

AREA PLAN on AGING and DISABILITY

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

SOUTHEAST TENNESSEE AREA AGENCY ON ON AGING AND DISABILITY

for the

**10 Counties of the Southeast Tennessee
Development District**

for

July 1, 2010 – June 30, 2014

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Older Americans Act

Section 306 *AREA PLANS*

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

Section 307 *STATE PLANS*

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

(a)(1) The plan shall—

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

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

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SUBMITTAL PAGE

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

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

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

Signature:  Date: March 30, 2010
Area Agency Director

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

Signature:  Date: March 30, 2010
Chair, Area Agency Advisory Council

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

Signature:  Date: March 30, 2010
Executive Director, Grantee Agency

Signature:  Date: March 30, 2010
Chair, Grantee Agency Board

Part A: AREA PROFILE

Older Americans Act

Section 305(a) *ORGANIZATION*

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

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

Section 306(a) *AREA PLAN*

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

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
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: Southeast Tennessee
Plan Period: FY 2011 – 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

Designated Planning and Service Area

Area Agency: Southeast Tennessee Area Agency on Aging and Disability

Physical Address: 1000 Riverfront Parkway, Chattanooga, Tennessee 37402

Mailing Address (if different): P. O. Box 4757, Chattanooga, Tennessee 37405

Phone: 423-266-5781

Fax: 423-424-4225

E-mail Address: steve@sedev.org

Website: www.setaad.org

Director: Steve Witt

In Operation Since: 1973

Mission Statement: The mission of the Southeast Tennessee Area Agency on Aging and Disability is to advocate for and to strive to achieve a system of services that allows older persons and persons with disabilities the opportunity for an independent and productive lifespan. This is accomplished through four primary areas of emphasis: Advocacy, Fund Development, Service and Planning.

PSA: Southeast Tennessee
Plan Period: FY 2011 – 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

Area Profile

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

Ten counties comprise the Southeast Tennessee planning and service area: Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea and Sequatchie.

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

Bledsoe, Bradley, Grundy, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie

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

Urban County: Hamilton County

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

The percentage of people 60 years old or older in the 10 counties of Southeast Tennessee ranges from 16 to 20 percent. Four rural counties have the highest percentage of 60+ residents: Grundy (19%), McMinn (19%), Rhea (19%) and Polk (20%).

It is interesting that the population of persons 85 years old or older is rather consistent throughout the 10 counties, ranging from 1.0% to 1.8%. The one urban county and three rural counties have the highest percentage of 85+ residents: Rhea (1.8%), Meigs (1.7%), Hamilton (1.6%) and McMinn (1.5%).

Minority population among persons 60+ ranges from 1.4% in Grundy County to a high of 16.2% in Hamilton County. The average percent of minority persons among those over 60 years old is 10.5% for the Southeast region.

The overall number of persons 60+ living below poverty level is 15.1%. The range is from 11% in Bradley County to 24% in Bledsoe County.

There are 10,637 minority residents over age 60 in the ten counties. Of this population, 23.7% are living in poverty. The range is from 14% in Bradley County to 37% in Meigs County.

A comparison of the availability of medical care in the ten counties is listed below.

Bledsoe County

- 1 hospital – 25 beds
- 2 nursing homes – 56 beds

Bradley County

- 5 hospitals – 351 beds
- 3 nursing homes – 476 beds

Grundy County

- 1 nursing home – 150 beds

Hamilton County

- 10 hospitals – 1,905 beds
- 12 nursing homes – 1,700 beds
- Additionally there are 1,134 physicians, 209 dentists, 25 psychiatrists and 81 psychologists

McMinn County

- 2 hospitals – 190 beds
- 4 nursing homes – 434 beds

Marion County

- 1 hospital – 70 beds
- 1 nursing home – 165 beds

Meigs County

- 1 nursing home – 88 beds

Polk County

- 1 hospital – 44 beds
- 1 nursing home – 135 beds

Rhea County

- 1 hospital – 25 beds
- 3 nursing homes – 277 beds

Sequatchie County

- 1 nursing home – 120 beds

Area Profile South East

Population By Age Categories		Grandparenting	
All Ages	566255	Grandparents 60+ Responsible for Grandchildren	1820
60-64	25865	Grandparents 60+ Living with Grandchildren	2,280
65-69	22685	Grandparents <60 Responsible for Grandchildren	4,900
70-74	19115	Grandparents <60 Living with Grandchildren	3,190
75-79	15430		
80-84	10000		
85+	8490		
60+	101585		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	91315	< 5th Grade	4225
African American	8980	5th - 8th Grade	18120
American Indian	119	9th-12th No Diploma	19220
Asian	344	High School Diploma	29090
Other Minorities	830	Some College	18040
<i>Ethnicity</i>		Bachelors	7720
Non Hispanic	101128	Master/Professional/Doctorate	5165
Hispanic	450		
By Gender (60+)		Medical Facility Beds	
Male	42410	Skilled Nursing Facilities - Remaining Counties	2001
Female	59180	Skilled Nursing Facilities - Hamilton	1894
		Hospitals	
		General -Remaining Counties	875
		Hamilton	1589
		Mental Health	
		VA	
Living Situation (60+)		Disability Status	
Male Alone	6470	Self Care < 60	7605
Female Alone	19930	Self Care 60+	9048
Living alone	26400		
Financial Status (60+)		Elder Housing	
Below Poverty Level	12770	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	325
Minorities below Poverty Level	2565	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	540
		Homes for the Aged	16
		Assisted Living Facilities	16
Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	8.9%		
Number of Elderly (60+) Householders with Housing Expense (>40% Income)	9020		

PSA: Southeast Tennessee
Plan Period: FY 2011 – FY 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

Focal Points

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

Definition of Community: For the purpose of designating focal points, the Southeast Tennessee Area Agency on Aging and Disability defines community as a county where the population of older persons is not centrally located or a city or urban area where a large number of older persons reside.

2. List community focal points.

Bledsoe County

Bledsoe Senior Activity Center
P.O. Box 751 120 Frazier St.
Pikeville, TN 37367
(423) 447-6111

Bradley County

Bradley/Cleveland Activity Center
230 Urbane Rd.
Cleveland, TN 37312
(423) 559-2171

Walker Street Congregate Nutrition Site
450 Walker St. NE
Cleveland, TN 37311
(423) 476-1598

Grundy County

Gruetli Laager Senior Center
Hwy 108 P.O. Box 127
Gruetli, TN 37339
(931) 779-5494

Monteagle Congregate Nutrition Site
24 Dixie Lee Hwy
Monteagle, TN 37356
(931) 924-3258

Hamilton County

Boynton Senior Neighbors of Chattanooga
957 Boynton Dr.
Chattanooga, TN 37403
(423) 755-9108

Mary Walker Senior Neighbors of Chattanooga
2505 S. Market St.
Chattanooga, TN 37408
(423) 756-3130

NAPFE Congregate Meal Site
5465 Highway 58
Chattanooga, TN 37416

Soddy Daisy/North Hamilton Senior Neighbors of Chattanooga
190 Depot St.
Soddy, TN 37379
(423) 332-1702

Whiteside Faith Manor Congregate Nutrition Site
735 E. Tenth St.
Chattanooga, TN 37402
(423) 266-2561

Marion County

Whitwell Senior Center
900 Main St. Suite 2 (Basement)
Whitwell, TN 37397
(423) 658-5000

South Pittsburg Congregate Nutrition Site
330 Cedar Ave.
South Pittsburg, TN 37380
(423) 837-6325

McMinn County

McMinn Senior Activity Center
205 McMinn Ave.
Athens, TN 37303
(423) 745-6830

Etowah Senior Center
435 Cooper St.
Etowah, TN 37331
(423) 263-1209

Meigs County

Meigs Senior Activity Center
P.O. Box 762
Decatur, TN 37322
(423) 334-3242

Polk County

Copperhill Senior Activity Center
840 Cherokee Trail
Rt. 1 Box 252
Copperhill, TN 37317
(423) 496-7113

Rhea County

Rhea Richland Senior Center
241 Alabama Ave.
Dayton, TN 37321
(423) 775-6776

Sequatchie County

Sequatchie Senior Activity Center
P.O.Box 2351 325 Heard St.
Dunlap, TN 37327
(423) 949-2228

PSA: Southeast Tennessee
Plan Period: FY 2011 – FY 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

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 methods used to assess the needs of older persons and adults with disabilities are listed below.

- a) The Southeast Tennessee Area Agency on Aging and Disability (SETAAAD) participated in efforts to gather information for the Statewide Needs Assessment, prepared by the University of Tennessee College of Social Work Office of Research and Public Service in conjunction with staff members of the Tennessee Commission on Aging and Disability. SETAAAD recruited participants for the East Grand Division Statewide Needs Assessment Focus Group.
- b) We have reviewed the wealth of information provided in the Statewide Needs Assessment. The results of the East Grand Division Statewide Needs Assessment Focus Group have been most helpful in considering statewide needs in comparison with those expressed by residents of East Tennessee. In preparing the Area Plan we have considered carefully the top twelve needs listed in the East Tennessee Focus Group report. Seven of the expressed needs are addressed in the Area Plan.
- c) The SETAAAD conducts satisfaction surveys of recipients of services provided through Title III programs, Options for Community Living, and the Statewide Home and Community Based Services Medicaid Waiver. The results are compiled in a printed report. We have used the results of these surveys in planning actions to continue what we do well and to improve the services as indicated by survey participants.
- d) AAAD Service Coordinators perform an In-Home Assessment for each person enrolling in services as well as reassessments in the homes of current consumers. The needs expressed during these home visits have also been considered in the Area Plan.

- e) Throughout the year AAAD staff members participated in various community planning groups and have identified many needs, some of which are addressed in the Area Plan.
- f) Feedback about services has been received during the year from members of the AAAD Advisory Council and from the Council's discussion of the Area Plan. Some needs expressed have been addressed in the Area Plan.

