

Tennessee State Plan on Aging 2009 – 2013



*Submitted to the U.S. Administration on Aging by the
Tennessee Commission on Aging and Disability*



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LINK

The State Plan on Aging 2009 – 2013 and Appendices and the Comprehensive Needs Assessment may be found at TCAD’s website: www.tn.gov/comaging



In spite of illness, in spite even of the archenemy sorrow, one can remain alive long past the usual date of disintegration if one is unafraid of change, insatiable in intellectual curiosity, interested in big things, and happy in small ways.

Edith Wharton, *US Novelist (1862 – 1937)*

State of Tennessee

Policy of Non-Discrimination

Pursuant to the State of Tennessee's policy of non-discrimination, the Tennessee Commission on Aging and Disability does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its policies, or in the admission or access to, or treatment or employment in, its programs, services, or activities.

Equal Employment Opportunity/Affirmative Action inquiries or complaints should be directed to the Tennessee Commission on Aging and Disability EEO/AA Officer, Nashville, Tennessee 37243-0860, 615-741-2056. ADA inquiries or complaints should be directed to the Tennessee Commission on Aging and Disability ADA Coordinator at the same location.

Assistance for those with speech, hearing and visual impairments is available through the Tennessee Relay Center at 1-800-848-0299.

Tennessee Commission on Aging and Disability

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Verification of Intent


The State Plan on Aging is hereby submitted for Tennessee for the period **October 1, 2009, through September 30, 2013**. It includes all assurances and plans to be conducted by the Tennessee Commission on Aging and Disability under provisions of the Older Americans Act, as amended, during the period identified. The Tennessee Commission on Aging and Disability has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purpose of the Act; i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in Tennessee.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

The State Plan on Aging 2009 – 2013 hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

June 12, 2009

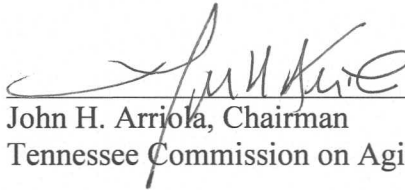
Date



Michael Hann, Executive Director
Tennessee Commission on Aging and Disability

June 12, 2009

Date

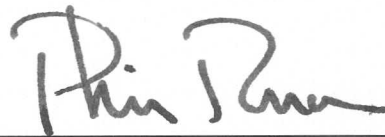


John H. Arriola, Chairman
Tennessee Commission on Aging and Disability

I hereby approve this State Plan on Aging 2009 – 2013 and submit it to the Administration on Aging for approval.

25 June 09

Date



Phil Bredesen, Governor
State of Tennessee

About This Plan

TENNESSEE STATE PLAN ON AGING *October 1, 2009 – September 30, 2013*

The Tennessee State Plan on Aging 2009 – 2013 is one of the key planning documents for the Tennessee Commission on Aging and Disability (TCAD) and complies with the Administration on Aging guidance and directives in AoA-PI-09-01. As the designated state unit on Aging, TCAD has prepared this plan to guide its actions toward fulfilling the legislation outlined in the Older Americans Act.

TCAD prepared the state plan after conducting a statewide, Comprehensive Needs Assessment. TCAD contracted with the University of Tennessee, College of Social Work Office of Research and Public Service (SWORPS) in September 2008 to perform the various activities incremental to the study. The needs assessment includes a literature review, a web-based key informant survey followed up with key informant focus groups by grand division, and selected social and health indicators. These components all support the U.S. Administration on Aging (AoA, 2007) strategic goals and objectives.

The plan was prepared by Commission on Aging and Disability staff under the direction of Michael Hann, Executive Director of TCAD with the involvement of state and regional stakeholders. In February 2009, TCAD staff began meeting to review the state plan format and the Technical Assistance Support Center (TASC) Planning Zone resources, create a timeline, and begin to develop goals and objectives. The Comprehensive Needs Assessment was completed March 31, 2009 and distributed statewide. The funding formula was presented to the full Commission for comment at the May 12, 2009 Commission meeting. A draft of the State Plan was posted on the TCAD website two weeks before the public hearing was conducted on June 4, 2009. Electronic announcements were sent to over 1,000 key informants identified during the needs assessment process about the public hearing and where to find the draft of the State Plan. The key informants were invited to participate in the public hearing and make comments on the draft plan. A timeline table and an outline of the public hearing follow this summary.

After approval, Tennessee's State Plan on Aging 2009 – 2013 will be posted on the TCAD website www.tn.gov/comaging and notice will be sent to the list of over 1,000 e-mail addresses collected during the needs assessment process.

STATE PLAN TIMELINE

DATE	PARTICIPANTS	TASK
September 3, 2008	TCAD Staff Shared Services Staff UT SWORPS Staff	Reviewed contract with SWORPS to conduct statewide needs assessment.
January 8, 2009	TCAD Staff	Began listening to monthly TASC Conference Calls
January 29, 2009	TCAD Program Staff TCAD Planning Staff	Met to review the State Plan process
February	SWORPS Staff TCAD Staff Invited Stakeholders	Conducted 3 Public Forums in Tennessee's 3 Grand Divisions
February 9, 2009	Commission Planning Committee TCAD Planning Staff	Reviewed Area Plan and State Plan process
March 31, 2009	UT SWORPS	UT SWORPS submitted Comprehensive Needs Assessment
March & April	TCAD Planning Staff	Developed the State Plan Format
May 5-7, 2009	TCAD Planning Staff	Refine Goals and Objectives, Strategies, Outcomes
May 11, 2009 1:00 pm	Commission Planning Committee	Reviewed State Plan Process
May 13, 2009	AAAD Directors TCAD Asst. Director TCAD Planning Staff	1. Reviewed State Plan Format 2. Reviewed Draft Goals and Objectives
May 12, 2009	Full Commission	1. Approved Funding Formula 2. Announced plan & date to get Commission approval of the final version of the State Plan 3. Announced date of Public Hearing
May 21, 2009	TCAD Planning Staff	Draft of State Plan sent to Executive Director
May 21, 2009	TCAD Planning Staff	Legal Notice for hearing published in metropolitan newspapers
May 21, 2009	TCAD IT Staff	Posted notice of Public Hearing on TCAD website
May 21, 2009	TCAD IT Staff	Posted draft of the State Plan on TCAD website
May 22, 2009	TCAD Executive Director	Sent e-mail to Commission Members and AAAD Directors about Public Hearing & Draft Plan
May 22, 2009	TCAD Planning Staff	Sent e-mail to key informants about Public Hearing & Draft Plan
June 4, 2009 1:00 pm	TCAD Staff	Conducted a Public Hearing
June 8, 2009	TCAD Planning Staff	Final Draft of State Plan sent to Executive Director
June 9, 2009	TCAD Administrative Assistant	Sent Final Draft of State Plan to Commission for approval
June 11, 2009	TCAD Executive Director	Conference Call with Commission Members to approve the State Plan
June 15, 2009	TCAD Staff	Sent State Plan to Governor Bredesen for signature
July 1, 2009	TCAD Staff	Sent State Plan to AoA for approval

PUBLIC HEARING

The Tennessee Commission on Aging and Disability (TCAD) conducted a public hearing on June 4, 2009 to collect comments on the Tennessee State Plan on Aging 2009 – 2013. The hearing was announced with three legal notices in three newspapers in Knoxville, Nashville and Memphis and with an e-mail notice to the Tennessee Commission on Aging and Disability members, the Area Agency on Aging and Disability directors, and over 1,000 key stakeholders identified during the statewide needs assessment process. Both notices included a link to a draft of the State Plan on the TCAD website. A flyer announcing the hearing was also published on the website in the Upcoming Events section of the TCAD home page.

The public hearing was held at FiftyForward, Inc. (Knowles Senior Center) in Nashville (Davidson County) at 1:00 p.m. Central Time and adjourned at 2:30 p.m. Twenty-six individuals attended with the following counties represented:

COUNTY	# from COUNTY	COUNTY	# from COUNTY
Bledsoe	1	Lincoln	3
Cannon	1	Maury	3
Carter	2	Sullivan	2
Davidson	9	Sumner	2
Knox	1	Warren	1
Lawrence	1	TOTAL	26

Four TCAD staff attended the hearing but are not included in the attendance.

The hearing began with Kathy Zamata, TCAD Assistant Director welcoming those in attendance and making introductions. Belinda Bruns, TCAD Aging Program Coordinator/Planner explained the State Plan Process. Ms. Bruns also reviewed the goals and objectives from the State Plan. Mrs. Zamata explained the TCAD Operating Budget for 2010. A handout was provided for the State Plan process, goals and objectives, and the budget presentations. A comment page was also included in the handout. Participants were invited to give comment or ask questions throughout the hearing.

Two comments were received via e-mail prior to the hearing. The announcements, comments and testimony heard during the hearing may be found in [APPENDIX 6](#).

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*Old age may seem a long way off. But on the day it doesn't, it will be too late to do anything about it.*

Author Unknown

# Executive Summary

Tennessee is at a critical turning point in regard to rebalancing its long term care system. Currently Tennessee's long term care system involves a complex array of programs, services, and priorities. This complexity grows even more challenging as consumers become more and more involved in decisions on care, caregiving, and end-of-life options. Multiple state agencies are responsible for any number of long term care functions. It is often the case that, when a person receives publicly funded long term care, several agencies will enter the picture.

