provide Guardianship services to older persons who are no longer able to manage their health and financial decisions and have no family, friend, bank or corporation to act on their behalf.

**STRATEGIES:**

- A. Increase public awareness by outreaching to social service agencies, hospitals, Department of Human Services, courts and other stakeholders.
- B. Maintain a cadre of trained volunteers.
- C. Recognize the importance of volunteers and the talents they bring to the critical needs of these clients.

**MEASURABLE OBJECTIVE:** Provide high quality Legal Services to older adults who are facing direct threats to their ability to live independently in their homes and communities.

**STRATEGIES:**

- A. Ensure that Legal Services provide education about legal issues facing older persons.
  
- B. Partner with the Tennessee Bar Association to develop pro-bono or reduced fee services to older persons.

**MEASUREABLE OBJECTIVE:** Collaborate with local community organizations and state and local government agencies to develop a district-wide coalition for the prevention of elder abuse and awareness about Elder Rights.

**STRATEGIES:**

- A. Organize activities and seek out opportunities to create awareness about abuse, neglect and exploitation of vulnerable adults.

**GOAL 4: PERFORMANCE MEASURE FOR FY 09**

SERVICE	FY 09	FY 10	FY 11	FY 12	FY 13
Long-Term Care Ombudsman	247	250			
Guardianship	21	23			
Legal Services	139	141			
TOTAL	407	414			

2009 figures are from the OmbudsManager, Guardianship and Legal Services Quarterly Reports.

2010 Figure is the target

PSA: 07  
Plan Period: 2010 - 2014

(X) Original, Dated: 3-1-2010  
( ) Update, Dated:

## Management Practices

**AoA Goal:** Maintain effective and responsive management.

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

### AAAD GOAL

**Utilize best practices that promote effective and responsible management.**

**MEASUREABLE OBJECTIVE:** Effectively lead the Area Agency on Aging and Disability that supports the initiatives of the Older American Act, OPTIONS, State Health Insurance Program, CHOICES and Office on Aging/Senior Centers.

#### **STRATEGIES:**

- A.** Maintain and grow relationships with partners and stakeholders.
- B.** Enhance and improve partnerships with Office on Aging/Senior Centers as related to the development and implementation of programs.
- C.** Conduct bi-monthly meetings with Office on Aging/Senior Centers to evaluate ways to improve the service delivery and to better meet the needs of the senior center participants and consumers.
- D.** Monitor contracts and program implementation.
- E.** Provide training and technical assistance for fiscal and information technology staff.
- F.** Conduct as needed Area Agency on Aging and Disability staff meetings to focus on better way to serve consumers.
- G.** Conduct quarterly service provider meetings.

**GOAL 5: PERFORMANCE MEASURES FY 09**

	<b>FY 09</b>	<b>FY 10</b>	<b>FY 11</b>	<b>FY 12</b>	<b>FY 13</b>
Office on Aging/Senior Center meetings	6	6			
AAAD staff meetings	6	6			
Service Providers meetings	4	4			

PSA: 07  
 Plan Period: FY 2010-2014

(X) Original, Dated: 3-1-2010  
 ( ) Update, Dated:

## Targeting Status Report

Report on activities during the preceding year.

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

a. Number of low-income minority older individuals in the planning and service area (use 2000 Census population data)	1,232
b. Number of older individuals residing in rural areas in the planning and service area (use 2000 Census population data)	52,920
c. Number of older individuals who speak English less than very well (use 2000 Census population data)	63
d. Number of low-income minority older individuals served (use State Reporting Tool data)	173
e. Number of individuals residing in rural areas served (use State Reporting Tool data)	1,682

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

2009* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Outreached to churches, public housing with one on one contacts, occasional one on one contacts by phone	Outreached to a total of 1,415 older persons
Participated in health fairs throughout the district	6 events, 460 persons
SHIP staff outreached to churches, public housing and Senior Centers	Outreached to 1,135 older persons at 25 events

\* Last complete 12-month period.

PSA: 07  
Plan Period: FY 2010-2014

(X) Original, Dated: 3-1-2010  
( ) Update, Dated:

## 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?
  - 1. By participating in health fairs throughout the Northwest district distributing brochures and answering individual's questions.
  - 2. Senior Centers providing health screening such as blood pressure checks, glaucoma, blood sugar checks and foot clinics.
  - 3. Distribute food boxes to homebound needy older persons.
  - 4. One on One outreach to low-income minority.

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

The Northwest PSA is comprised of 52,920 60+ persons with 4,798 being minorities or 9%.