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

<u>HCBS Services With All Slots Filled</u>	<u>Wait Lists</u>
Home Delivered Meals	161
Title III Homemaker Service	786
Options for Community Living	937
National Family Caregiver Support Program	1,135
Statewide Home and Community Based Medicaid Waiver	102

PSA: Southeast
Plan Period: FY 2011 – FY 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

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) Additional options for transportation (non-TennCare)
- 2) Caregiver-directed respite care
- 3) Prescription assistance
- 4) Increase in funds for respite services
- 5) Home repairs and modifications
- 6) Chore service (yard work, etc)
- 7) Overnight attendant to stay in consumer's home

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) Additional options for transportation
Currently we have no additional funding to offer additional options for transportation. However, one of our partner agencies, the Southeast Tennessee Human Resource Agency, has developed regular bus routes in one city and is planning to offer this service in other parts of the Southeast region.
- 2) Caregiver-directed respite care
We currently participate in an Alzheimer's Innovation Grant that includes consumer-directed care by family caregivers. We are exploring ways in which we may continue this caregiver-directed respite for caregivers currently enrolled in the grant program as well as others.

CHOICES will also offer self-directed care which can be used for caregiver respite.

3) Prescription Assistance

We will continue to serve individuals in need through the State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act (MIPPA).

4) Increase funds for respite services

We will increase availability of both in-home and institutional respite services through the National Family Caregiver Support Program when additional federal and state funding makes this possible.

In-Home and Institutional respite services are available through the Statewide HCBS Medicaid Waiver and will be available to additional persons as the cap for the number of enrollees increases from 6,000 to 9,500.

5) Home Repairs and Modifications

We currently offer Home Modifications as a National Family Caregiver Support Program supplemental service.

The Statewide HCBS Medicaid Waiver also provides this service. It will be available to more people as CHOICES expands the number of enrollees that can be served.

Through our grantee agency Planning Division we will continue to refer individuals for emergency home repairs.

We are referring individuals to one of our partner agencies, the Southeast Tennessee Human Resource Agency, for weatherization paid for by American Recovery and Reinvestment Act funds.

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

1. Rural transportation
2. Adult foster homes
3. "Silver Alert" initiative (wandering and driving by persons with dementia)
4. Dental care/dentures, eye care/glasses, hearing exams/hearing aids
5. Respite for caregivers (institutional and in-home)

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

1) Rural Transportation – Addressed in Question 2.

2) Adult foster homes

With the initiation of the CHOICES program Adult Care Homes will be offered for persons who are ventilator dependent and for those living with Traumatic Brain Injury.

3) “Silver Alert” Initiative

The AAAD will obtain educational materials about Tennessee’s new Senior Alert System. Materials will be used to provide education in senior centers, through National Family Caregiver Support Program educational conferences and workshops, through regional health promotions as well as through local media.

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

The AAAD will be working to enlist a community partner through which hearing exams may be offered throughout the region. We will also be working to enlist a community partner that makes used hearing aids available to those in need.

The AAAD currently has no funding to offer dental care/dentures or eye care/glasses. However, the agency will promote Remote Area Medical (RAM) Clinics scheduled in our region.

5) Respite for caregivers (institutional and in-home) – Addressed in Question 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: Southeast
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

Statewide Aging and Disability Programs

Introduction

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

Older Americans Act

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

Using Older Americans Act funding the Area Agency served approximately:

Persons Served	2009	2010*	2011*	2012*	2013*
Personal Care	106				
Homemaker	541				
Nutrition Services	2,245				
Case Management	1,596				
Transportation	329				
Legal Assistance	859				
Information & Assistance	7,037				
Family Caregiver	1,342				
Ombudsman	358				

Units of Service					
Personal Care	5,946				
Homemaker	36,790				
Nutrition Services	225,304				
Case Management	8,541				
Transportation	14,638				
Legal Assistance	2,020				
Information & Assistance	9,794				
Family Caregiver	21,287				
Ombudsman	358				

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

Options for Community Living

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

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

	2009	2010	2011	2012	2013
Persons Served	307				
Units of Service	66,135				

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 an 1115 Waiver. The planned start date for the transition is expected to begin in 2010 and phased in over an eighteen month period. The State's nine Area Agencies on Aging and Disability will act as the single points of entry for the CHOICES Program.

The Statewide Home and Community Based Services Waiver is intended to provide a community-based, cost-effective alternative to institutional nursing facility care for eligible individuals. The program is administered by the Tennessee Department of Finance and Administration, Bureau of TennCare.

This Medicaid Waiver program provides a variety of home and community-based services to low-income older persons and adults with disabilities who are frail, functionally impaired, and at-risk of nursing home placement. Funding for this program comes from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid.

Using Waiver funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Persons Served	1,001				
Units of Service	939,996				

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	1,331				

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, able or suitable 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	78				

Other State Appropriations

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

Using State Appropriations the Area Agency served approximately:

Persons Served	2009	2010	2011	2012	2013
Senior Centers	4,074				
Meals	75				
Homemaker Services	18				
Units of Service					
Senior Centers	291,800				
Meals	19,568				
Homemaker Services	1,830				

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

Service Delivery in the Planning and Service Area

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

Single Point of Entry:

The AAAD has been designated to serve as a Single Point of Entry into Tennessee's long-term care system. Serving in this capacity includes the following:

- Services listed below under *Information and Assistance*
- Providing In-Home Assessment for those individuals who have been referred to available Title III and state-funded services.
- Providing Facilitated Enrollment into the Medicaid Waiver/CHOICES.
- Providing information to persons who need help in obtaining private pay services and long-term care planning.

Information and Assistance:

- Information and Assistance is one component of the Single Point of Entry. The AAAD uses both the statewide toll-free I & A number as well as a local telephone number. In addition to screening inquirers for AAAD services, the staff members are available to assist callers with locating community resources and services. Beginning on July 1, 2011 callers will be directed by "soft transfer" to other services and resources.
- Every effort is made to answer calls as they come in. However, with over 7,000 calls received during FY 09, callers normally must leave a message and call-back number. If possible, calls are returned the same day they are received. At most, all calls are returned within two business days.

Website and Resource Directory Development:

- The staff is currently planning to update the AAAD website to provide a way for persons to contact Information and Assistance as well as a means of referring persons for service.
- The agency publishes an updated resource directory for distribution throughout the region. Information from the directory is used to update the Website Resource Directory.

Marketing the Area Agency

- The media (newspapers, radio and television) are utilized to announce events, workshops, conferences or services that may be of benefit to seniors and younger disabled adults or their caregivers.
- The agency sets up a booth to disseminate information about services at health fairs and other community events.
- Presentations about services are provided for local community groups, churches and senior centers.
- In marketing the HCBS Waiver/CHOICES, presentations are made for hospital discharge planners, nursing home staff, dialysis clinic staff, physicians' offices, hospice staff, home health agencies and any other public agencies with clients needing access to services. Presentations are often made for caregiver workshops and larger conferences.

Outreach:

We realize that many people do not know the AAAD exists much less that the agency is the Single Point of Entry into Tennessee's Long-Term Care System. Many methods of reaching out to both the minority and rural populations have been listed under other sections of this B-2 (1).

- Newspapers in the rural counties have been very helpful in printing articles about services along with giving the AAAD Single Point of Entry contact information.
- Radio stations in both rural and urban areas have been open to sharing information about services. In Chattanooga two radio stations with a primarily minority audience have been very helpful in getting news out about services along with AAAD contact information.
- The SHIP program has initiated a six-month series of weekly radio programs on a station that reaches a primarily minority audience. This program is being well received.
- Each year Chattanooga hosts a large Minority Health Fair that has provided a good venue for reaching this target audience.
- We have been successful in placing news about services in a Chattanooga newspaper that primarily reaches a minority audience.
- Two of the three network television stations in Chattanooga as well as one cable station in a rural area have been helpful by granting interviews that reach a wide audience with information about services and how to contact the AAAD.
- Additional Outreach information can be found in Sections 9, 10 and 11 of Exhibit B-2.

Transportation:

- The Southeast Tennessee Human Resource Agency provides transportation to fourteen Congregate Nutrition sites in the ten counties. Transportation for other purposes is provided by SETHRA for a nominal fare.

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

Service Coordination/Case Management:

- Consumers receive an in-home assessment during which needs are determined prior to initiation of services.
- Following authorizing, arranging, and coordinating services additional follow up and reassessment occur as indicated by the individual situation.

Service Provider Network Support:

- Quarterly training is provided for all service providers.
- Ongoing technical assistance is provided for all service providers as well as Senior Center directors and Nutrition Program personnel. Technical assistance is provided by telephone, email, face-to-face meetings at provider request, conference calls as well as through scheduled provider service monitoring and fiscal monitoring.

National Family Caregiver Support Program

- The NFCSP in Southeast Tennessee is based on consumer choice. Caregivers may use \$2,000.00 worth of respite services each year they are in the program. Respite services include Personal Care, Short-Term In-Home Respite, Homemaker and Overnight Respite. Caregivers may choose which services they want to use and which service provider(s) they prefer.
- Caregiver training for caregivers of elders as well as caregivers of minors is one of the strengths of this program, reaching several hundred caregivers each year. Several support groups for Caregivers of Minors are offered throughout the region. As of March 2010 the NFCSP is partnering with Mt. Canaan Baptist Church (a predominately African American congregation) to form a new caregiver support group for caregivers of elders.

- The AAAD is a partner with TCAD and the Mid-South Chapter of the Alzheimer's Association in services provided through an Alzheimer's Innovation Grant. One purpose of the grant was to offer one large *Alzheimer's and the African American Church* regional conference and smaller workshops in four (4) predominantly African American churches. The purpose of the conference was to discuss the basics of Alzheimer's disease and the role of the church in ministering to persons with Alzheimer's and their caregivers. The regional conference was excellent with 126 participants including 32 clergypersons. Three of the local church workshops have been held with one yet scheduled for April 2010. Each of these has been well attended.

Under the grant the NFCSP Coordinator screened applicants and enrolled 10 African American caregivers of persons with Alzheimer's in a self-directed caregiver program. When the grant period ends, the AAAD is making plans to continue this self directed program for those already enrolled in it and to offer this option to other caregivers.

Homemaker:

- The Area Agency contracts with twenty-six (26) Homemaker providers to offer services through Title III Homemaker and the Options for Community Living Program.
- The NFCSP has 18 Homemaker providers.
- Currently, there are forty-two (42) Statewide HCBS Medicaid Waiver (HCBS Waiver) Homemaker Service providers.