The Long Term Care Community Choices Act (Choices Act) passed by the General Assembly in 2008 is being developed to rebalance and reorganize how long term care is administered and provided statewide. Tennessee has heard the wishes of its constituents and is moving toward home and community based services as the norm rather than the exception.

The Older Americans Act Programs and other home and community based programs administered by the Commission on Aging and Disability (TCAD) will continue to play an important role in Tennessee's long term care system. The *Tennessee State Plan on Aging 2009 - 2013* will provide a framework for a comprehensive and coordinated system that includes long term care, as well as, encompassing health promotion, prevention, elder rights, and an array of community services. After conducting the statewide, *Comprehensive Needs Assessment* and studying needs assessments from other statewide agencies, TCAD has developed goals and objectives for the State Plan that are specific to the needs of older persons and adults with disabilities in Tennessee. The State Plan is also flexible enough to allow for changes in demographics, new funding opportunities, and the budgetary challenges that the state may face in the coming years. TCAD is prepared to be innovative as the Choices Act is implemented and as other initiatives arise.

The needs assessment provided data about how the national demographics of aging continue to change dramatically, with a larger population of older Americans who are more racially and ethnically diverse and better educated than previous generations. Tennessee has its share of the baby boomers who are contributing strongly to these trends and is experiencing a similar pattern of growth and change. Based on Census 2000, Tennessee ranks as the 16th state in population aged 65 and over (703,311) and 29th in the percentage of population aged 65 and over (12.4%). Tennesseans aged 60 and older are expected to increase from the 2009 estimate of 1,151,915 to 1,535,044 by 2020. This group will also take up a greater proportion of the state's total population, growing from 18.6% in 2009 to 22.6% in 2020.

The *2006 American Community Survey* estimated 425,262 adult males and 521,654 adult females having any disability in Tennessee. In terms of proportion, Tennessee was estimated to have a greater percentage of both men and women with any disability than

that estimated for the United States overall. The good news is that AARP's Public Policy Institute (2006) projects a -0.6% decline in the 2005 – 2020 disability rate for both the nation and Tennessee. It is hoped that this will in turn reduce dependency rates and demand for long term care.

Based on Census 2000 data, the rate of poverty for Tennessee was calculated to be 13.5% of the state's population living below the 1999 poverty level. Additionally, in comparison with other states, Tennessee showed a relatively low median income for all households of \$42,541 (adjusted to 2005 dollars), 15.5% lower than the median in the U.S.—\$49,133. Tennessee ranked 11 of 46 states in terms of the *decline* in household income across the nation. The outlook for the foreseeable future does not look much rosier. However, regarding health insurance, Tennessee ranks as the 24<sup>th</sup> state in percentage uninsured (13.9%) and is better than the national average (15.4%).

Using the U.S. Department of Health and Human Services, Administration on Aging *Strategic Action Plan 2007 – 2012* as a guide for a national vision, the Tennessee Commission on Aging and Disability has created this *Tennessee State Plan on Aging 2009 – 2013* that will follow that national vision and provide clear and strategic guidance to accomplish the goals and objectives. The State Plan continues to target minority, low-income, low-income minority, and rural populations as mandated by older versions of the Older Americans Act but also includes the newer populations, initiatives and terminology outlined in the 2006 amendments of the Act. Choices for Independence, at-risk of institutional placement, self-directed care, elder justice, benefits counseling, civic engagement, private pay options, and targeting persons with limited English proficiency have all become part of the language of aging and are included in the State Plan.

Tennessee's goals reflect the Administration on Aging goals and encompass the Choices Act system changes and other state aging initiatives. As the time period for this State Plan begins, TCAD will take on the important responsibility of marketing the Choices Act single point of entry system. While information and assistance has always been an important service provided by the Aging Network, new responsibilities will be added as the Choices Act unfolds. Goal 1 in the State Plan is to increase the number of individuals who access the single point of entry. One statewide message will go out to the public that will tell people where they can get answers about the Tennessee long term care system and information about other resources. The objectives outline how staff will be trained, technology will be improved, and how the information and assistance service will be responsive to the needs of consumers.

Goal 2 offers choices for Tennesseans when in the past little choice was available. Once individuals access information and assistance, they will also have access to counseling that will inform the choices they make about long term care. The Choices Act will offer self-direction as an option statewide. Before, only pilot projects were involved in self-direction and it is a new concept for many Tennesseans. Working with individuals to educate them about self-direction and other changes will empower Tennesseans to make informed decisions about the available choices for home and community based services.

The objectives guide TCAD to use resources wisely, partner with stakeholders, provide training for the Aging Network, and support caregivers.

Maintaining healthy lifestyles and prevention of chronic health conditions are the concepts that guide Goal 3 of the State Plan. Evidence-based health promotion and disease prevention is a trend that has grown in acceptance over the past few years and is already offered in some senior centers in the state. Evidenced-based programs will become even more of a focus for service providers as this State Plan unfolds. These programs are proven to create change in the health and well-being of the individuals who engage in them and the savings in health care costs are documented. Tennessee's Aging Network has already embraced this concept and the time for statewide implementation has come. Nutrition Programs will be expanded with American Recovery and Reinvestment Act funding and target older persons with unmet needs or at nutritional risk. The State Health Insurance Assistance Program will counsel individuals and provide public education in regard to public benefits that will help consumers stay as healthy as possible. The objectives for this goal are far reaching. They include collaborating with other state agencies, providing training, targeting populations that are not being served, looking at alternative transportation options, and recruiting and retaining volunteers.

Goal 4 will strive to assist Tennessee's most vulnerable older adults. Individuals who reside in long term care facilities will have access to the Ombudsman Program to resolve problems, the Guardianship Program for the Elderly protects individuals who can not manage their own affairs, older individuals with legal issues can seek assistance at their local Legal Assistance Program, and those Tennesseans with Alzheimer's Disease and their caregivers will be supported with new or expanded programs. Objectives here rely heavily on training volunteers, increasing public awareness, and monitoring legislation.

Management practices are addressed in Goal 5 that will make TCAD accountable for Goals 1 through 4 and develop business standards that will assist in implementing the State Plan. With only one objective to be an effective lead agency, the twelve strategies provide the steps that will achieve the goal and cover all aspects of day-to-day operations. Charged with measuring performance in a State Plan for the first time, TCAD has entered baseline data and information from 2008 from which to gauge growth or change. This will be an important tool for management to identify gaps in services and determine where to focus advocacy efforts.

While things are changing dramatically in Tennessee's long term care system, the mission of the Tennessee Commission on Aging and Disability remains the same. Despite all of the challenges to keep up with the needs of older persons, adults with disabilities and their caregivers in the state, TCAD will continue its commitment to build a stronger system of home and community based services. TCAD will work with the aging and disability network to elevate the importance of supporting Tennesseans with long term care needs by strengthening programs, practices and resources that empower Tennesseans to direct their own lives and assist them to make choices that allow dignity and independence.

# *Tennessee Commission on Aging & Disability*

## *MISSION*

As the designated state unit on aging, the Tennessee Commission on Aging and Disability is working for adults with disabilities and older Tennesseans by providing leadership and guidance for a system that promotes health, dignity, independence, and security through an array of community and in-home services, the protection of rights and the implementation of best practices.

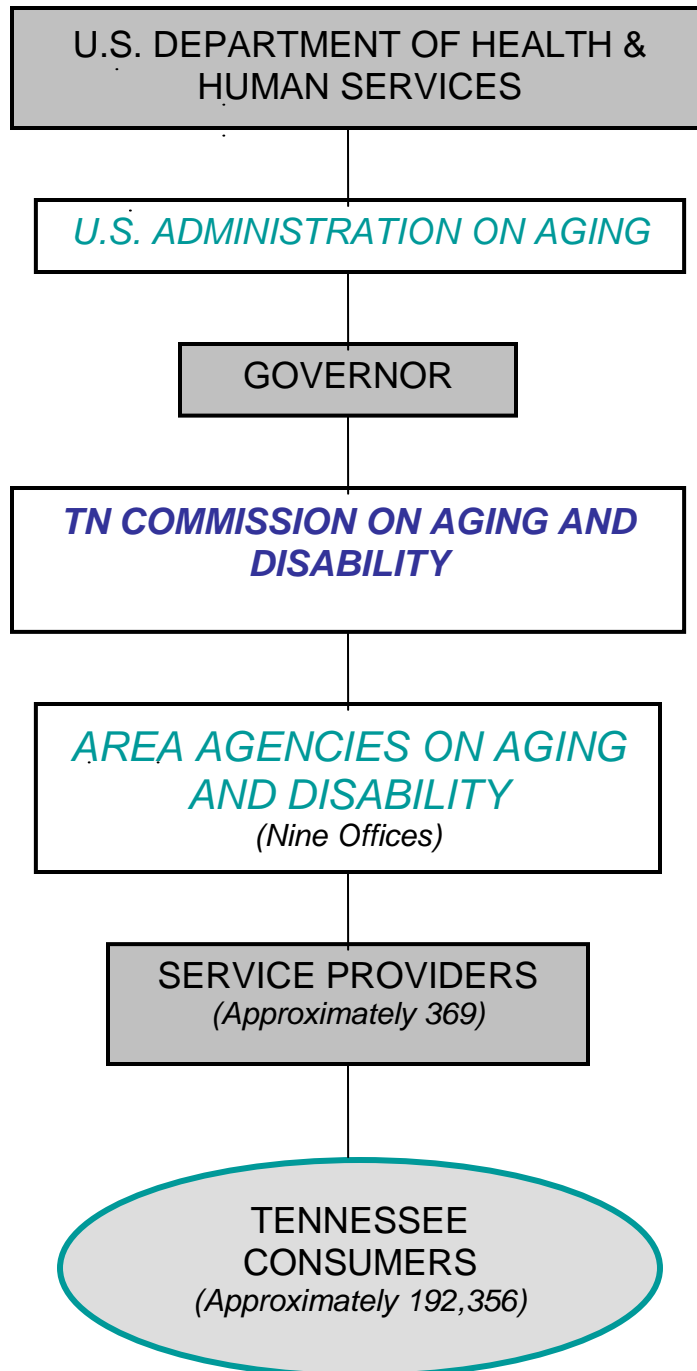
## *PHILOSOPHY*

“Life Choices for Long Term Living”

We value and respect older Tennesseans and other adults with disabilities. We believe Tennessee must offer a seamless system of services that provides an easy-to-access and person-centered continuum of long term support.