The AAAD contracts with one minority service provider for OPTIONS and Family Caregiver.

The AAAD staff is composed of three minorities and 19 non-minority staff. Two staff members are male.

19% of the AAAD Advisory Council members are minority.

There are 1,232 low income 60+ minority persons in the Northwest District. The AAAD served 173 or 14% of this population.

There are 63 older persons who speak English less than very well in the Northwest PSA. The AAAD will work with a translation service for translation services for these individuals.

- 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 will use this as a baseline year to collect data to see what the Senior Center are doing to increase participations in their programs.

**2. Older Americans Act Required Targeting Activities**

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

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

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
One on One contact and occasional phone contacts shall be done on a regular basis.	Office on Aging/Senior Centers will distribute brochures and/or information on services and programs.	Program Specialist
Participate in health fairs and senior expos	Booths will be set up with brochures and information about various programs	Program Specialist, SHIP Staff
Churches, public housing	Individuals will be contacted on activities at each senior center	Program Specialist
Conduct media events	Local newspapers shall be provided with information regarding activities and services	Program Specialist, SHIP Counselor
Churches, Public Housing and Senior Centers	Presentations of SHIP and SMP will be provided	SHIP Counselor

**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

PSA: 07  
 Plan Period: FY 2010 - 2014

Exhibit D-2  
 (X) Original, Dated: 3-1-2010  
 ( ) Update, Dated:

### Training and Staff Development Plan

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
N4A	3			July 2010
SE4A	5			September 2010
Harmony Users Conference	1			August 2010
Guardianship Annual Conference	1			October 2010
AIRS Conference	1			June 2011
SHIP/SMP Volunteer Training	2			Bi-Annual
SHIP National Conference	2			June 2011
Emergency Preparedness	22	25		April 2011
Title VI and Diversity	22	100	15	June 2011
Elder Abuse	22	100	15	June 2011
OOA/SR. Center Directors	7	25		Bi-Monthly
Fiscal	3	47		Ongoing
SAMS	3	30		Ongoing
QA	3	30		Ongoing
TFA	2			August 2010
SHIP/SMP State Training	2			Bi-Annual

**B. SCHEDULE OF ADVIORY COUNCIL MEETINGS**

June 8, 2010	September 14, 2010
December 14, 2010	March 8, 2011

**C. OFFICERS & OFFICE**

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Tommy Smith	Chairman	March 2012
Jerry Edmudson	Vice-Chairman	March 2012
Jennifer Webb	Secretary	March 2012

**Part E: DOCUMENTATION**

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

PSA: 07  
 PLAN PERIOD: FY 2010 - 2014

(X) Original, Dated: 3-1-2010  
 ( ) Update, Dated:

## **Older Americans Act (2006) Assurances of Compliance**

### *Section. 306. AREA PLANS*

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

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

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

- (A) services associated with access to services (transportation, health services including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and **assurances** that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers

(including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

- (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;
- (4) (A) (i) (I) **provide assurances** that the area agency on aging will—
  - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
  - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
- (ii) **provide assurances** that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
  - (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
  - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
  - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
  - (I) identify the number of low-income minority older individuals in the planning and service area;
  - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
  - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);
- (B) **provide assurances** that the area agency on aging will use outreach efforts that will—
  - (i) identify individuals eligible for assistance under this Act, with special emphasis on—
    - (I) older individuals residing in rural areas;
    - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (IV) older individuals with severe disabilities;
  - (V) older individuals with limited English proficiency;
  - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
  - (VII) older individuals at risk for institutional placement; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) **contain an assurance** that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
- (5) **provide assurances** that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;
- (6) provide that the area agency on aging will—
- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
  - (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
  - (C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
  - (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that-
    - (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
    - (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

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

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

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

(F) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations; (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

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

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

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

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

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

- (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
  - (i) the need to plan in advance for long-term care; and
  - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
  - (A) not duplicate case management services provided through other Federal and State programs;
  - (B) be coordinated with services described in subparagraph (A); and
  - (C) be provided by a public agency or a nonprofit private agency that—
    - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
    - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
    - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
    - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9) **provide assurances** that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) **provide information and assurances** concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
  - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, **an assurance** that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - (B) **an assurance** that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
  - (C) **an assurance** that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older

individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

- (13) **provide assurances** that the area agency on aging will—
    - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
    - (B) disclose to the Assistant Secretary and the State agency—
      - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
      - (ii) the nature of such contract or such relationship;
    - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
    - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
    - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
  - (14) **provide assurances** that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
  - (15) **provide assurances** that funds received under this title will be used—
    - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
    - (B) in compliance with the **assurances** specified in paragraph (13) and the limitations specified in section 212;
  - (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; and
  - (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.
- (b) (1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (2) Such assessment may include—
    - (A) the projected change in the number of older individuals in the planning and service area;
    - (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