Personal Care:

- Thirty-nine (39) companies and agencies provide Personal Care through the HCBS Waiver.
- The Options for Community Living Program has contracts with twenty-five (25) providers and the NFCSP with eighteen (18) providers.

Respite:

- HCBS Waiver In-Home Respite provides 216 hours per year of services to an enrollee when the caregiver is absent or needs a break. There are 31 In-Home respite waiver providers.
- When a caregiver needs a break Institutional Respite provides care for HCBS Waiver enrollees in a nursing home for up to 9 days per year. There are eight (8) institutional respite providers for the HCBS Waiver.
- As part of the NFCSP In-Home Respite is offered by eight (8) providers and Over-Night Respite is provided by six (6) nursing homes and assisted living facilities.

Home Modifications:

- HCBS Waiver Minor Home Modification Providers install certain mobility aids (wheelchair ramps and roll-in showers, etc) in homes of enrollees to enhance safety and improve daily life. There are ten (10) waiver home modification providers.
- Minor Home Modifications are also offered on a limited basis as a Supplemental Service through the NFCSP.

Personal Emergency Response Systems (PERS):

- Sixteen (16) PERS providers offer service through the HCBS Waiver.
- The Options for Community Living uses one (1) PERS provider as does the National Family Caregiver Support Program.

Assistive Technology (AT):

- AT providers for the HCBS Waiver provide enrollees with assistive devices which enable an enrollee to increase the ability to perform activities of daily living or to perceive or control their environment. There are seven (7) AT providers.
- Assistive Technology is also offered through the NFCSP as a Supplemental Service.

Pest Control:

- The seven (7) HCBS Waiver Pest Control providers are used to make the home environment safer for frail elderly or disabled enrollees.
- The National Family Caregiver Program also offers Pest Control as a Supplemental Service.

Adult Day Care:

- HCBS Waiver Adult Daycare providers are community-based group programs of care lasting more than 3 hours per day but less than 24 hours per day. There are ten (10) adult daycare waiver providers.
- Caregivers enrolled in the NFCSP have a choice of six (6) Adult Day Care providers as a primary respite service.

Assisted Care Living:

- Currently there are eight (8) licensed Assisted Care Living Facilities providing services for the HCBS Waiver.

Personal Care Attendant (PCA):

- There are thirty-three (33) PCA HCBS Waiver providers offering direct assistance with activities such as toileting, bathing, dressing, personal hygiene, meal preparation, budget management, attending appointments, and interpersonal and social skill building to enable enrollees to live in a community setting.

HCBS Medicaid Waiver Home Delivered Meals

- Eight (8) providers are available to provide HCBS Waiver enrollees with nutritionally well-balanced meals that provide at least one-third but no more than two-thirds of the current daily recommended dietary allowance and are served in the enrollee's home (up to 7 meals 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:

- Black HIV/AIDS Awareness Day
Health Promotions funds were used to sponsor the Black HIV/AIDS Awareness Day event. HIV/AIDS is spreading quickly among African Americans. Seniors need to know the dangers for themselves as well as for younger adults. Thirty-seven (37) persons 60+ years old participated in this event.
- Projects with Senior Centers
Four thousand dollar grants are being awarded to two of the region's senior centers to promote healthy living and encourage participation at the centers. The centers develop a plan to provide community residents presentations on *Healthy Aging* topics, health screenings, chronic disease management programs, as well as information helpful to caregivers and families of seniors with health challenges.
- Tai Chi
Tai Chi contributes to the improvement of mental and physical wellbeing of persons affected by depression, fibromyalgia, lower-limb injuries, multiple sclerosis, rheumatoid arthritis as well as those recovering from a stroke. The AAAD provided training for senior center directors and volunteers as well as nursing home and assisted living recreation directors.

- Arthritis Exercise

The AAAD is sponsoring eight-week Arthritis Exercise Classes in three senior centers (one urban and two rural). Classes will be led by a certified instructor. The instructor will bring resources to share with participants pertaining to arthritis and overall healthy living. Classes will be offered twice weekly.

- Wii

Several of the region's senior centers utilize the Wii game station several times during the week.

- Memory Screening Clinics

The AAAD continues a partnership with a neuropsychologist who specializes in memory challenges. Memory Screening Clinics are currently scheduled in 4 counties. Medicare and other insurances pay for this testing. Participants who exhibit memory deficits are referred on for additional testing or medical care. The first test establishes a baseline. Persons who have been screened are notified each year of screening dates so they have the opportunity to be checked against their baseline.

- In-Home Nurse Visits

Through a Memorandum of Understanding the Jewish Community Federation of Greater Chattanooga's community nurse provides in-home and in-hospital visits. The nurse communicates with physicians. She also provides health screenings.

- Active Living and Transportation Network

The AAAD is partnering with the Active Living Transportation Network in a project to gather information from seniors using the River Walk as well as a "Borrow a Bike" project which allows persons to borrow a bike for downtown transportation.

Medication Management:

- Through the Memorandum of Understanding with the Jewish Community Federation of Greater Chattanooga the Community Nurse goes to the home of persons in need of help with managing medications. She sets up medications for daily use and will be in contact with a client's physician if problems with medications are indicated.

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

Long Term Care Ombudsman:

The Long-Term Care Ombudsman and volunteers provide the following services:

- a) Investigate and mediate disputes between long term care facility residents, facility staff, and/or other service providers;
- b) Promote resident, family and citizen councils to study long-term care issues;
- c) Identify long-term care issues and advocate for change;
- d) Advocate for clients regarding challenges in accessing entitlement and service programs; and
- e) Provide information and assistance concerning long-term care facilities resources.

Legal Assistance:

- a) Services are available throughout the region by contract with Southeast Tennessee Legal Services.
- b) A toll-free telephone number is advertised to provide no-cost access for all residents of the region.
- c) Clients not able to come into the Chattanooga office can receive a home visit from the attorney.
- d) The attorney will also meet with elderly individuals in rural counties during monthly scheduled visits.
- e) Public education regarding elder legal issues is offered throughout the region.

Public Guardian for the Elderly:

- This program, required by Tennessee law, is designed to aid persons age 60 or older who have been declared by the court to be incompetent to handle their own affairs and who have no family member, friend, bank or corporation willing, able and suitable to take this responsibility.

Elder Abuse Awareness:

- The Southeast Development District is a member and supports the McSafe Elder Abuse Awareness Program which serves McMinn County.
- The Southeast Development District is a member of the Adult Abuse Coalition of Southeast Tennessee.

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

- The AAAD contracts with twelve (12) providers who are responsible for delivery of Nutrition Services at seventeen congregate sites and thirty home delivered locations in the ten counties of Southeast Tennessee.
- The AAAD is also responsible for all aspects of the food contract including the RFGP, daily meal order, monthly invoice reconciliation as well as contract monitoring.

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

- a) Senior centers are located in all ten counties of Southeast Tennessee.
- b) McMinn County has two senior centers – one in Etowah and one in Athens.
- c) Hamilton County has three funded senior centers – one in Soddy Daisy and two in the City of Chattanooga.
- d) A variety of services are offered for participants 60 years old or better: congregate meals, recreation, friendly visits, outreach, health promotion, exercise, games, computer classes, etc.
- e) In rural counties home-delivered meals are delivered from area senior centers to local home-bound seniors.
- f) Senior centers also refer inquirers to both AAAD and community resources.
- g) The AAAD monitors senior centers on an annual basis. The AAAD provides quarterly training for senior center directors and other staff members.
- h) Additionally, the Program Development Manager schedules monthly conference calls for senior center directors.
- i) Throughout the year technical assistance is offered to senior center directors and staff members as requested.

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

- a) The AAAD provides a Coordinator to plan and implement the State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol (SMP), and the Medicare Improvements for Patients and Providers Act (MIPPA) services throughout the Southeast Tennessee region.
- b) A part-time Volunteer Coordinator recruits and nurtures volunteers who are trained to offer Medicare counseling, etc.
- c) Trained volunteers provide Medicare counseling and assist with community information events.
- d) SHIP staff persons participate in meetings of various community organizations where they are able to inform others of program benefits. They develop strong relationships with multiple community partners interested in SHIP activities. These partners also provide Medicare counseling and/or referrals.
- e) SHIP Host Sites, which offer Medicare counseling, are being developed in all ten counties. The immediate goal is to maintain a minimum of two sites in each county.
- f) SHIP staff members provide in-service training for many local agencies to educate staff members about the resources/benefits available to Medicare recipients.
- g) Public awareness initiatives are coordinated by the SHIP staff to inform the public of availability of the program.
- h) Part D enrollment events are held each fall to provide Medicare Part D assistance to beneficiaries.

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

Program development and coordination of services continue to be at the heart of the Southeast Tennessee Area Agency on Aging and Disability. The objective is to maintain a high level of coordination and cooperation with a network of community agencies and service providers to avoid duplication and to maximize available services. Some examples of program creation and coordination are listed below.

- Staff members represent the agency and its constituents in a myriad of ways. They serve on boards, advisory committees, as members of professional organizations and through civic involvement.
- The agency works with many organizations such as the Southeast Tennessee Human Resource Agency to refer persons for energy assistance, assistance with prescription drug purchases and home repairs.
- Health care providers have proven to be good partners in offering health screenings and health care training.
- Local attorneys have provided legal education for the public.
- The AAAD partners with the UT Extension Service to provide Arthritis Exercises classes in several communities.
- Partnership with the University of Tennessee at Chattanooga, Chattanooga State Technical Community College, and the UT College of Medicine – Chattanooga Unit has provided us with opportunities to participate in creating services that benefit seniors as well as younger disabled adults.

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

- The Silver Center (new community center for seniors provided by Blue Cross Blue Shield of Tennessee) – partnering in offering workshops of interest to seniors and family caregivers. The center has become a partner in a “Get Online” project to offer computer training for seniors and will also be participating as a site for Medicare Part D enrollment events.
- UNUM Insurance Company – Partnering in offering caregiver education for employees during lunchtime workshops.
- Boys and Girls Club of Cleveland, Tennessee – SHIP host site and Medicare Part D enrollment site.
- Woods Memorial Hospital, Etowah, Tennessee – partnership in providing an annual Alzheimer’s Caregiver Conference.
- Channel 9 (ABC affiliate) – provides interview time on noon-time program, “This ‘N That,” to discuss issues and to announce upcoming workshops, conferences and events. Channel 9 is also a site for an annual Medicare Part D enrollment event.
- Channel 12 (CBS affiliate) – provides interview time regarding upcoming AAAD events on an early morning news program.