Tennessee must ensure that adequate resources are available to allow older Tennesseans and other adults with disabilities to live with dignity and maintain their independence in the community for as long as feasible.

# Aging Network



# *Responsibilities of the Commission on Aging and Disability & Staff*

## **Commission**

- Governing / Advisory Board
- Selection of the Executive Director
- Oversight of all TCAD Activities

## **Management**

- Statewide Advocacy
- Statewide Planning
- Statewide Needs Assessment
- Set Priorities
- State Plan and Public Hearing
- Title VI Civil Rights Plan
- Oversight of Service System
- Monitor Legislation
- Program Management
- Internal Fiscal Controls & Risk Management
- Staff Management and Hiring Staff
- Technical Assistance and Training for Area Agencies
- Policies and Procedures
- Oversight of Grants
- Research Grant Opportunities

## **Human Resources**

- Hiring Staff
- New Employee Orientation
- Employee Benefits & Enrollment
- Adults With Disabilities Coordinator

## **Planning & Evaluation**

- State Plan on Aging
- Strategic Plan
- Quality Assurance
- Monitor Area Agencies on Aging and Disability
- Policy 22 (State Subrecipient Contract Monitoring Requirements)
- Review and Approve Area Plans
- Contract Compliance
- Technical Assistance and Training for Planning Reports and Quality Assurance
- Monitor Title VI of the Civil Rights Act of 1964

## **Fiscal**

- Development and Maintenance of Accounting Systems
- Financial Reports for all Programs
- Allocation of all Funds
- Budgets for all Programs
- Reviews Audits

- Payroll
- Contract Management
- Print Shop Coordinator
- Agency Vehicle Reservations

### **Information Technology**

- Data Reports
- State Reporting Tool
- Web Site Maintenance
- IT System Maintenance and Management
- Records Management

### **Legal Services/Elder Rights**

- Attorney
- OAA Title III-B Legal Assistance Program
- Public Guardian for the Elderly Program
- Long Term Care Ombudsman
- Program Reports
- Technical Assistance and Training for Legal Services and Elder Rights
- Elder Abuse Coalition

### **Community Services**

- Information and Assistance
- State Health Insurance Assistance Program
- Senior Centers Support
- Nutrition – Congregate and Home Delivered
- Emergency Services Coordination (TEMA)
- Transportation
- Program Reports
- Technical Assistance and Training for Community Services

### **Other Home & Community Based Services**

- National Family Caregiver Support Program
- Options for Community Living Program
- Alzheimer’s Grants
- Alzheimer’s Task Force
- Program Reports
- Technical Assistance and Training for Non-Waiver Services

### **Statewide Waiver for Elderly and Disabled**

- Quality Assurance Reviews
- Marketing

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Dedicate some of your life to others. Your dedication will not be a sacrifice. It will be an exhilarating experience because it is an intense effort applied toward a meaningful end.

Dr. Thomas Dooley

Tennessee Commission on Aging and Disability Members

GOVERNOR'S APPOINTEES

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Note: Planning and Service Areas
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**Planning Committee*

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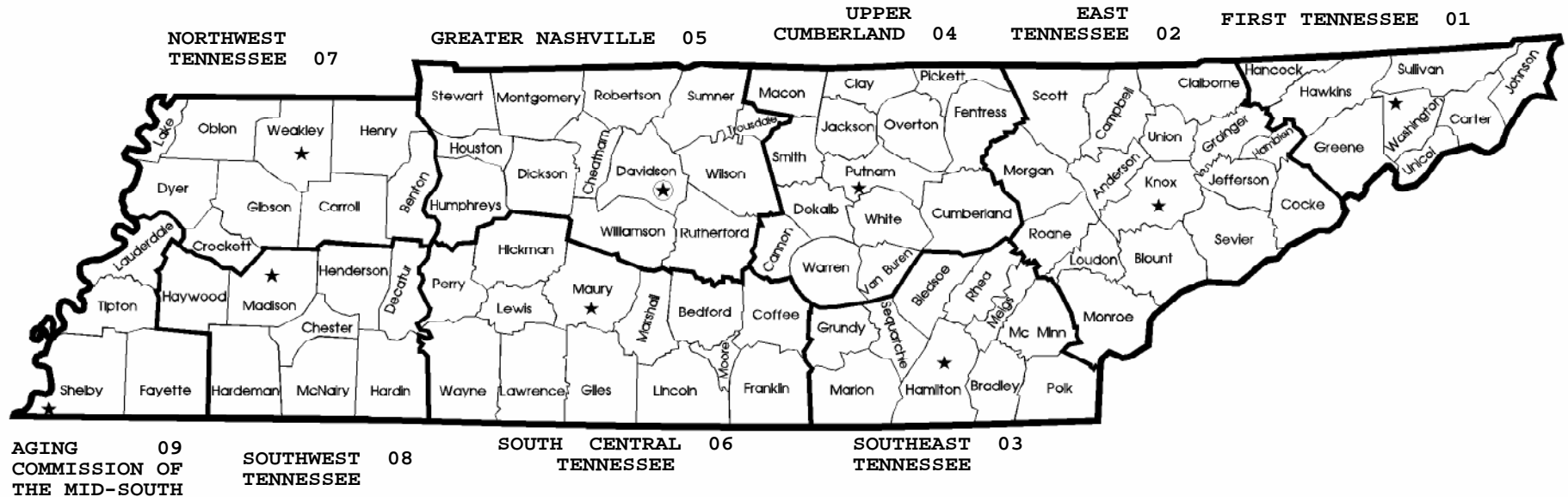
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Tennessee Area Agencies on Aging and Disability



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Planning & Service Areas (PSA)
 revised 04/23/2009

Context

HISTORY & CURRENT STATUS

The Tennessee Commission on Aging and Disability (formerly the Commission on Aging) was created by the Tennessee General Assembly in 1963. The commission is the designated state agency on aging and is mandated to provide leadership relative to all aging issues on behalf of older persons in the state.

The Tennessee Commission on Aging and Disability (TCAD) has been administering Older Americans Act services and providing oversight as mandated by the United States Administration on Aging (AoA) since 1965. TCAD has administered federal funds from the Centers for Medicare and Medicaid Services to operate the statewide State Health Insurance Assistance Program (SHIP) since 2003. In 2004, the state Medicaid Agency, the Bureau of TennCare, designated TCAD as the operating agency for the Statewide Home and Community Based Services Waiver for Elderly and Disabled.

In 2001, the Tennessee Legislature expanded the authority of the TCAD to provide home and community based services to older persons to include adults with disabilities under age 60 in the state funded Options for Community Living Program. TCAD also administers state funds for multi-purpose senior centers, public guardianship, homemaker, personal care services and home-delivered meals. Other TCAD programs and grants are described in the **PROGRAMS** section.

TENNESSEE CODE ANNOTATED

Tennessee Statutes describe the creation of the commission:

There is hereby created a commission known as the Tennessee commission on aging and disability, which shall plan, develop, and administer projects, programs, services and state and federal funds designated for, and relating to, disabled adults and older persons in this state...The commission shall be designated as the sole state agency to plan and administer all state activities related to and authorized under the Older Americans Act, except for Title V activities.... (TCA 71-2-104, updated in 2001 to include adults with disabilities)

TCAD's responsibilities are outlined further in the powers and duties of the commission:

Stimulate more effective use of existing resources and services for older persons and disabled adults and develop programs, opportunities and services that are not otherwise provided for older persons and disabled adults, with the aim of developing a comprehensive and coordinated system for the delivery of health and social services. (TCA 71-2-105)

In 2008, the Tennessee 105th General Assembly unanimously voted into law the Long Term Care Community Choices Act of 2008 (Choices Act) to rebalance and reorganize long term care in the state. Although the Choices Act will not be fully implemented at the time of the submission of this report, the impact of this legislation on Tennesseans and their families is expected to include:

- One place to go for information about long term care options
- A simple and fast process to apply for services
- A single entity to coordinate all medical and non-medical care needed
- More choices about the kinds of care needed, where it will be provided, and by whom
- More service options in home and community based settings that do not exist today
- More opportunity for individuals to stay in their own home and receive needed services
- Support for family caregivers who are helping meet the needs of loved ones at home

The State is in the process of implementing the Choices Act with the planned start date for the transition to begin in late 2009 and phased in over an eighteen month period. A copy of the Act may be found in **APPENDIX 1**. The State Medicaid Agency, the Bureau of TennCare, is in the process of converting from a 1915(c) Statewide Waiver for Elderly and Disabled to a 1115 Waiver and waiting for approval from the Centers for Medicare and Medicaid.