- (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
  - (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
- (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—
- (A) health and human services;
  - (B) land use;
  - (C) housing;
  - (D) transportation;
  - (E) public safety;
  - (F) workforce and economic development;
  - (G) recreation;
  - (H) education;
  - (I) civic engagement;
  - (J) emergency preparedness; and
  - (K) any other service as determined by such agency.
- (c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
- (d) (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
- (2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.
- (e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
- (f) (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

**Section. 374. MAINTENANCE OF EFFORT**

Funds made available under this subpart shall supplement, and not supplant, any Federal, State, or local funds expended by a State or unit of general purpose local government (including an area agency on aging) to provide services described in section 373.

**Certification by Authorized Agency Official**

Northwest Tennessee Area Agency on Aging and Disability hereby gives full assurance that every effort will be made to comply with the regulations of the Older Americans Act.

**SIGNATURES**

\_\_\_\_\_  
AAAD Director

Date \_\_\_\_\_

\_\_\_\_\_  
Grantee Agency Director

Date \_\_\_\_\_

PSA: 07  
Plan Period: FY 2010 - 2014

(X) Original, Dated: 3-1-2010  
( ) Update, Dated:

## **Availability of Documents**

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

1. Current policy making board member roster, including officers
2. Applicable current licenses
3. AAAD Advisory Council By-Laws and membership list
4. AAAD staffing plan
  - a. position descriptions (signed by staff member)
  - b. staff resumes and performance evaluations
  - c. documentation that staff meet the educational and experience requirements of the position and that appropriate background checks have been completed
  - d. equal opportunity hiring policies and practices
5. Personnel Policy Manual of grantee agency
6. Financial procedures manual in accordance with TCAD policies
7. Program procedures manual
8. Interagency agreements, if applicable
9. Insurance verification (general professional liability such as errors and omissions, officers and directors, etc.)
10. Bonding verification
11. Affirmative Action Plan
12. Civil Rights Compliance Plan
13. Conflict of Interest policy
14. Grievance Procedure and designated staff member

15. Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumer, and caregivers
16. Americans with Disabilities Act (ADA) policies, ADA Existing Facility Checklist and report on barrier removal
17. Documentation of match commitments for cash, voluntary contributions and building space, as applicable
18. Financial Reports or if applicable copy of audited copy of Financial Report of service providers
19. Emergency Preparedness/Disaster Plan
20. Drug-Free Workplace policies
21. Confidentiality and HIPAA policies
22. Individual background information for newly hired employees and volunteers who provide direct care for, have direct contact with, or have direct responsibility for the safety and care of older persons and adults with disabilities in their homes.

**Certification by Authorized Agency Official**

I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Area Agency on Aging and Disability. Assurance is given that TCAD or its designee will be given immediate access to these documents, upon request.

**SIGNATURES**

\_\_\_\_\_  
AAAD Director

Date \_\_\_\_\_

\_\_\_\_\_  
Grantee Agency Director

Date \_\_\_\_\_

PSA: 07  
Plan Period: FY 2010 - 2014

(X) Original, Dated: 3-1-2010  
( ) Update, Dated:

## **Title VI of the Civil Rights Act of 1964 Compliance**

The Northwest Tennessee Area Agency on Aging and Disability reaffirms its policies to afford all individuals the opportunity to participate in federal financially assisted programs and adopts the following provision:

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

This policy applies to all services and programs operated by, or through contracts or subcontracts from the Northwest Tennessee Area Agency on Aging and Disability.

Prohibited practices include:

1. Denying any individual any services such as: congregate meals, in-home services, and information and assistance; opportunity to serve as a volunteer, advisor, or member of a policy board, positions of leadership, or other benefit for which he/she is otherwise qualified.
2. Providing any individual with any service, or other benefit, which is different or is provided in a different manner from that which is provided to others under the program, such as the selection of menu items, the mode of style of service, or the manner of conveyance in transportation.
3. Subjecting any individual to segregated or separate treatment in any manner related to that individuals receipt of service, including congregate meals in separate sites or facilities, senior center services in separate sites or facilities, or employment services in separate sites or facilities.
4. Restricting an individual in any way in the enjoyment of services, facilities or any other advantage, privilege, or other benefit provided to others under the program.
5. Adopting methods of administration which would limit participation by any group of recipients or subject them to discrimination, including submitting bids for services and receiving contracts or subcontracts; and personnel practices such as hiring, firing, and granting raises.
6. Addressing an individual in a manner that denotes inferiority because or race, color, or national origin.