- WNOO- radio station with a predominantly African American Audience – provides hour-long interview and call-in opportunities for NFCSP and SHIP events.
- Chattanooga State Technical Community College – a partner in a current “Get Online” project which is part of the larger “Partners for Livable Communities” effort.
- University of Tennessee at Chattanooga – Social Work and Nursing programs are partners in offering aging conferences (next upcoming conference scheduled for October 1, 2010). UTC professors and instructors also utilize AAAD staff in providing education about long-term care services.
- Sequachee Valley Electric Coop allows the AAAD to be a partner in offering workshops for four (4) annual Senior Expos in rural counties.
- UT Extension Service – partners with the AAAD in providing exercise classes in three counties.
- The Partnership for Families, Children and Adults – works with the AAAD and UTC in planning aging and elder abuse educational events.
- Chattanooga Police Department – allows the AAAD to be a partner in planning and offering workshops for an annual “Grandparents Are Special” workshop and luncheon for grandparents raising grandchildren. The CPD is also a partner in providing community education regarding seniors avoiding common scams.
- The Mid-South Chapter of the Alzheimer’s Association – partners in offering Alzheimer’s education.
- City of Red Bank – working with the AAAD in providing Health Education and Caregiver workshops through the city’s Senior Center.
- Eastgate Senior Center (under the Chattanooga Parks and Recreation Department) – partners by being a SHIP host site.
- Signal Centers, Inc – partners in education regarding assistive technology for seniors and younger disabled adults.

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.

- AARP Tennessee continues to be a partner in advocating for legislation to meet the needs of senior as well as disabled adults.
- Center for Independent Living Research (based in the UT College of Medicine, Chattanooga Unit) – researching needs of seniors to remain independent.

- Choose Chattanooga (an organization with the mission of making the Chattanooga region a livable area for retirees along with encouraging retirees to move to the Chattanooga area) – is a major partner in the ongoing Livable Communities efforts including an upcoming **A Livable Chattanooga for All Ages: Taking the Lead** workshop as well as sustaining work already accomplished through the Livable Communities effort of FY 09. The AAAD is delighted to be part of this program since Livable Communities was identified in the State Aging Plan as a priority.
- The office of the Mayor of Chattanooga and the office of the Hamilton County Mayor – partners in convening and planning the upcoming **A Livable Chattanooga for All Ages: Taking the Lead** workshop and ongoing efforts.
- Ochs Center for Metropolitan Studies – partnering in the upcoming **A Livable Chattanooga for All Ages: Taking the Lead** workshop.

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 a vital part of the Nutrition Program. Most of the participants in the congregate meal program are also volunteers who help with the day to day activities of the program. The Home Delivered volunteers provide a hot meal as well as a daily contact for the home bound consumers.
- The SHIP program recruits, trains and provides ongoing support to Medicare counselors. Host sites are coordinated throughout the region and are staffed by local volunteers. Training is provided on a quarterly basis and ongoing support from staff is always available. In the fall additional volunteers are utilized to address the demand for Part D counseling. Many of the community partners who work in area agencies or businesses assist as volunteers during high demand periods.
- The Public Guardian Program recruits, trains and supervises Volunteer Guardians. The Public Guardian Program also has an Advisory Board made up of local professionals who are called upon throughout the year. The Advisory Board includes the Chief Guardian Deputy of the Chancery Court of Hamilton County, a representative of the Social Security Administration, the Long-Term Care Ombudsman, several social workers and a Certified Residential Appraiser.

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.

- The AAAD is a partner in the Alzheimer's Innovation Grant. The National Family Caregiver Support Program (NFCSP) Coordinator has provided an in-home assessment for families participating in self-directed respite. Managers are investigating ways of continuing to provide self-directed respite for enrolled caregivers and other NFCSP caregivers after the grant ends.

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

- There is no charge for the nutrition program however the suggested contribution is \$1.50 per meal. Contributions average approximately \$100,000 per year.
- There is a cost share for all Homemaker, Options, and Family Caregiver Support Program consumers whose income is over 200% of the Federal Benefit Rate. Approximately 10% of the consumers served by these programs have a cost share.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

AAAD Budget Summary

Operating Budget for FY 2011*

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

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
OLDER AMERICANS ACT				
Area Plan Administration	247,500.00			247,500.00
Coordination/Service Development	444,134.00			444,134.00
STATE FUNDS				
Options for Community Living	178,900.00			178,900.00
MEDICAID				
Elderly & Disabled Waiver				
LOCAL FUNDS				
TOTAL	870,534.00			870,534.00

B: Total Resources to Be Used For Service Delivery:

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
OLDER AMERICANS ACT				
Title IIIB Supportive Services	572,266.00			572,266.00
Title IIIC1 Nutrition Services	511,600.00			511,600.00
Title IIIC2 Nutrition Services	486,700.00			486,700.00
Title IIID Disease Prevention & Health Promotion	32,200.00			32,200.00
Title IIID Medication Management	11,400.00			11,400.00
Title IIIE Family Caregiver	154,800.00			154,800.00
Title VII Elder Rights	43,600.00			43,600.00
STATE FUNDS				
Senior Centers	133,500.00			133,500.00
Nutrition (Home Delivered)	72,400.00			72,400.00
Homemaker	39,000.00			39,900.00
Guardianship	137,900.00			137,900.00
Title III Match	39,300.00			39,300.00
Options for Community Living	770,900.00			770,900.00
OTHER				
Elderly & Disabled Waiver				
NSIP	133,600.00			133,600.00
SHIP	66,000.00			66,000.00
MIPPA	34,850.00			34,850.00
TOTAL	3,240,016.00			3,240,016.00

*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: Southeast
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

Annual Status Report and Highlights

For each of the goals listed in the FY 2010 Area Plan Update provide a status update that reflects the progress and accomplishments toward meeting the goals. Briefly describe any other agency highlights.

Goal 1: Access Services

- **Information and Assistance** received **3,717 calls** through January 31, 2010, surpassing the 3,558 calls we should have received in seven months according to our FY 2010 Area Plan Update.
- **Resource Guide.** The AAAD has published **11,000 copies** of the 2010 edition of *Older Adults: the Resource Guide* and is now in the process of distributing the guide throughout the region.
- **The State Health Insurance Assistance Program (SHIP)** recruited and trained **26** volunteers. The program has opened **7** new host sites and is in the process of soliciting commitments for additional sites.

The SHIP program has initiated a six-month series of weekly radio programs on a station that reaches a primarily minority audience. This program is being well received. One insurance company has asked for recordings of the programs to use in training staff members.

Goal 2: Community Services / Health Promotion

- **Seated Tai Chi Workshop.** To promote better overall health, balance and mobility the AAAD offered an advanced “Seated Tai Chi Leadership Workshop” for senior center staff and volunteers as well as nursing home and assisted living recreation directors.
- **Memory Screening Clinics.** A local neuropsychologist has continued to partner with the AAAD in scheduling Memory Testing Clinics in four (4) counties annually. A new partnership has been established with the Silver Center, a new community service of Blue Cross Blue Shield of Tennessee. The Silver Center is providing classes and events of interest to seniors in the Chattanooga Area. During March 2010 the Silver Center became an additional site for Memory Screening Clinics. An advantage of working with the Silver Center is the fact that all local Blue Cross Blue Shield enrollees receive information about all upcoming events. We hope through this partnership to reach a broader and more diverse population.

- **Arthritis Exercise Classes.** The AAAD has continued to partner with the University of Tennessee Extension Service to provide traditional Arthritis Management Exercise classes as well as classes teaching Tai Chi for persons with arthritis. We have now engaged a person certified by the Arthritis Foundation in offering arthritis exercise programs to lead classes in three (3) additional counties.
- **Disaster Preparedness.** On October 27, 2009 the AAAD provided a *Disaster Preparedness Train the Trainer Course* for senior center directors. They are each to offer a class in their respective centers along with engaging in ongoing Disaster Preparedness planning.
- **Regional Educational Conference.** The AAAD is actively working with the University of Tennessee at Chattanooga Social Work Department and the Partnership for Families, Children and Adults in planning a regional conference for FY 2011 – ***Navigating the Aging Highway.***

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

- **The Statewide HCBS Medicaid Waiver** staff has been working with TennCare in preparation for the initiation of CHOICES on July 1, 2010.

In an effort to aid current Waiver providers, quarterly training has included presentations by the Medical Care Organizations that will be contracting with providers beginning on July 1, 2010.

The AAAD is working with the Medical Care Organizations on obtaining contracts to provide Quality Assurance services for CHOICES providers.

HCBS Waiver staff members have continued to reach out to the public and professionals throughout the region with information about the current HCBS Waiver as well as CHOICES.

The HCBS Waiver staff has continued to enroll persons in the program through facilitated enrollment.

- **The Options for Community Living Program** has served **270** individuals through February, 2010. We have surpassed our FY 2010 annual goal of serving **175** persons.
- **National Family Caregiver Support Program** has been involved in several new ventures.

Through the Alzheimer's Innovation Grant the AAAD has partnered with the MidSouth Chapter of the Alzheimer's Association in offering three local church workshops as a follow-up to the ***African American Clergy and Laity Conference: Learning about Alzheimer's.*** Successful workshops have been offered at Mt.

Eagle Baptist Church, Charleston and in two Chattanooga churches: East Third Street Church of Christ and Mt. Canaan Baptist Church.

The AAAD has formed a partnership with UNUM Insurance Company Health Resource Center to provide Lunchtime Caregiver Workshops. At this point we have offered ***Home Sweet Home – Staying Home as Long as Possible***, which provided basic information on AAAD services. In Partnership with the firm of Chambliss, Bahner and Stophel, we have provided ***Elder Law 101 and Elder Law 102***. Additional workshops are in the planning stages.

The new partnership with the Silver Center provides a new avenue for offering caregiver training. At this point three workshops have been scheduled: ***Seniors and Scams***, presented in partnership with the Chattanooga Police Department, ***Elder Law 101, Part I***, and ***Elder Law 101, Part II***. Additional workshops have been planned.