Beginning July 1, 2009, TCAD will no longer be the operating agency for the Statewide Waiver for Elderly and Disabled. The role of TCAD will be to conduct quality assurance reviews for the Single Point of Entry function at the Area Agency level and to implement a statewide marketing plan for the Single Point of Entry. TCAD will continue to monitor and evaluate all programs and services available through the Area Agencies on Aging and Disabilities (AAADs) ensuring that services are provided in accordance with policies and procedures, in compliance with contract terms, and adhering to standards and best practices.

The nine Area Agencies on Aging (AAADs) in Tennessee are the single points of entry for the services provided through the Older Americans Act Programs, the Statewide Waiver, the Options for Community Living Program, the State Health Insurance Assistance Program, and the Public Guardian for the Elderly Program. The AAADs reach out to the public to foster understanding and use of all long term care and health options available to help keep people as independent as possible for as long as possible. The public has easy access to information, counseling and assistance, and linkage to a full range of long term support services and living options.

TCAD has provided leadership in advocating for and implementing a statewide system to provide in-home services for people who choose to stay at home rather than being cared for in a long term care facility. The average annual cost of nursing home care per patient is significantly higher than in-home care. By providing a system for in-home services, TCAD has not only championed the cause for older Tennesseans and adults with disabilities to be cared for in the setting of their choice, but has also saved taxpayers millions of dollars.

CHALLENGES

The State of Tennessee ranks 16th in the U.S. for a population 60 years of age or older (2000 Census), yet the state ranks 46th in spending for this population. With the baby boomers reaching retirement age and the “frail elderly” aged 85 and older becoming the fastest growing segment of the aging population, TCAD’s ability to keep up with the demand for services is compromised. The current capacity of TCAD is inadequate to address the emerging needs of the rapidly increasing aging population in Tennessee. As the baby boomer generation ages, the sheer increase in numbers of people age 60 and over requires planning that addresses all available resources and those that need to be developed for the diversity of services that will be required to serve this group as they age. This includes the design of creative approaches that address housing, transportation, adult day care and an array of other support services that provide an alternative to institutionalized care. Creating easier access to services and streamlining enrollment is only a starting point for TCAD.

Barriers include funding dependent upon static federal funds and insecure state funds. In addition, aging and disability issues are often ignored or not equally prioritized with other issues in state government. Federal funding requires matching funds from the state and securing match can be problematic when aging and disability programs are not a priority. TCAD will continue to engage policy makers in decision-making processes that elevate the needs of older citizens and adults with disabilities to the forefront while recognizing the strengths and contributions of this population. TCAD will also continue to seek state and federal funding aimed at addressing the need for home and community-based services. Despite budget concerns, TCAD will strive to maintain quality staff at the state and local level, address staff training needs and provide technical assistance to Area Agencies to design volunteer recruitment, training, and retention programs.

Challenges currently facing the State of Tennessee include budget cuts due to both the downturn of the economy and a decrease in sales tax collection. To control spending, budgets have received extra scrutiny, a hiring freeze is in effect for state positions, and travel has been curtailed. Like many states, Tennessee is seeking ways to streamline and rebalance its long term care system. The Long Term Care Community Choices Act of 2008 is the vehicle Tennessee has chosen to accomplish this task. TCAD will advocate for older persons and adults with disabilities through the transition period from the current long term care system to the managed care system proposed in the Choices Act.

There are gaps in the current system. The most vulnerable and at risk of institutionalization in the state are persons who require an attendant to live independently. Individuals with developmental disabilities other than mental retardation are not eligible for home and community based services until the age of 18 in the case of the Options for Community Living Program or age 21 for the Statewide Waiver. Other groups of adults with disabilities are also not well-served by the Tennessee long term care system. Adults with non-physical disabilities such as Autism are not currently served. Adults with a disability with income from employment above the financial eligibility limit, are not eligible for the Waiver. If an adult with a disability is employed and needs assistance to complete activities of daily living every day to get to work, the Options Program does not provide enough services. If the adult with a disability can not generate enough income through employment to meet basic living expenses in addition to paying for the support services needed to get to the job, this individual has no incentive to work and pay taxes. Strong partnerships with the disability community will be needed to address these and other disability issues.

Family and informal caregivers are providing care for many of Tennessee's older persons, adults with disabilities, and grandchildren. This unpaid caregiving is saving the state considerable resources and TCAD will advocate for and seek to secure services for caregivers so that they can continue to provide care for their friend or family member for as long as possible. Caregiving impacts the emotional well-being, health, employment, income, and financial security of the caregiver. Because caregiving takes such a toll on the caregiver, caregiving cannot be taken for granted, and must be supported for the benefit of the caregiver, the care receiver, and the state.

STATEWIDE NEEDS ASSESSMENT

From September 2008 through March 2009, the Tennessee Commission on Aging and Disability (TCAD) undertook a statewide, comprehensive needs assessment. This three-tiered, comprehensive study comprises a literature review, a web-based key informant survey followed up with three key informant focus groups by grand division, and selected social and health indicators.

The needs assessment was designed to aid in the development of the "State Plan on Aging, 2009 – 2013" and to give policy makers pertinent information about trends and themes expected to evolve with the increasing aging population, especially in regard to the coming wave of baby boomers. To ensure third-party objectivity in collecting data and reporting findings, TCAD contracted with The University of Tennessee College of Social Work Office of Research and Public Service (SWORPS) to conduct the various activities incremental to the study.

The study's activities were intended to explore current and projected demographic challenges, issues faced by vulnerable adults (i.e., people aged 60 and older; people aged 18 and older who have disabilities), and trends in services for older Tennesseans and adults with disabilities. The study served to reinforce the importance of effective

planning based on careful analysis and assessment of the needs of the target population. The full report may be viewed at: <http://tn.gov/comaging/documents/Comprehensive%20Needs%20Assessment%202009Color.pdf>. The needs assessment revealed the following services were needed:

Top 10 Survey Composite Scores

Top survey responses for availability and importance of services were based on item frequencies for composite scores of “8” (4 for “scarce” + 4 for “highly important”). Availability (“scarce” = 4 points) plus Importance (“highly important” = 4 points)

ITEM	FREQUENCY
93. Rural transportation	148
35. “Silver Alert” initiative (wandering and driving by persons with dementia)	133
70. Adult day care	132
71. Adult foster homes	125
46. Dental care/dentures, eye care/glasses, hearing exams/hearing aids	115
38. Support for older persons or adults with disabilities who have income above program financial eligibility requirements	108
81. Respite for caregivers (institutional and in-home)	106
51. Walkable communities	106
104. Retention of staff, prevent high turnover	102
20. Training for medical, legal, law enforcement, and social service communities (how to deal with aging, disabilities, dementia)	101
56. Home repairs and modifications	100

Other Needs Assessment Activities

The Tennessee Alzheimer’s Disease Task Force (TADTF) was established by the General Assembly of the State of Tennessee, effective July 1, 2007. Fourteen individuals served on the Task Force as defined in the legislation. TCAD is charged with implementing the plan set forth by the Alzheimer’s Disease Task Force and will advocate for the recommendations made in the report. The full report may be found at: <http://state.tn.us/comaging/documents/ataskforce.pdf>.

The goals of the Tennessee Alzheimer’s Disease Task Force as stated in the legislation were as follows:

- To assess the current and future impact of Alzheimer’s disease on Tennesseans;
- To examine the existing industries, services and resources addressing the needs of persons with Alzheimer’s, their families, and caregivers;
- To develop a strategy to mobilize a state response to this public health crisis;

- To hold three public meetings and use technology, such as web casts, to gather feedback on the recommendations from persons and families affected by Alzheimer’s disease and the general public; and
- To submit a report of findings and date-specific recommendations, including any suggested legislation, to the general assembly and the governor in the form of a state Alzheimer’s plan no later than February 15, 2009.

Task Force members recommend the following strategies be undertaken in no specified order within the next 1-3 years (Phase 1 coincides with the timeframe for the State Plan on Aging).

- Develop a comprehensive infrastructure for Alzheimer’s disease and related dementia (ADARD) through TCAD.
- Improve access to adult day programs, respite and homemaker services, assisted living, transportation and other community-based services.
- Establish an effective, coordinated and comprehensive surveillance system or enhance the current surveillance and epidemiology system to include Alzheimer’s disease and related dementia.
- Strengthen training in geriatrics, especially dementia training, for all health professionals including physicians, nurses, other allied professionals and other members of the medical community.
- Increase and enhance training on Alzheimer’s disease and related dementia for various stakeholders.
- Educate caregivers through the Alzheimer’s Association and other agencies, provide support, and possible referral to mental health services, paying attention to caregiver’s mental state during office visits.
- Increase and improve support, counseling and education for family and informal caregivers to provide information on available support services and the importance of maintaining their own health.
- Ensure access to affordable health coverage for Alzheimer’s disease, other related dementia, and mental health issues from the private sector and those not eligible for government funding.
- Ensure that Adult Protective Services and Guardianship services are adequately funded to meet the needs of vulnerable adults.