The Northwest Tennessee Area Agency on Aging and Disability shall appoint a Title VI coordinator to ensure that the Area Agency on Aging and Disability and all service providers comply with the provision of Title VI. Whenever a planning or advisory body, such as a board or a committee is an integral part of the Area Agency on Aging and Disability or service provider program, the Area Agency on Aging and Disability will take such steps as are necessary to ensure that minorities are notified of the existence of such bodies and are provided equal opportunity to participate as members. Where members of a board or committee are appointed by the area agency or service provider agency, minorities shall be represented at least in proportion to their presence in the general population of the service area.

**SIGNATURES**

\_\_\_\_\_

AAAD Director

Date \_\_\_\_\_

\_\_\_\_\_

Grantee Agency Director

Date \_\_\_\_\_

**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.

<b><u>Exhibit Number</u></b>	<b><u>Title of Exhibit</u></b>
F-1	Public Hearing on Area Plan on Aging
F-2	Advisory Council Participation in the Area Plan Process
F-3	Requests for Waivers
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

## Public Hearings on Area Plan

### A. PUBLIC HEARING INFORMATION

<b>Date(s)</b> of Public Hearing	March 16, 2010
<b>Time(s)</b> when hearing was held	10:30 a.m.
<b>Place(s)</b> where hearing was held	The University of Tennessee at Martin
<b>Was Place Accessible?</b>	Yes
<b>Type of Notice(s) or Announcement(s)</b>	Local Newspapers Letters
<b>Date(s) of Notices or Announcements</b> (attach copy)	Emailed to Newspapers on March 1, 2010 Letters mailed on March 4, 2010

### B. ATTENDANCE\*

County	# of Advisory Council Members from County	Total from County**
Benton County	1	2
Carroll County	1	2
Crockett County	1	1
Dyer County	1	2
Gibson County	1	5
Henry County	3	4
Lake County	0	2
Obion County	4	6
Weakley County	0	7
<b>Total # Advisory Council Members in column 2</b>	<b>12</b>	
<b>Total Attendance*</b>		<b>31</b>

\* Do not include AAAD staff in Public Hearing attendance

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

### B. AGENDA & ANNOUNCEMENTS

Attach a copy of the agenda. See P&P manual for required agenda topics. Attach one example of each type of notice sent out and describe who notices were sent to. If the AAAD is requesting a waiver for any reason, the agenda and announcement must include a statement that a waiver is being requested.

**C. DESCRIPTION**

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

**D. SUMMARY of PUBLIC COMMENTS**

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

No comments at Public Hearing.

One call from a consumer requesting more sidewalks in the city of Martin to ride wheelchairs on.

**E. SUMMARY of CHANGES**

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

None

## 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.  
Mailed to the Advisory Council members a week prior to the Advisory Council meeting on March 16, 2010. Plan was reviewed as a group at March 16, 2010 Advisory Council meeting.
2. Attach an agenda of the Area Plan review meeting or describe the review process.  
Agenda attached
3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.
  1. Tommy Smith                      Crockett County
  2. Bob Leonard                      Weakley, Obion, Henry and Benton Counties
  3. Jerry Edmundson                  Dyer County
  4. Betty Darnell                      Carroll County
  5. Larry Brousseau                  Obion County
  6. Gladys West                      Gibson County
  7. Debbie Simmons                  Henry County
  8. Dorothy Clark                    Henry County
  9. Norma Mobbs                      Obion County
  10. James Mobbs                    Obion County
  11. Chuck Ashley                    Onion County
4. Provide a summary of comments made by advisory council members about the completed plan.  
No comments made.
5. Summary of Changes. List changes made in the plan as a result of comments made at Advisory Council review.  
None

## Part G: FINANCIAL PLAN

### **Older Americans Act**

(NOTE: This summary does not include ALL financial or allotment references in the OAA)  
Section 306 *AREA PLANS*

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

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

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

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

### Section 315 *CONSUMER CONTRIBUTIONS*

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

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

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

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

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

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

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

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

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

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

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

### **Exhibit Number**

### **Title of Exhibit**

G-1

Financial Report File