- **Title III Congregate, Home Delivered Meals and Homemaker Programs** have served **1,335** consumers through February 2010. This means we have already met 74% of our annual goal. The Nutrition Program has added 6 new Home Delivered Meals routes and opened two congregate meal sites through the use of American Recovery and Reinvestment Act (ARRA) funds.

Using ARRA funds the AAAD contracted with a Registered Dietitian to provide quarterly nutrition education programs for each of the congregate meal sites. Nutrition counseling is also available.

Goal 4: Elder Rights

- The Long-Term Care Ombudsman resolved **68** cases during the first six months of FY 2010, putting the program well within reach of meeting the goal of 105 by June 30, 2010.
- Title III Legal Service has been successful in closing **145 cases**, totaling 753 Title III hours of service during the first six months of FY 2010. Additionally, the service provider has participated in 71 education and workshop events, reaching a total of 2,011 participants.

Goal 5: Management Practices

- Program managers have used the FY 10 Area Plan as a measure of accomplishment and as an instrument to redirect efforts to meet stated goals.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 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

As a Single Point of Entry for Tennessee's Long Term Care disability and aging services, increase the number of individuals served through a central source of reliable and objective information about a broad range of programs and services, empowering those served to make informed decisions about existing health and long-term care options.

MEASURABLE Objective One:

As a Single Point of Entry provide outreach, counseling and assistance, screening and intake as well as referral services to a minimum of **6,400** persons, including older adults, younger adults with disabilities, their families, caregivers and other consumers

Strategy 1

Market the Single Point of Entry through a variety of outlets including a minimum of two (2) media outlets, eight (8) health fairs, workshops and other community information events, at least four (4) of which will be conducted in rural counties.

Strategy 2

Market the Single Point of Entry by ensuring outreach to professionals in social services and medical fields, hospital discharge planners and community organizations.

Strategy 3

Explore easier access to the Single Point of Entry through better placement of listing in area telephone books.

Strategy 4

Explore cost and use of a telephone system that will make it possible to place callers in a cue that will pass the caller on to an available Information and Assistance staff member rather than immediately sending them to voice mail.

Strategy 5

Explore the use of television and radio PSA's to market the Single Point of Entry when CHOICES is initiated in Southeast Tennessee.

Strategy 6

Explore the possibility of offering In-Home Needs Assessments for private-pay consumers.

Strategy 7

Through the use of a dedicated phone line and in-person meetings provide information, counseling and assistance to individuals and their families/caregivers that need long-term care services to help such individuals evaluate and access long-term care options.

- Nursing facility care
- The Choices program
- State-funded Options for Community Living
- Older Americans Act Programs
- Private pay long-term care options

Strategy 8

Provide screening intake for persons who are referred or may otherwise qualify for services accessed through the Area Agency on Aging and Disability.

Strategy 9

Use the AAAD website to provide information about aging and disability programs and services as well as a means of referring individuals for such services.

Strategy 10

Distribute 11,000 copies of *Older Adults: the Resource Guide* throughout the region. The guide includes the information on AAAD services as well as contact information.

Strategy 11

Update the statewide resource database annually.

Strategy 12

Explore marketing the Single Point of Entry by placing printed materials in the offices of Chambers of Commerce in the region.

Strategy 13

Explore marketing the Single Point of Entry by placing a link to the AAAD on the websites of Chambers of Commerce, county websites, etc.

Strategy 14

Request that the CONTACT programs in the region offer the AAAD as a resource to inquirers who need Single Point of Entry services.

Performance Measures: Methods for Measurement.

- 1) Maintain a record in SAMS of media outlet audiences, the number of participants in health fairs, workshops, community information events, presentations for social services, medical professionals and community organizations.
- 2) By January 31, 2011 report to the Southeast Tennessee Advisory Committee on Aging and Disability the results of exploring ideas listed in Strategies 3, 4, 5, 12, 13 and 14.
- 3) Maintain a record in SAMS of all telephone and in-person interviews to provide information, counseling and assistance to individuals and their families/caregivers that need long-term care services.
- 4) Maintain a record in SAMS of all screenings for AAAD services.

- 5) Update the statewide resource guide based on information gathered for the annual printed ***Older Adults: the Resource Guide***. A reasonable monthly goal for inputting resource data with progress monitored by the Program Development Manager on a monthly basis.
- 6) Use reports from SAMS to measure progress toward reaching the objective of serving **6,400** persons.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 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

Assist older adults and younger adults with disabilities in maintaining independence and the ability to remain in their own homes for as long as possible through home and community based services.

MEASURABLE Objective One:

As part of the Single Point of Entry the CHOICES program staff will serve a minimum of **360** persons not already Medicaid eligible (not already assigned to a TennCare Medical Care Organization) who need long-term care services by offering the scope of services indicated in the TennCare contract.

Strategy 1

Market the CHOICES program to social services and medical professionals as well as hospital discharge planners

Strategy 2

Provide core services including:

- Outreach through readily available, easy-to-understand information regarding Long-Term Care options
- Counseling and assistance in evaluating Long-Term Care options
- Facilitated enrollment in CHOICES for persons who qualify and who desire Home and Community Based Services.

Performance Measures: methods for measurement

- 1) AAAD staff members will participate in planning opportunities and training events offered by TennCare.
- 2) Reports of activities will be given to TennCare in a timely manner in the form required.

MEASURABLE Objective Two:

To serve a minimum of **175** individuals through the Options for Community Living Program, providing services that will assist consumers in remaining independent as long as possible.

Strategy 1:

Provide a comprehensive plan of services utilizing community resources to assist consumers with maintaining independence for as long as possible.

Strategy 2

Explore the possibility of adding telephone reassurance calls as a service through the Hamilton county and McMinn County CONTACT programs.

Strategy 3

Provide ongoing technical assistance as needed in addition to periodic provider training in an effort to increase the quality of services being delivered.

Strategy 4

Provide information and referral to Options consumers regarding available community services.

Performance Measure: method for measurement.

- 1) A monthly cumulative SAMS report of consumers receiving Options services will be used to monitor progress toward the enrollment goal of **175** participants.
- 2) Case notes, narratives, and service plans will be used to monitor progress of provision of, or referral to, all needed and available services for consumers. SAMS will be used to keep a record of a minimum of quarterly consumer contact

- 3) Documentation will be kept of requests for training and actual training offered to providers through both training sessions and technical assistance.
- 4) Report to the AAAD Advisory Council by January 31, 2011 the results of exploring adding telephone reassurance calls as a service through the Hamilton County and McMinn County CONTACT programs.

MEASURABLE Objective Three:

Through the National Family Caregiver Support Program (NFCSP) serve **1,050** caregivers of seniors and minors with quality services to support them in continuing to provide care, preventing premature placement outside the home for seniors and to help stabilize relative caregiver families (relatives caring for minors). Services will include: Information, Assistance in Obtaining Services, Support through Caregiver Training, Support Groups, Caregiver Counseling, Direct Respite Care and Supplemental Services.

Strategy 1

Through the Information and Assistance Program and through networking with community agencies provide information to individual caregivers and assistance in gaining access to NFCSP and community services.

Strategy 2

Work in partnership with community organizations and service providers to provide caregiver training through at least six workshops and/or conferences with the purpose of assisting caregivers in making decisions and solving problems related to their role as caregivers.

Strategy 3

Provide respite services for caregivers of older adults through contracts with local service providers with the guiding principle to be that of caregiver choice. Respite services will include: personal care, homemaker, adult day care, overnight respite, in-home respite, telephone reassurance, in-home visits and transportation.

Strategy 4

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

Strategy 5

Explore the possibility of adding telephone reassurance calls as a service through the Hamilton county and McMinn County CONTACT programs.

Strategy 6

Provide supplemental funding for the Hamilton County and Southeast Region Relative Caregiver Programs (Department of Children's Services program) to assist in providing direct services, (support groups for caregivers and minors along with caregiver training), to support grandparents and other relatives (age 55 and above) raising children.

Performance Measure: method for measurement.

- 1) Maintain a record in SAMS of all Information and Assistance calls by caregivers to facilitate comparison of the call log volume on a quarterly basis in order to document service to a minimum **500** caregivers by June 30, 2011.
- 2) Maintain a record in SAMS of enrollment of caregivers of seniors for in-home services and participation in support groups and caregiver training to monitor progress toward the annual goal of serving **400** persons.
- 3) Service plans, assessments, and case notes of caregiver contacts will be used to monitor quality and quantity of service provided.
- 4) Maintain a record in SAMS of all caregivers of minors to monitor progress toward the annual goal of serving **150** caregivers.
- 5) Report to the AAAD Advisory Council by January 31, 2011 the results of exploring adding telephone reassurance calls as a service through the Hamilton County and McMinn County CONTACT programs.

MEASURABLE Objective Five:

To serve **1,900** consumers through Title III Congregate Meals, Home Delivered Meals, ARRA Nutrition and Homemaker Programs.

Strategy 1

Encourage service providers to reach out to additional persons who would benefit from participation in the congregate meals program.

Strategy 2

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

Strategy 3

Work with service providers and consumers to monitor quality of service.

Strategy 4

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

Performance Measure: method for measurement.

- 1) Monitor record in SAMS of consumers participating in the nutrition and homemaker programs to gauge progress toward the numerical goal of **1,900** consumers.
- 2) Review assessments to establish eligibility for services.
- 3) Monitor assessment narratives to review consumer satisfaction comments.
- 4) Keep a record of training and technical assistance offered to service providers.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 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

Empower older people to stay active and healthy by encouraging an active lifestyle and by offering chronic disease management education, health screenings and counseling regarding Medicare and other insurance benefits.

MEASURABLE Objective 1:

Senior centers and nutrition sites will be encouraged to increase health promotions, chronic disease management training and an active lifestyle with the objective of reaching a minimum of **300** persons.

Strategy 1

AAAD staff will provide training regarding health promotions, disease prevention, active lifestyle activities and will request proposals from senior center directors and nutrition site coordinators to provide such programs as a way to both reach out to their respective communities and serve the current participant populations.

Strategy 2

Partner with the University of Tennessee Extension Service and county health departments to provide health education in senior centers.