In addition, the Tennessee Developmental Disabilities Task Force, also established by the General Assembly, completed its statewide needs assessment and report June 30, 2007. The full report may be found at: <http://fulfillthepromise.org/report.pdf>. The top ten needs identified by a survey of persons with developmental disabilities, their family and professionals in the field include the following:

- Information and Referral

- Therapy – Physical, occupational, or speech therapy
- Respite
- Assistive Technology (or Repair/Maintenance)
- Transportation – Public or Private
- Home Modifications
- Employment Services
- Personal Assistance
- Service Coordination
- Education – Post-secondary Education

The Family Support Program, in the Department of Finance and Administration, is funded by state dollars and designed to assist individuals with severe disabilities and their families to remain together in their homes and communities. Family Support conducts a survey of consumers and their families annually. Families are spending more Family Support funds for respite than any other service and the annual surveys show the continued need for additional respite services.

With the overlapping of many of these identified needs, TCAD is confident that this State Plan on Aging will accurately guide the direction of TCAD’s activities for the next four years. Working within the constraints of earmarked funding, TCAD will strive to meet the needs of the older Tennesseans and adults with disabilities in the coming years. In addition, due to the number of top responses in the needs assessment survey being out of TCAD’s purview, the need for collaborating with other state agencies is more important than ever before. TCAD will strive to expand partnerships with other policy makers in the state in order to be at the table when policy decisions are being made that affect older Tennesseans and adults with disabilities.

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*With the inevitable aging of the population and the high incidence for disabilities, it will be disastrous to ignore the shortage of more affordable homes for people in the future.*

*While volunteers can be helpful, the types of long-term caregiving needs that families are facing cannot adequately be covered by volunteers. In order to function on a day-to-day basis, reliable, consistent staffing is necessary to provide essential care.*

*We need a coordinated, statewide system of transportation services for this population (older people and adults with disabilities). If TN is to aspire to become known as a popular retirement state, it will need to offer older persons, in particular, transportation options.*

Unknown Respondents, Comprehensive Needs Assessment Comments

## STATE AGENCY COORDINATION

TCAD coordinates with other state agencies on a number of projects. The following table shows the variety of partnerships initiated or continued during the previous year:

| STATE AGENCY                                                                 | COLLABORATIVE EFFORT                                                                                                                                                                                                           |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Council on Developmental Disabilities                                        | Council Meetings<br>Developmental Disabilities Work Group<br>Mega Conference – Planning                                                                                                                                        |
| Council on Developmental Disabilities & Statewide Independent Living Council | National Council on Independent Living Grant – Statewide Training Event<br>ADRC Advisory Council                                                                                                                               |
| Department of Health                                                         | Diabetes Prevention & Control Program Advisory Board<br>Traumatic Brain Injury Program – Training<br>Office of Minority Health – Outreach<br>Injury Surveillance, Prevention and Control Program – Training, Outreach, Support |
| Department of Transportation                                                 | Tennessee Coalition for the Safety of Older Drivers<br>Older Driver & Caregiver Informational Booklets & Training for Older Drivers                                                                                            |
| Shared Services Solutions (contracted services)                              | Human Resources<br>Contract for the Comprehensive Needs Assessment<br>Assessment of TCAD Business Practices                                                                                                                    |
| Department of Finance & Administration                                       | Edison Project Training<br>(IT System for payroll, accounting, travel)                                                                                                                                                         |
| Bureau of TennCare                                                           | LTC Community Choices Act of 2008<br>Statewide Home & Community Based Services Waiver                                                                                                                                          |
| Department of Labor & Workforce Development                                  | ADRC Advisory Council                                                                                                                                                                                                          |
| TN Access Project                                                            | Statewide Reutilization Conference                                                                                                                                                                                             |
| TN Housing Development Agency                                                | <a href="http://www.TNHousingSearch.org">www.TNHousingSearch.org</a> Project                                                                                                                                                   |
| Department of Mental Health & Developmental Disabilities                     | ADRC Advisory Council                                                                                                                                                                                                          |
| TN Health Services & Development Agency                                      | ADRC Advisory Council                                                                                                                                                                                                          |
| Commission of Indian Affairs                                                 | MIPPA Grant                                                                                                                                                                                                                    |
| Department of Human Services                                                 | Weatherization Assistance Program Board                                                                                                                                                                                        |

## STATE PROFILE

For more data on Tennessee Demographics see **APPENDIX 2.**

- 1,113,906 Tennesseans were estimated to be age 60+ in 2007
- The number of Tennesseans age 60+ is projected to be 1,245,696 in 2012 and 1,535,044 in 2020
- 102,277 Tennesseans were estimated to be age 85+ in 2007
- The number of Tennesseans age 85+ is projected to be 114,215 in 2012 and 131,848 in 2020
- 336,160 non-institutionalized Tennesseans age 65+ were estimated to have a disability in 2006
- 1,043,082 non-institutionalized Tennesseans age 5 and over were estimated to have a disability in 2006
- Tennessee ranked third in the U.S. for the highest rate of adult obesity in 2007; more than 30% of Tennessee adults were obese in 2007
- 100,000 Tennesseans were diagnosed with Alzheimer's Disease in 2000 and the number is projected to increase to 120,000 by 2010
- 357,300 Tennesseans age 60+ lived in Rural areas of the state in 2000
- 584,770 Tennesseans age 60+ lived in Urban areas of the state in 2000
- 3,895 individuals age 60+ living in Tennessee households spoke English Less Than Very Well in 2000
- 243,610 Tennesseans age 60+ lived alone in 2000
- 222,830 Tennesseans were caregivers in 2007
- 61,260 Tennesseans age 30+ had responsibility for grandchildren under age 18 in 2000
- 15,930 Tennesseans age 60+ had responsibility for grandchildren under age 18 in 2000
- Thirty percent of Tennessee nursing homes get the worst possible rating from the Centers for Medicare and Medicaid Services

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Of all the self-fulfilling prophecies in our culture, the assumption that aging means decline and poor health is probably the deadliest.

Marilyn Ferguson, *The Aquarian Conspiracy*, 1980

TCAD PROGRAMS

Older Americans Act Programs (OAA)

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, 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). They also oversee multi-purpose senior center activities. This comprehensive and coordinated system of services is described in the AAAD's Area Plans. OAA programs administered by TCAD include:

- **OAA Title III–B Supportive Services/In- Home Services**
Supportive services funds provide a wide range of social services aimed at helping older people remain independent in their own homes and communities. Some of the services offered under Titles III-B of the Act include services such as information and assistance, transportation, case management, legal assistance, adult day care and activities in senior centers.

Information and Assistance

TCAD contracts with the nine Area Agencies on Aging and Disability (AAADs) to provide information, assistance, referrals, initial screening for program eligibility, and long term care options counseling. The AAADs act as a single point of entry for federal and state programs. Information and Assistance is provided directly by the AAADs. This service may be accessed through the toll-free, statewide number 1-866-836-6678.

Legal Assistance

Provides legal advice and representation by an attorney to older individuals and also includes counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney. Clients may be referred to a private attorney after screening by legal staff to determine if the needed services fall within the predetermined case-handling priority guidelines. Referrals may also be made to another community service provider. Public education is also provided.

Senior Centers

Another important part of Tennessee's Aging Network is multipurpose Senior Centers which serve as local community focal points for aging activities in at least one location in each of Tennessee's 95 counties. They offer a wide variety of group and individual services that promote healthy lifestyles, provide learning opportunities, and provide social interaction and volunteer opportunities. Senior Centers in Tennessee are supported through a combination of federal, state and local funds.

- **OAA Title III–C Nutrition Services**

Nutrition Program for the Elderly

Nutrition Services provide meals and socialization to older persons in congregate settings such as senior centers or senior housing. Home-delivered meals are also provided to eligible older people in their own homes. The purposes of the program are to reduce hunger and food insecurity, promote socialization among older people, and provide meals to frail consumers in their homes.

- **OAA Title III–D Disease Prevention and Health Promotion**

Disease Prevention and Health Promotion

TCAD contracts with the nine Area Agencies on Aging and Disability to provide health promotion activities across the state. Individual or group sessions, most often conducted at senior centers, assist participants to understand how their lifestyle impacts their physical and mental health and to develop personal practices that enhance their total well-being, including physical, emotional and psychosocial factors.

- **OAA Title III–E National Family Caregiver Support Program**

National Family Caregiver Support Program

This program provides assistance to family caregivers caring for persons over the age of 60 or to grandparents or other older individuals who are relative caregivers. The Caregiver program provides information and assistance, individual counseling, respite and supplemental services on a limited or one time basis.

- **OAA Title IV Activities for Health, Independence, and Longevity**

Aging and Disability Resource Connection (ADRC)

The Tennessee Aging and Disability Resource Connection (ADRC) grant project was awarded to TCAD in 2005 to develop pilot models of comprehensive, single point of entry Aging and Disability Resource Centers. The Tennessee ADRC pilot sites at the First Tennessee and Greater Nashville AAADs foster the public's understanding and use of all long term care and health options available to help keep people as independent as possible for as long as possible. A website, www.tnconnection.org was also developed to provide internet access to information about all aging and disability resources in Tennessee. While the grant funding will end September 30, 2009, the ADRC concept will assist the state in the development of a single point of entry system.