Strategy 3

Two senior centers/nutrition sites will be targeted to promote senior fitness and positive lifestyle management. Available Health Promotions funds will be distributed to these centers and AAAD staff will provide technical assistance in support of the local initiatives.

Performance Measure: method for measurement

- 1) Maintain participant records in SAMS in order to measure progress toward the goal of reaching a minimum of **300** persons.

MEASURABLE Objective 2:

Continue to partner with a neuropsychologist and community agencies to provide five (5) Memory Screening Clinics in four (4) counties in the Southeast region with a goal of screening **100** persons.

Performance Measure: method of measurement

- 1) Maintain a record in SAMS of the number of consumers participating in the Memory Screening Clinics to measure progress toward reaching the goal of **100** participants.

MEASURABLE Objective 3:

Distribute Health Promotions materials through the Home Delivered Meals Program in order to reach **800** persons who may rarely have access to such materials.

Performance Measure: method for measurement

- 1) Maintain a record in SAMS of Health Promotions materials distributed through the Home Delivered Meals program to measure progress toward reaching a minimum of **800** persons.

MEASURABLE Objective 4:

Based on TCAD receiving the Chronic Disease Self-Management Grant from the Administration on Aging, participate in the training program using the evidence-based prevention Stanford model with a goal of reaching 200 persons. Subjects to be covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation; 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance; 3) appropriate use of medications;

4) communicating effectively with family, friends and health professionals; 5) nutrition; and, 6) how to evaluate new treatments.

Performance Measure: method for measurement

Maintain a record in SAMS of the number of persons reached to measure progress toward the goal of 200 participants.

MEASURABLE Objective 5:

Provide objective public education through community programs, the media, one-on-one counseling, information distribution and assistance to **21,600** Medicare consumers, potential consumers, their families other advocates and the general public through the State Health Insurance Assistance Program (SHIP).

Strategy 1

Provide objective public education through community programs, the print media, community programs, television and radio interviews.

Strategy 2

Recruit, train and retain volunteers to provide comprehensive information about Medicare and to assist individuals with Medicare challenges at various counseling locations throughout the Southeast region.

Strategy 3

Design and implement community outreach to individuals eligible for Medicare Part D Low Income Subsidy, Medicare Savings Programs and other benefits.

Strategy 4

Disseminate information about Medicare and related insurance and benefits that help maintain health aging.

Strategy 5

Assist beneficiaries with finding affordable prescription drugs during coverage gaps and access to drugs not covered under Medicare Part D.

Performance Measure: method for measurement.

- 1) Document all public education and media events in SHIPTalk with the objective of reaching **20,000 persons**.
- 2) Document one-on-one counseling in SHIPTalk in accordance with SHIP/SMP directives to measure progress towards the objective of reaching **1,600 persons**.
- 3) On a bi-weekly basis submit the SHIP – TCAD Conversation Report, providing up to date information on volunteers who have received training as well as identifying the current activity of volunteers.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 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

Strengthen AAAD Elder Rights services and partner with other agencies and organizations that work to prevent elder abuse, neglect and exploitation.

MEASURABLE Objective 1:

Serve **70** elderly persons through the Public Guardianship for the Elderly Program who, due to lack of capacity to make informed decisions, are unable to manage health and/or financial decisions and have no suitable family, friend, bank, or corporation to act on their behalf.

Strategy One

Protect disabled persons, age 60 or older, through care and management of person and/or property as appointed through the court system.

Strategy Two

Manage medical treatments including scheduling appointments, providing transportation, and obtaining prescriptions.

Strategy Three

When possible recover assets when an elderly person has been financially exploited.

Strategy Four

Share information about the program with long-term care facilities and the appropriate courts in those counties in which we currently have no wards

Strategy Five

Maintain a program through which volunteers will either be appointed by the court as Conservator of the Person or will visit wards under the supervision of the Public Guardian.

Performance Measure: method for measurement.

- 1) On a monthly basis review the record of the total number of persons served to measure progress toward reaching the objective of serving **70** individuals.
- 2) Maintain a record of all persons trained to serve as volunteers.
- 3) Maintain a record of all outreach activities to assure that unserved counties are aware of available services.

MEASURABLE Objective 2:

Provide legal counsel for **250** persons and reach **1,200** persons through public education events with a total of **2,500** units of service.

Strategy 1

Through the AAAD contract with a qualified legal services agency to provide Title III legal services for seniors including legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Performance Measure: method for measurement.

- 1) Review quarterly reports from the legal services provider to measure progress toward reaching the objective of providing legal counsel to **250** persons and reach another **1200** persons through community education.

MEASURABLE Objective 3:

Serve a minimum of **300** persons and resolve a minimum of **105** consumer complaints through the various services provided through the Long-Term Care Ombudsman Program including: community education, the volunteer program and visits to facilities.

Strategy 1

Continue to contract with a qualified agency to provide Long-Term care Ombudsman services: recruiting and training volunteers, visiting facilities, receiving and resolving complaints, providing community education about the program, and consulting with relatives/friends of clients.

Performance Measure: method for measurement

- 1) Review Long-Term Care Ombudsman reports to measure progress toward reaching the objective of serving **300** individuals and resolving **105** consumer complaints. Consult with the LTC Ombudsman Program supervisor to determine a plan of correction if the measurable objective is not being met.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 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

Ensure that every level of service provided is focused on the well-being and satisfaction of the service recipients through customer service and effective management of financial and human resources.

MEASUREABLE Objective One:

Effectively lead the AAAD in providing Older Americans Act, Medicaid and state programs for older persons and younger adults with disabilities.

Strategy 1

Through regular planning sessions AAAD Program Managers will review progress toward reaching accomplishing the five (5) major Area Plan goals.

Strategy 2

Use Satisfaction Surveys to determine effectiveness of AAAD services.

Strategy 3

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

Strategy 4

Submit the State Reporting Tool and other required reports to TCAD in a timely manner.

Performance Measure: method for measurement.

- 1) Based on regular review of progress toward accomplishing Area Plan goals, assign responsibilities to program managers to facilitate progress.
- 2) Results of Satisfaction Surveys will be shared with Program Managers and the AAAD Advisory Council by June 30, 2011.
- 3) On a quarterly basis review progress toward following suggestions and recommendations included in the Annual Quality Assurance Assessment by TCAD.

PSA: Southeast Tennessee
 Plan Period: FY 2011 – 2011

(X) Original, Dated: March 31, 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)	2,520
b. Number of older individuals residing in rural areas in the planning and service area (use 2000 Census population data)	33,965
c. Number of older individuals who speak English less than very well (use 2000 Census population data)	339
d. Number of low-income minority older individuals served (use State Reporting Tool data)	611
e. Number of individuals residing in rural areas served (use State Reporting Tool data)	2,684

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
1) Focus on continuing regional service delivery systems located in rural and primarily minority locations in order to target vulnerable minority and isolated populations.	AAAD staff members and volunteers remained committed to increasing low-income minority and rural participation on all levels of service delivery. Service delivery in rural and primarily minority locations has continued. Additionally: <ul style="list-style-type: none"> a) Staff members have continued to promote use of services in these locations through community information events. b) Agency staff members participate in community organization and agency meetings as a means of being informed of the diverse needs of the service area.

	<p>c) Using ARRA funds the AAAD has opened a new congregate meals site in a high-rise apartment building with a large number of minority residents.</p> <p>d) Through Quality Assurance senior centers have reviewed goals and practical methods for reaching minority persons.</p>
<p>2) Provide in-service training for home health and social service agencies (regarding SETAAAD programs and services with an emphasis on the HCBS Medicaid Waiver and the Relative Caregiver Program) with a goal of increasing the number of persons referred.</p>	<p>Staff members have provided 40 programs for home health and social service agencies to present all programs with an emphasis on the HCBS Medicaid Waiver.</p> <p>Relative Caregiver staff members have reached out through 111 community programs, meetings with agencies, etc., in an effort to reach additional rural and minority enrollees.</p>
<p>3) Contract with the Partnership for Families, Children and Adults to reach low income and minority individuals with National Family Caregiver Support Program Services.</p>	<p>The AAAD has continued to contract with the Partnership for Families, Children and Adults to provide NFCSP services to minority caregivers and to some of the neediest residents of Hamilton County.</p>
<p>4) Endeavor to publicize services and events through both rural and minority media outlets in an effort to reach all targeted populations.</p>	<p>The AAAD publicizes its services, events and educational programs through radio stations and publications that have a primarily minority audience. Rural newspapers and radio stations have also been used to reach this population.</p>
<p>5) Partner with the Sequachee Valley Electric Coop (SVEC) to provide workshops and information about AAAD services as part of the Senior Expos SVEC offers in four (4) rural counties.</p>	<p>The AAAD partnered with the SVEC to provide two (2) workshops (“What’s the Difference Between Dementia and Alzheimer’s” and “For Better Health Give Seated Tai Chi a Try”) for each of four (4) Senior Expos. The AAAD provide booths for each Expo to disseminate service information.</p>

<p>6) In partnership with other agencies and service providers, offer health promotions events, caregiver workshops and support groups that will reach both seniors in rural areas and low-income minority individuals.</p>	<p>The AAAD partnered with the UT Extension Service in three counties to offer Arthritis Exercise classes and Tai Chi for Arthritis.</p> <p>Two rural senior centers received funding to plan health promotions activities and events throughout the year.</p> <p>The AAAD partnered with Woods Memorial Hospital Senior Care Program in McMinn County to offer an all-day caregiver conference, "Walking Through the Sands of Time."</p> <p>Once again, the AAAD partnered with the Chattanooga Police Department to offer the "Grandparents are Special" workshop and luncheon. This event draws a primarily minority audience.</p> <p>Support Groups are offered monthly through our regions for Grandparents and other Relatives raising children.</p>
<p>7) Target African American and Hispanic caregivers for Caregiver Respite Services through the Alzheimer's Demonstration Grant</p>	<p>The grant provided funding for ten (10) caregiver families to utilize self-directed respite care. All ten caregiver slots were filled.</p>
<p>8) Work in partnership with the Mid-South Chapter of the Alzheimer's Association to provide, as a follow-up to the African American Clergy Conference, four (4) Alzheimer caregiver workshops targeting the African American community.</p>	<p>After the highly successful African American Clergy/Lay Leaders Alzheimer's Conference the National Family Caregiver Support Program Coordinator and AAAD Director have worked with the Alzheimer's Association to provide three (3) successful follow-up workshops: Mount Eagle Baptist Church in Charleston, TN; Third Street Church of Christ, Chattanooga and Mt. Canaan Baptist Church, Chattanooga. The fourth workshop is scheduled for April at Westside Baptist Church, Chattanooga.</p>

PSA: Southeast
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 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?**

The AAAD collaborates with community service programs in every county to more effectively disseminate information about programs available to minority populations.