- **OAA Title VII Elder Rights Protection**

Elder Rights

TCAD advocates for the protection of older Tennesseans from physical and emotional abuse, theft, negative stereotyping, and discrimination. The Tennessee Vulnerable Adult Coalition was established in 2008, to bring the state's public and private agencies together to promote the collaboration necessary to prevent abuse, neglect and exploitation of vulnerable adults. In addition, the first edition

of the “TCAD eLOOP,” an electronic newsletter was sent out in March 2009 to track legislation concerning older persons and adults with disabilities.

Long Term Care Ombudsman

The state and nine District Long Term Care Ombudsmen are advocates for older persons residing in nursing homes, residential homes for the aged and assisted care living facilities. The Ombudsman is available to help qualified residents of long term care facilities when residents and their families can not resolve their problems through consultation with the facility staff or governmental agencies involved. Trained Volunteer Ombudsman Representatives are a component of this program. Public education is also provided.

Options for Community Living Program (Options)

State-funded Home and Community-Based Long Term Care Services for Elderly and Disabled Adults – On July 1, 2000, the Commission 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. The program received a cut in funding in FY 2004 but in FY 2007 the funds were restored (\$800,000) and \$3.9 million additional funds were appropriated in FY 2008.

Public Guardianship for the Elderly Program

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

State Health Insurance Assistance Program (SHIP)

SHIP is a federally funded program which 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. 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.

OTHER GRANTS, PROJECTS & STATEWIDE PROGRAMS

Cash & Counseling Pilot Project

The consumer-directed care or “Cash and Counseling” program provides an opportunity for the consumer to receive care in his/her home rather than in a nursing home. The care provider is a person chosen by the consumer. This three-year, state-funded pilot currently underway in the Greater Nashville Area Agency on Aging and Disability region will determine the merits of this program.

Innovation Grant to Better Serve People with Alzheimer’s Disease and Related Disorders

Activities through this grant extend the length of time a caregiver can function effectively in their role as caregiver through the use of family-directed respite care, empowerment and natural networks. It provides a single entry point for services for rural and urban populations including education and training specific to the ethnic and cultural issues of the African American population in the urban areas.

SMP: Empowering Seniors to Prevent Healthcare Fraud

Senior Medicare Patrol (SMP) is a nationwide program designed to help combat fraud, waste and abuse in the Medicare and Medicaid programs and is funded by the Administration on Aging. In Tennessee, the program is administered by the Upper Cumberland Area Agency on Aging and Disability and provides statewide coverage through the participation of all nine AAADs. Retired professionals across the state are recruited and trained to serve as volunteer community experts, educating Medicare and Medicaid beneficiaries on how to better monitor what is paid on their behalf and report discrepancies. SMP programs work cooperatively with SHIP programs described above, including but not limited to, joint training and utilization of statewide volunteers.

Statewide 1915c Home and Community Based Medicaid Waiver for the Elderly and Disabled

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.

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*People with disabilities want to work. We have converted our approach from asking to be hired out of sympathy to marketing ourselves as a significant employee pool, and a consumer pool as well. This is the legacy of the disability civil rights movement.*

Ed Roberts, Father of the Independent Living Movement

## TENNESSEE LONG TERM CARE SYSTEM

| STATE AGENCY                                             | MAJOR LTC RELATED RESPONSIBILITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tennessee Commission on Aging & Disability               | See <b>PROGRAMS</b> section of this plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Department of Finance & Administration                   | <ol style="list-style-type: none"> <li>1. Bureau of TennCare (Medicaid Agency), Division of Long Term Care</li> <li>2. Division of Mental Retardation Services <ul style="list-style-type: none"> <li>• Arlington Development Center Waiver</li> <li>• Home &amp; Community Based Waiver</li> <li>• Self-Determination Waiver</li> <li>• Family Support Program</li> </ul> </li> <li>3. Program for All-inclusive Care for the Elderly</li> <li>4. Service Provider Registry</li> <li>5. Volunteer Tennessee</li> </ol>                                                                                                                                                                                                                                                                                                                                                |
| Department of Human Services                             | <ol style="list-style-type: none"> <li>1. Medicaid TennCare Policy Unit <ul style="list-style-type: none"> <li>• TennCare &amp; Medicaid Financial Eligibility</li> </ul> </li> <li>2. Adult Protective Services</li> <li>3. Family Homes for Adults</li> <li>4. Family Assistance Service Centers</li> <li>5. Child &amp; Adult Care Food Program</li> <li>6. Abuse Registry</li> <li>7. Rehabilitation Services <ul style="list-style-type: none"> <li>• Vocational Rehabilitation</li> <li>• Disability Eligibility Determinations</li> <li>• Rehabilitation Services</li> <li>• TN Technology Access Project</li> <li>• Statewide Independent Living Council</li> </ul> </li> <li>8. Services for the Blind &amp; Visually Impaired</li> <li>9. Council for the Deaf &amp; Hard of Hearing</li> <li>10. Food Stamps</li> <li>11. Home Energy Assistance</li> </ol> |
| Department of Mental Health & Developmental Disabilities | <ol style="list-style-type: none"> <li>1. Mental Health Safety Net Services</li> <li>2. Crisis Information Line</li> <li>3. Housing Options</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Council on Developmental Disabilities                    | <ol style="list-style-type: none"> <li>1. Advocacy for Persons with any Disability</li> <li>2. Special Projects</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Department of Health                                     | <ol style="list-style-type: none"> <li>1. Division of Health Care Facilities</li> <li>2. Traumatic Brain Injury Program</li> <li>3. LTC Facility Licensure &amp; Inspection</li> <li>4. Abuse Registry</li> <li>5. Matter of Balance &amp; Fall Prevention Toolkit</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Department of Labor & Workforce Development              | Senior Community Service Employment Program (Title V)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Department of Transportation                             | Elderly/Disabled Transportation Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Department of Veterans Affairs                           | All Federal and State Benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Tennessee Housing Development Agency                     | Emergency housing repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

# Goals

## *Administration on Aging Strategic Goals*

1. 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.
2. 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.
3. Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
4. Ensure the rights of older people and prevent their abuse, neglect and exploitation.
5. Maintain effective and responsive management.

## *Tennessee Commission on Aging & Disability Goals*

1. **Access**  
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.
2. **Home and Community Based Services**  
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.
3. **Health Promotion and Disease Prevention**  
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.
4. **Elder Rights**  
Develop, strengthen, and enhance elder rights services in the state that prevent elder abuse, neglect, and exploitation.
5. **Management Practices**  
Utilize practices that promote effective and responsible management of financial and human resources.

**Note:** The Tennessee Goals, Objectives, Strategies and Measures may be found in **APPENDIX 3**.

# Tennessee State Plan on Aging 2009 – 2013

## APPENDICES



*Submitted to the U.S. Administration on Aging by the  
Tennessee Commission on Aging and Disability*



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*LINK*

The State Plan on Aging 2009 – 2013 and Appendices and the Comprehensive Needs Assessment may be found at TCAD’s website: [www.tn.gov/comaging](http://www.tn.gov/comaging)

# *Long Term Care Community Choices Act of 2008*

## *Tennessee Code Annotated*

Title 71 Welfare, Part 14 Long Term Care Community Choices Act of 2008

<http://www.michie.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=tncode>

### **71-5-1402 Objectives of long-term care system. —**

- (a) The long-term care system shall recognize that aging is not a disease, but rather a natural process that often includes increasing needs for assistance with daily living activities. To the maximum extent possible and appropriate, the system shall be based on a model of care delivery that acknowledges that services delivered in home and community-based settings are not primarily medical in nature, but rather support services that will provide needed assistance with activities of daily living and that will allow persons to age in place in their homes and communities.
- (b) The long-term care system shall also recognize that persons who are elderly or who have physical disabilities, or both, are more likely to have chronic health care conditions and to need preventive, acute and chronic health care services in order to promote healthy living and improve quality of life. The system shall be designed to focus on the needs of the whole person, with coordination of care across the continuum to ensure that medical, behavioral and non-medical long-term care support needs are met.
- (c) The long-term care system shall promote independence, choice, dignity and quality of life for elderly or people with physical disabilities, or both, who need long-term care supports and services and shall include consumer-directed options that offer more choices regarding the kinds of long-term care services people need, where they are provided and who will deliver them, with appropriate mechanisms to ensure accountability for taxpayer funds.
- (d) The long-term care system shall be designed to reduce fragmentation and to offer a seamless approach to meeting people's needs, including one-stop shopping for information, counseling and assistance regarding long-term care programs in order to support informed decision making, simplified eligibility processes and one-stop shopping for all of the different kinds of services a person may need.
- (e) The long-term care system shall recognize and value the critical role of the family and other caregivers in meeting the needs of the elderly and people with physical disabilities and shall offer services such as caregiver training, adult daycare and respite that wrap around the natural support network in order to keep it in place, thereby delaying or preventing the need for more expensive institutional care.
- (f) The long-term care system shall deliver needed supports and services in the most integrated setting appropriate and cost-effective way possible in order to utilize available funding to serve as many people as possible in home and community settings.
- (g) The long-term care system shall utilize a global budget for all long-term care services for persons who are elderly or who have physical disabilities that allows funding to follow the person into the most appropriate and cost-effective long-term care setting of their choice, resulting in a more equitable balance between the proportion of medicaid long-term care expenditures for

institutional, i.e., nursing facility, services and expenditures for home and community-based services and supports.

(h) The long-term care system shall offer a continuum of long-term care services that includes an expanded array of home and community-based options, including community-based residential alternatives to institutional care for persons who can no longer live alone, and that also includes nursing facility services as an integral part of the long-term care continuum for persons with the highest levels of need.

(i) The long-term care system shall include a comprehensive quality approach across the entire continuum of long-term care services and settings that promotes continuous quality improvement and that focuses on customer perceptions of quality, with mechanisms to ensure ongoing feedback from persons receiving care and their families in order to immediately identify and resolve issues and to improve the overall quality of services and the system. [Acts 2008, ch. 1190, § 3.]

**71-5-1403. Part definitions.** — As used in this part, unless the context otherwise requires:

(1) “Budget allowance” means the amount of money that can be directed, utilizing the services of a fiscal intermediary, by a medicaid-eligible long-term care member participating in this consumer-directed care option, to pay for home and community-based long-term care services defined under the medicaid state plan or any federal waivers or amendments thereto that are necessary to meet the member's long-term care needs and to delay or prevent institutionalization. The budget allowance shall be based on the results of a functional assessment performed by a qualified entity and the availability of family and other caregivers who can help provide needed support, and when combined with the cost of home health services and private duty nursing in the home or other community-based setting, cannot exceed the cost of institutional care;

(2) “Commissioner” means the commissioner of finance and administration or the commissioner's designee;

(3) “Cost-effective” means that the total cost of services provided to an eligible elderly or physically disabled adult in the home or other community-based setting does not exceed the cost of reimbursement for institutional care in a nursing facility. The total cost of services shall include the cost of home health services and private duty nursing, as well as home and community-based long-term care services provided pursuant to the medicaid state plan or any federal waiver or amendments thereto;

(4) “Fiscal intermediary” means an entity with whom the commissioner or a contractor responsible for the coordination of medicaid primary, acute and long-term care services has contracted to help a member participating in this consumer-directed care option manage the member's budget allowance. The fiscal intermediary will manage all payments to providers and paid caregivers for specified home and community-based services on behalf of the member, process employment and tax information as applicable, review records to ensure accuracy and provide full accountability for all expenditures made on behalf of each participating member;

(5) “Qualified entity” means an entity with which the commissioner has contracted to assess the needs of persons determined medically eligible for long-term care services and to develop care plans to address their identified needs. Such entity shall have the expertise and capacity to timely perform these services and shall not provide any direct long-term care service which may create a conflict of interest. A managed-care organization performing care coordination services under this part shall be a qualified entity only to the extent that appropriate regulatory and

contractual safeguards are in place to help ensure that such assessment and care plan development processes are fair, objective and consistent with the needs of the individual and the individual's family caregivers, as applicable; and

(6) "Rebalance" means reaching a more equitable balance between the proportion of medicaid long-term care expenditures used for institutional, i.e., nursing facility, services and those used for home and community-based services and supports under the medicaid state plan or federal waivers or amendments to the medicaid state plan or federal waivers. [Acts 2008, ch. 1190, § 4.]

**71-5-1404. Development and implementation of a statewide fully integrated risk-based long-term care system. —**

(a) The commissioner shall develop and implement a statewide fully integrated risk-based long-term care system that integrates medicaid-reimbursed primary, acute and long-term care services, building in strong consumer protections and aligning incentives to ensure that the right care is delivered in the right place at the right time. The long-term care system shall rebalance the overall allocation of funding for medicaid-reimbursed long-term care services by expanding access to and utilization of cost-effective home and community-based alternatives to institutional care for medicaid-eligible individuals. The system may include, subject to the availability of funding in each year's appropriations bill, expansion of Programs of All Inclusive Care for the Elderly (PACE) sites in additional major metropolitan areas of the state.

(b) The commissioner shall ensure that comprehensive, person-centered care coordination across all medicaid primary, acute and long-term care services is a central component of the integrated long-term care system and the contractor risk agreement. A qualified entity shall conduct a comprehensive individualized assessment of needs in accordance with protocols developed by the commissioner, and shall develop a care plan with active participation of the member and family or other caregivers that addresses the identified needs and builds on and does not supplant family and other caregiving supports. The entity responsible for care coordination shall cost-effectively implement the care plan, assure coordination and monitoring of all medicaid primary, acute and long-term care services to assist individuals and family or other caregivers in providing and securing necessary care and assure the availability of a qualified workforce, including backup workers when necessary, to timely provide necessary services.

(c) Nothing in this part may be construed to create an entitlement to home and community-based services; provided, however, that the commissioner shall design and implement the integrated long-term care system in a manner that affords access to the appropriate level of cost-effective home and community-based services for the greatest number of medicaid-eligible elderly or physically disabled individuals, or both, possible, subject to the availability of funding in each year's appropriation bill.

(d) The cost of home and community-based services provided to a medicaid-eligible individual, which includes the cost of home health services or private duty nursing, or both, to the extent covered under the medicaid program, shall not exceed the cost of institutional services for that individual in a nursing facility except as permitted under the current medicaid state plan or any federal waivers. [Acts 2008, ch. 1190, § 5.]

**71-5-1405. Single entry point into the long-term care system. —**

The commissioner shall ensure that there is a single entry point into the long-term care system that is responsible for ensuring that persons seeking care and their families have access to readily available, easy-to-understand information about long-term care options. Functions performed by the single entry point may include counseling and assistance in evaluating long-term care options,

screening and intake for long-term care programs, facilitated enrollment for medicaid financial eligibility and assistance with evaluation of level of care in order to facilitate determination of medical eligibility for medicaid long-term care services. Activities performed by the single entry point shall be conducted based on clear and consistent policies, processes and timelines in order to expedite access to available long-term care programs and services. To ensure the most seamless and efficient system possible, medicaid-eligible persons shall not be required to go back through the single entry point in order to access long-term care services, but rather shall have a single entity that is responsible for coordinating all of the medicaid benefits the member may need, including medical, behavioral, nursing facility and home and community-based services. [Acts 2008, ch. 1190, § 6.]

**71-5-1406. Implementation of policies and processes by commissioner. —**

The commissioner shall implement policies and processes that expedite the determination of medicaid categorical and financial eligibility and medical eligibility for home and community-based programs and services, either through contracted functions of the department of human services or within the bureau of TennCare. The policies and processes may include, but are not limited to, presumptive or immediate medicaid eligibility determination, fast-track eligibility determination, development of specialized units or teams for determination of medicaid eligibility for HCBS, implementation of facilitated enrollment processes and the implementation of an online medical eligibility application process. [Acts 2008, ch. 1190, § 7.]

**71-5-1407. Level of care and continued stay criteria — Pre-admission evaluation (PAE) assessment tool. —**

(a) The commissioner shall develop level of care criteria for new nursing facility admissions that ensure that the most intensive level of long-term care services is provided to persons with the highest level of need. The bureau of TennCare shall define the state's medical eligibility criteria for all long-term care services, including nursing facility and home and community-based waiver services. The bureau of TennCare shall develop the pre-admission evaluation (PAE) assessment tool, and shall make the determination of medical eligibility for long-term care services.

(b) Nursing facility residents who meet continued stay criteria and who remain financially eligible for medicaid shall continue to be eligible to receive nursing facility services or cost-effective home and community-based waiver services, and shall not be required to meet new nursing facility level-of-care criteria.

(c) Current enrollees in the statewide home and community-based services waiver program for persons who are elderly or adults with physical disabilities, or both, who meet continued stay criteria and remain financially eligible for medicaid shall continue to be eligible to receive cost-effective home and community-based waiver services and shall not be required to meet new nursing facility level-of-care criteria except for admission to a nursing facility.

(d) The commissioner shall develop and seek approval of a waiver application or amendment to a waiver application that allows persons who meet a lesser level of care, i.e., who do not meet new nursing facility level-of-care criteria, but are at risk of institutional care, to qualify for a more moderate package of medicaid-reimbursed home and community-based waiver services up to a specified enrollment cap. [Acts 2008, ch. 1190, § 8.]

**NOTE:** Sections 71-5-1408 through 71-5-1410 were omitted from the State Plan on Aging. For the full Choices Act, see the link provided.

**71-5-1408. Strategies to encourage utilization of cost-effective home and community-based services — Requirements related to nursing facility diversion.**

**71-5-1409. Nursing facility transition initiative.**

**71-5-1410. Strategies to assist nursing facilities in diversifying their lines of business.**

**71-5-1411. Plan to expand cost-effective community-based residential alternatives to institutional care. —**

(a) The commissioner shall develop and implement a plan to expand cost-effective community-based residential alternatives to institutional care for persons who are elderly or adults with physical disabilities, or both, which may include, but not limited to, the development of multiple levels of assisted-care living facility services, adult family care homes, adult foster care homes, companion care models and other cost-effective residential alternatives to nursing facility care.