Minority owned service provider agencies with which the AAAD contracts to provide services are active participants in receiving and sharing information with the communities in which we serve.

Annually, outreach efforts are targeted in rural, ethnic, and minority communities that provide specific information about access and information to local residents.

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

The AAAD contracts with 18 minority owned businesses to provide an array of services for seniors and younger disabled adults.

Minority persons make up 12% of the membership of the AAAD Advisory Council on Aging and Disability.

The AAAD staff is composed of six (6) minority persons and 26 non-minority persons. One hundred percent of the minority staff members are female.

As indicated in the census data there are 10,637 minority persons in the southeast TN area that are 60+. This represents 10.5% of the 60+ population in the southeast region. As already reported the AAAD currently has 12% minority representation on the AAAD Advisory Council and 23% minority representation on the staff.

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 annual Quality Assurance assessment of senior centers is used to monitor progress toward reaching goals in serving minority populations.

The Annual SRT report to TCAD includes information about minority populations being served. This report is used to monitor the success of efforts to reach these populations as well as being the basis for planning for future success.

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
The Single Point of Entry will provide outreach, counseling, screening and intake as well as referral services to low-income, minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas.	Market the Single Point of Entry through a variety of outlets including media, health fairs, distribution of "Older Adults: The Resource Guide," workshops and other community information events that will reach the target populations.	Pippin, Woods, Scogin, Berryhill
Assist low income minority older individuals, older individuals with limited English proficiency and older individuals residing in	Provide in-service training about AAAD Home and Community Based Services for home health and social service	Woods, McWhorter, Pippin

rural areas to maintain independence through home and community based services.	agencies with a goal of increasing referrals of members of target populations.	
Target low income minority persons and persons with limited English proficiency living in urban neighborhoods who need National Family Caregiver Support Program Services.	Contract with the Elderly Services, PARTNERSHIP for Families, Children and Adults/	Witt
Reach out to low-income minority as well as non-minority rural residents with workshops and information about AAAD services.	Partner with the Sequachee Valley Electric Coop (SVEC) to provide workshops and information about AAAD services as part of the Senior Expos SVEC offers in four rural counties.	Witt, Pippin
Offer caregiver workshops and support groups to target low income minority and residents of rural area.	Partner with faith communities and other agencies to provide support groups and caregiver workshops	McWhorter, Pippin, Witt
Make a concerted effort to encourage an active lifestyle among low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas.	Work with senior centers to provide health screenings, chronic disease management and exercise classes.	Pippin
Reach the targeted populations with education and counseling regarding Medicare and other insurance benefits along with assistance in obtaining medications not covered by insurance.	Continue to recruit and train volunteers to serve in State Health Insurance Assistance Program host sites that are accessible to target populations.	Pippin Geter Spring

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: Southeast
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 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	
Orientation Training for all new staff	New Hires			As needed
SETAAAD Staff Training	29			09/10, 12/10, 03/11, 06/11
SHIP			20	Quarterly
Senior Center Directors		13		Monthly Conf. Call
Quarterly Training for Senior Center Directors/Nutrition Coordinators		20		09/10, 12/10, 03/11, 06/11
Public Guardianship Volunteers			16	Annual
TCAD training for Title III, Options, NFCSP, QA and I & A, Guardianship staff	29			When dates set by TCAD
Annual Alzheimer's Education Conf.	12			11/10
National Guardianship Conf.	1			10/10
Southeast Association of AAAs	2			09/10
National Association of AAAs	1			07/10
NASWT CEU Training	5			Various times throughout the year.
The Journey of Aging	14			10-01-10

Part E: DOCUMENTATION

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

PSA: Southeast
 PLAN PERIOD: FY 2011 - 2014

(X) Original, Dated: March 31, 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

The Southeast 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



March 30, 2010

Date _____

AAAD Director



March 30, 2010

Date _____

Grantee Agency Director

PSA: Southeast
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

Availability of Documents

Southeast 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

Steve Witt

AAAD Director

Date March 30, 2010

Beth Jones

Grantee Agency Director

Date March 30, 2010

PSA: Southeast
Plan Period: FY 2011 - 2014

() Original, Dated: March 31, 2010
() Update, Dated:

Title VI of the Civil Rights Act of 1964 Compliance

The Southeast 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 Southeast 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 of race, color, or national origin.


The Southeast 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 March 30, 2010



Grantee Agency Director

Date March 30, 2010

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.

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
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

PSA: Southeast
Plan Period: FY 2011 - 2014

(X) Original, Dated: arch 31, 2010
() Update, Dated:

Public Hearings on Area Plan

A. PUBLIC HEARING INFORMATION

Date of Public Hearing	February 25, 2010
Time when hearing was held	11:30 am – 1:00 pm
Place where hearing was held	Etowah Senior Center, McMinn County
Was Place Accessible?	Yes
Type of Notice(s) or Announcement(s)	Newspaper ad, fliers and telephone calls to local elected officials
Date(s) of Notices or Announcements (attach copy)	Newspaper – February 10, 2010 Fliers – February 10,2010 Phone Calls to Elected Officials

B. ATTENDANCE*

County	# of Advisory Council Members from County	Total from County**
McMinn	2	46
Monroe		2
Polk		1
Total # Advisory Council Members in column 2	2	
Total Attendance*		49

* 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. (See F-1 Attachment)

C. DESCRIPTION

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

It was exciting to have forty-nine (49) participants in the public hearing. It is noteworthy that the participants included:

- 1) County Mayor of McMinn County
- 2) Dale Holbrook, McMinn County Commissioner
- 3) Representative of CONTACT HELPLINE
- 4) A representative of the Athens Chamber of Commerce
- 5) An RN from a McMinn County dialysis clinic
- 6) The President and four (4) additional members of the Etowah Senior Center Board of Directors

D. SUMMARY of PUBLIC COMMENTS

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

Comments from participants were all centered on Access and Home and Community Based Services

ACCESS

- When people call the AAAD – Single Point of Entry – callers should be able to speak immediately to a staff person.
- Several people stated that they do not like to call a company or agency and receive instructions to “press one” (etc.) if the caller wishes to speak to a particular person or program representative.
- Prefer not to get voice mail when calling the AAAD.

HOME AND COMMUNITY BASED SERVICES

- Would like a service that an individual could call when they need someone to go shop for groceries, items at the drugstore, etc.
- It would be great to have someone come and cook meals in the home.
- See the need of providing assistive technology to help persons remain at home.
- Discussed home modifications that could be provided to help persons remain at home.
- Reassurance calls by CONTACT HelpLine volunteers.

E. SUMMARY of CHANGES

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

- An additional strategy was listed under ACCESS services as a result of the Public Hearing. AAAD staff will explore cost and use of a telephone system that will make it possible to place callers in a cue that will pass the caller on to an available Information and Assistance staff member rather than immediately sending them to voice mail.
- Strategies were added under the National Family Caregiver Support Program and the Options for Community Living Program as a result of the suggestion during the Public Hearing that the AAAD staff explore a partnership with both the Hamilton County and McMinn County CONTACT organizations to provide telephone reassurance calls to clients of both programs.

Exhibit F-1 Attachment

Public Hearing Documentation

Copy of the Newspaper Notice of the Public Hearing

Copy of the Flyer Announcing the Public Hearing

Agenda for the Public Hearing

Wednesday, February 10, 2010

Etowah

Senior Center hosts Feb. 25 aging, disability hearing

Special to The DPA

The Southeast Tennessee Area Agency on Aging and Disability has planned a public hearing for Thursday, Feb. 25, from noon to 1 p.m. at the Etowah Senior Center, located 435 Cooper Street in Etowah.

The meeting will be preceded at 11:30 by a free luncheon for the first 50 persons who make a reservation. Make a reservation by calling the Etowah Senior Center at 263-1209.

The purpose of the public hearing will be to review the major objectives of the Southeast Tennessee Area Agency on Aging and Disability as listed in the Area Plan for

Topics to be discussed include:

- Progress on meeting current goals.
- Access to Services.
- Health Promotion and Disease Prevention.
- Home and Community Based Services.
 - (a) Nutrition Program.
 - (b) Homemaker Services.
 - (c) National Family Caregiver Support Program.
 - (d) Options for Community Living.
 - (e) Statewide Home and

PUBLIC HEARING

**SOUTHEAST TENNESSEE AREA
AGENCY ON AGING AND DISABILITY**

**AREA PLAN
FY 2011 - 2014**

THURSDAY, FEBRUARY 25, 2009

**ETOWAH SENIOR CENTER
435 Cooper Street**

TIME: 12:00 – 1:00 pm

***Lunch will be provided at 11:30 am
for the first 50 persons who make a reservation.***

**Please make your lunch reservation by calling the
Etowah Senior Center 263-1209**

**PURPOSE: To review the major objectives of the
Southeast Tennessee Area Agency on Aging
and Disability as listed in the Area Plan for
Progress Toward a Comprehensive,
Coordinated Service System for Older
Persons and Adults with Disabilities.**

THE PUBLIC IS WELCOME TO ATTEND

**SOUTHEAST TENNESSEE AREA AGENCY ON AGING
AND DISABILITY**

PUBLIC HEARING AGENDA

February 25, 2010

**Etowah Senior Center
Etowah, Tennessee**

AREA PLAN

July 1, 2010 through June 30, 2014

I. Introduction of AAAD staff members and Advisory Council Members

II. Older Americans Act – and Services Funded Under the Act

III. Functions and Responsibilities of the AAAD

V. The Area Plan – 2010 Update

A. Purpose of the Area Plan

B. Time Period Covered by the Plan

C. Why a Public Hearing is required

D. Review of Goals (National, State and Local)

- Access Services
- Home and Community Based Services
- Health Promotion and Disease Prevention
- Elder Rights
- Strengthen the Effectiveness of Management Practices

VI. Adjourn

PSA: Southeast
Plan Period: FY 2011 - 2014

(X) Original, Dated: March 31, 2010
() Update, Dated:

Advisory Council Participation in the Area Plan Process

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

1. Date(s) when the Area Plan was reviewed by the Advisory Council.
January 25, 2010
2. Attach an agenda of the Area Plan review meeting or describe the review process. (See F-2 Attachment)
3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.
 - 1) Betty Severyn, Chairperson
 - 2) Otto Appelt
 - 3) Ben Bright
 - 4) Catherine Brown
 - 5) Jackie Callaway
 - 6) Diane Cornell
 - 7) Almeda Frazier
 - 8) Don Gentry
 - 9) Merna Jaquish
 - 10) Ardis Knight
 - 11) Edward Lusk
 - 12) Marilyn Monday
 - 13) Alene Smith
 - 14) Diana Truelove
 - 15) Anita Waugh
 - 16) Burkett Witt
4. Provide a summary of comments made by advisory council members about the completed plan.

The members of the Advisory Council offered many comments and ideas about AAAD services, goals, measurable objectives and strategies. Comments all pertained to three topics: Access Services, Home and Community Based Services and Senior Centers.

ACCESS SERVICES

Ideas centered on getting the word out to the public about services offered through the Single Point of Entry.

- Get information out about services through local churches.
- Use of local newspapers to reach communities with information about services.
- Use of local radio stations.
- Most Chambers of Commerce make printed materials available. The AAAD should provide materials for display.
- AAAD link on Chambers of Commerce websites.
- Presentations about services to local clubs.
- AAAD link on County websites.
- Some local phone companies include consumer information with invoices. This could be an outlet.
- Work with Public Television – Channel 45.
- Continue to work with NewsChannel 9 for interviews on the “This ‘n That” noon program.
- Market the Single Point of Entry among hospital discharge planners
- Check use of telephone book listings. The agency needs to be easy to find. Make sure the ad lists hours of operation. Callers should be able to reach a person and not hear, “Press One,” etc. when calling.
- Publicize “free” help for seniors.
- Health Fairs.
- Transportation to events.
- Booth at county fairs.
- Senior Day.
- Senior Olympics as a place to market.
- Women’s seminars
- Market through hospice services.
- Be sure CONTACT knows the AAAD as a referral.

HOME AND COMMUNITY BASED SERVICES

- CONTACT reassurance calls.
- Provisions of Adult Day Care during Caregiver workshops.
- Programs about legal issues for grandparents raising grandchildren. Child care should be provided during workshops,
- Caregiver training about the need of caregiver physical and mental health.
- Need of caregiver training about how to do things like moving a care receiver without hurting the care receiver or caregiver.
- Safety issues in the home
- Need of grab bars, ramps and assistive devices.
- Need for remodeling homes so individuals can stay at home.
- Concerns about caregiver abuse and neglect should be addressed.
- Referral to the VOCA program (Victims of Crime), the Partnership for Families, Children and Adults.
- Importance of assessing caregivers was discussed.

Senior Centers – Needs and Ideas for activities

- Educational programs.
- Entertainment.
- Better Meals.
- Crafts – ceramics.
- Exercise equipment – DVDs used to lead exercises – choices for participants.
- Current members reaching out to invite new persons
- Need for after hours events – Saturday events
- Dances.
- Funding for Senior Centers is a big issue.
- Fundraising by each center.

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

- Additional strategies were listed under ACCESS services as a result of the Public Hearing.
 - AAAD staff will explore cost and use of a telephone system that will make it possible to place callers in a cue that will pass the caller on to an available Information and Assistance staff member rather than immediately sending them to voice mail.
 - AAAD staff will contact local Chambers of Commerce about providing materials for display. The staff will also explore adding a link to our website on Chambers of Commerce and county websites
- Strategies were added under both the National Family Caregiver Support Program and the Options for Community Living Program as a result of the suggestion during the Public Hearing that the AAAD staff explore a partnership with both the Hamilton County and McMinn County CONTACT organizations to provide telephone reassurance calls to clients of both programs.

Exhibit F-2 Attachment

**Documentation of Advisory Council Participation
in the Area Plan Process**

Copy of the Agenda for the Area Plan Discussion

**Southeast Tennessee Advisory
Council on Aging and Disability**

January 25, 2010

1:00 PM

Discussion of the Area Plan for FY 2011 – FY 2014

- | | |
|--------------------------------------------|---------------|
| I. Welcome and Call to Order | Betty Severyn |
| II. Moment of Silence | |
| III. Roll Call | Jamie Tyson |
| IV. Approval of Minutes | Betty Severyn |
| V. The Area Plan Discussion | |
| A) The Basics – Older Americans Act | |
| B) Discussion of Goals and Objectives | |
| 1) Access Services | |
| 2) Home and Community Based Services | |
| 3) Health Promotion and Disease Prevention | |
| 4) Elder Rights Plan | |
| VI. Council Bylaws | Betty Severyn |
| VII. Announcements | Betty Severyn |
| VIII. Adjourn | |

Next Meeting: Monday, March 15, 2010

PSA: Southeast
Plan Period: FY 2011 - 2014

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

Request for Waiver for FY _____
DIRECT PROVISION OF SERVICE

1. AAAD:

2. Direct Service to be Provided by AAAD: (Please use a separate waiver request form for each service to be provided directly).

3. List all agencies in PSA now providing this service and the extent that each is providing service (funding level and area served).
 - a.

 - b.

 - c.

4. Based on your responses in item 3, explain how the AAAD determined that the current level of service available is inadequate to meet the need.

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

6. If service of comparable quality can be provided more economically by the AAAD, please document by providing an analysis which includes:
 - a. costs comparison;

 - b. quality comparison;

 - c. method by which the analysis was conducted.

7. Explain the AAAD plan to phase out the direct provision of this service and to assure adequate service provision through a contracted provider agency in the PSA.
8. Attachments: At the end of Request for Waiver(s) attach the following items.
 - a. List all agencies, providers, and individuals that received personal notice of public hearings (attach copy of letter sent).
 - b. List all publications which carried public notice of public hearings and indicate circulation of each. (Attach a copy of notice).
 - c. Record of public hearings. The record shall detail all written and oral testimony regarding the Area Agency on Aging and Disability's intention to request the waiver specified above.

SIGNATURES

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

PSA: Southeast
Plan Period: FY 2011 - 2014

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

Request for Waiver for FY _____
REQUIRED MINIMUM EXPENDITURES FOR PRIORITY SERVICE

1. AAAD: _____
2. Service Category: _____
3. Required Minimum Percentage for this Service: _____%
4. Required minimum expenditure for this priority service using the required minimum percentage: \$ _____
5. Actual expenditure of Title III (federal funds only) for this service during the past fiscal year: \$ _____
6. Expenditure amount requested under this waiver \$ _____
7. Justify the request for waiver by explaining the:
 - a. Projected impact on other services, using documented facts and figures (attach documentation);
 - b. Projected impact on this service, using documented fact and figures (attach documentation), and
 - c. Projected impact on level of service need and availability throughout the PSA.
8. Outline AAAD plan for achieving the required minimum funding level by the next fiscal year.
9. Attachments: At the end of Request for Waiver(s) attach the following items.
 - a. List all agencies, providers, and individuals that received personal notice of public hearings (attach copy of letter sent).

- b. List all publications which carried public notice of public hearings and indicate circulation of each (attach a copy of notice).

- c. Record of public hearings. The record shall detail all written and oral testimony regarding the Area Agency on Aging and Disability's intention to request the waiver specified above.

SIGNATURES

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

PSA: Southeast
Plan Period: Fy 2011 - 2014

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

Request for Waiver for FY _____
PROVISION OF PRIORITY SERVICE

1. AAAD: _____
2. Priority Service to be Waived: _____
3. List all agencies in PSA now providing this service and the extent that each is providing service (funding level and area served).
 - a.
 - b.
 - c.
4. Explain how the need for this service by targeted population is being met throughout the PSA, and how the AAAD evaluated the ability of current provider agencies to meet that need.
5. Attachments: At the end of Request for Waiver(s) attach the following items.
 - a. List all agencies, providers, and individuals that received personal notice of public hearings (attach copy of letter sent).
 - b. List all publications which carried public notice of public hearings and indicate circulation of each. (Attach a copy of notice).
 - c. Record of public hearings. The record shall detail all written and oral testimony regarding the Area Agency on Aging and Disability's intention to request the waiver specified above.

SIGNATURES

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

PSA: Southeast
Plan Period: FY 2011 - 2014

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

**Request for Waiver for FY _____
NUTRITION SITE**

AREA AGENCY: _____ COUNTY: _____

NAME AND ADDRESS OF
NUTRITION SITE: _____

1. Average Number of Congregate Meals Served Daily During Last Quarterly Reporting Period _____
2. Average Number of Home-Delivered Meals Sent Daily from Site (Last Quarterly Reporting Period) _____
3. Explain why the nutrition site's combined average of congregate and home-delivered meals is below 20.
4. Provide documentation of outreach and publicity activities undertaken to promote nutrition site attendance. Include in the documentation when the activity was conducted, who conducted the activity, and the number of potentially eligible persons contacted.
5. List all costs involved in keeping the site open, e.g. site manager's salary, rent, utilities, and insurance.
6. Discuss possibility of merging site with another nutrition site. How close is the nearest site? Do participants have their own transportation to the site or are they transported by other provider agencies?

Attach additional pages as necessary.

SIGNATURES

Area Agency Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

PSA: Southeast
Plan Period: FY 2011 - 2014

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

**Request for Waiver for FY _____
STATE RULE, REGULATION OR POLICY REQUIREMENT**

1. AAAD: _____
2. State Rule, Regulation and/or Policy for which waiver is requested:

3. Reference Location and Number of Specific Rule, Regulation or Policy:

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

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

SIGNATURES:

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

PSA: Southeast
Plan Period: FY 2011 - 2014

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

Request for Waiver FY _____
COST SHARE REQUIREMENT

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

SIGNATURES

AAAD Director

Date

Chief Administrative Officer of Grantee Agency

Date

Advisory Council Chairperson

Date

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.

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
G-1	Financial Report File