(b) The commissioner and the board for licensing health care facilities shall work to develop or modify, or both, licensure requirements for such facilities to support a nursing facility substitute framework for members who want to age in place in residences that offer increasing levels of cost-effective home and community-based care as an alternative to institutionalization as member's needs change. [Acts 2008, ch. 1190, § 12.]

**NOTE:** Sections 71-5-1412 and 71-5-1413 were omitted from the Tennessee State Plan on Aging. For the full Choices Act, see the link provided.

**71-5-1412. Transition period following implementation of managed long-term care service delivery system.**

**71-5-1413. Acuity-based reimbursement methodology for nursing facility services.**

**71-5-1414. Self-directed health care. —**

(a) The commissioner shall, upon approval of a waiver amendment granting authority from the federal government, develop and make available consumer-directed options for persons receiving home and community-based long-term care services under the long-term care program, which may include, but are not limited to, the ability to select, direct or employ persons delivering unskilled hands-on or support services, such as personal care services, personal care assistants/attendants, homemaker services, in-home respite, the ability to direct and supervise a paid personal aide in the performance of a health care task and the ability to manage, utilizing the services of a fiscal intermediary, an individual home and community-based services budget allowance based on functional assessment performed by a qualified entity and the availability of family and other caregivers who can help provide needed support.

(b) Members eligible to receive home and community-based long-term care pursuant to this act may, subject to regulations promulgated by the commissioner, be permitted to use the budget allowance to direct payment, utilizing the services of a fiscal intermediary, for those home and community-based services that are necessary to meet the member's long-term care needs and to prevent or delay institutionalization and that are a cost-effective use of long-term care funds. Such services shall include only those services that are permitted under the medicaid state plan or any federal waivers or amendments thereto.

(c) Notwithstanding any law or rule to the contrary, a competent adult with a functional disability living in the adult's own home or a caregiver acting on behalf of a minor child or incompetent adult living in the minor child's or the incompetent adult's own home may choose to direct and supervise a paid personal aide in the performance of a health care task.

**(d)** For purposes of this section:

**(1)** A competent adult is a person eighteen (18) years of age or older who has the capability and capacity to evaluate knowledgeably the options available and the risks attendant upon each and to make an informed decision, acting in accordance with the person's own preferences and values. A person is presumed competent unless a determination to the contrary is made;

**(2)** A caregiver is a person who is:

**(A)** Directly and personally involved in providing care for a minor child or incompetent adult; and

**(B)** The parent, foster parent, family member, friend or legal guardian of such minor child or incompetent adult;

**(3)** A person's home is the dwelling in which the person resides, whether the person owns, leases or rents such residence or whether the person resides in a dwelling owned, leased or rented by someone else. A person's home may include specified community-based residential alternatives to nursing facility care as promulgated in rules and regulations by the commissioner, but shall not include a nursing facility or assisted-care living facility setting;

**(4)** A paid personal aide is any person providing paid home care services, such as personal care or homemaker services, that enable the person receiving care to remain at home whether the paid personal aide is employed by the person receiving care, a caregiver or by a contracted provider agency that has been authorized to provide home care services to that person; and

**(5)** Health care tasks are those medical, nursing or home health services, beyond activities of daily living, that:

**(A)** A person without a functional disability or a caregiver would customarily and personally perform without the assistance of a licensed health care provider;

**(B)** The person is unable to perform for the person's own self due to a functional or cognitive limitation;

**(C)** The treating physician, advanced practice nurse or registered nurse determines can be safely performed in the home and community by a paid personal aide acting under the direction of a competent adult or caregiver; and

**(D)** Enable the person to maintain independence, personal hygiene, and safety in the person's own home.

**(e)** The individual or caregiver who chooses to self-direct a health care task is responsible for initiating self-direction by informing the health care professional who has ordered the treatment that involves the health care task of the individual or caregiver's intent to perform that task through self-direction.

**(f)** When a licensed health care provider orders treatment involving a health care task to be performed through self-directed care, the responsibility to ascertain that the patient or caregiver understands the treatment and will be able to follow through on the self-directed care task is the same as it would be for a patient or caregiver who performs the health care task for the patient's or caregiver's own self, and the licensed health care provider incurs no additional liability when ordering a health care task that is to be performed through self-directed care.

(g) The role of the personal aide in self-directed care is limited to performing the physical aspect of health care tasks under the direction of the person for whom the tasks are being done or that person's caregiver. This shall not affect the ability of a personal aide to provide other home care services, such as personal care or homemaker services, that enable the person to remain at home.

(h) The responsibility to initiate self-directed health care tasks, to possess the necessary knowledge and training for those tasks and to exercise judgment regarding the manner of their performance rests and remains with the person or caregiver who has chosen to self-direct those tasks, including the decision to employ and dismiss a personal aide or to decide that a personal aide will no longer perform a health care task.

(i) A description of health care tasks to be performed through self-directed care will be included in the person's care plan.

(j) The commissioner shall promulgate rules that define the qualifications, training and oversight requirements for self-direction of health care tasks. The commissioner shall develop the rules with input from licensed health care professionals, including, but not limited to, representatives of the nursing and medical professions, as well as persons with functional limitations, caregivers and home and community-based services providers. [Acts 2008, ch. 1190, § 15.]

**71-5-1415. Quality assurance and quality improvement strategies. —**

The commissioner shall develop and implement quality assurance and quality improvement strategies to ensure the quality of long-term care services provided pursuant to this part and shall specify in contractor risk agreements with contractors responsible for coordination of medicaid primary, acute and long-term care services requirements related to the quality of long-term care services provided. The strategies may include the use of electronic visit verification for data collection and reporting, HEDIS measures pertaining to long-term care services, and shall include mechanisms to ensure direct feedback from members and family or other caregivers regarding the quality of services received. The commissioner shall ensure that recipients of long-term care services are notified how to contact the bureau of TennCare if they have concerns about the long-term care services they are or are not receiving and the process for resolving such issues. [Acts 2008, ch. 1190, § 16.]

**71-5-1416. Funding to increase access to home and community-based services in the state-funded options program. —**

Subject to the availability of funding, the commissioner shall designate in each year's appropriations bill an amount of money that can be used to increase access to home and community-based services in the state-funded options program for persons who do not qualify for medicaid long-term care services. This funding may be used to provide services such as home-delivered meals, homemaker services and personal care, and to reduce the waiting list for these services under the options program, or to offer transportation services or assistance to non-medicaid-eligible individuals. [Acts 2008, ch. 1190, § 17.]

**71-5-1417. Funding for medicaid long-term care services. —**

The commissioner shall provide medicaid long-term care services subject to the availability of funding in each year's appropriations bill. [Acts 2008, ch. 1190, § 18.]

**71-5-1418. Long-term care client information, referral and assistance agency. —**

(a) To address the need of the state of Tennessee to develop for the future the framework and infrastructure for a comprehensive **long-term care** system that makes an appropriate place for

both institutional **care** and a broad array of home-based and **community**-based services (HBCS), this section establishes a program that is intended to provide information, referral and assistance on a wide variety of quality, cost-effective and affordable **long-term care choices** and that should be designed to provide data collection and individual assessment and referral to **community**-based services and appropriate placement in **long-term care** facilities.

(b) As used in this section, unless the context otherwise requires:

- (1) “Area agency on aging” means the agency defined in § 71-2-103;
- (2) “Assessment services” means pre-screening and evaluation of an individual's health and functional status to estimate the need for **long-term care** services and to identify appropriate service options that meet these needs;
- (3) “Director” means the executive director of the commission on aging;
- (4) “Hospital” has the meaning ascribed to such **term** under § 68-11-201; and
- (5) “Nursing home” has the meaning ascribed to such **term** under § 68-11-201.

(c) (1) There is established a **long-term care** client information, referral and assistance program, which shall be administered by the director and shall be implemented by area agencies on aging in accordance with the provisions of this section.

(2) Individuals in the **community** seeking **long-term care** services for the elderly and disabled may obtain information about the available services and receive assistance in accessing needed services from the appropriate area agency on aging. Individuals who are initially pre-screened by the area agency on aging will be referred to the local health department if determination of eligibility for medicaid-funded programs is needed. Area agency on aging staff may assist the individual to ensure that appropriate documentation is collected and available when the individual is referred to the local health or human services department for medical and financial eligibility determination.

(3) With the consent of the consumer or the consumer's representative, a copy of the data gathered by the information, referral and assistance provider during the screening process will be provided to the health department to facilitate the pre-admission evaluation assessment process and to the department of human services for use in beginning the financial eligibility determination process. Staff from the health department and the department of human services will contact the applicant to collect information for assessment.

(4) For those individuals already residing in nursing facilities or awaiting nursing facility placement following hospital discharge or directly seeking nursing home services, the pre-admission evaluation (PAE) application will continue to be completed by the nursing facility, hospital staff or the individual's physician and submitted to the division of **long-term care** of the bureau of TennCare for medical criteria determination.

(5) For those determined to be medically or financially ineligible for medicaid/TennCare funded services, the area agency on aging information, referral and assistance agency will:

- (A) Conduct a more in-depth assessment of the person's needs;
- (B) Identify appropriate **community** services to meet those needs, including eligibility

requirements;

(C) Identify providers, including government agencies, private non-profit agencies, and for-profit agencies based upon rules and regulations adopted by the commission on aging;

(D) Provide information on “How to Select a Provider”; and

(E) Offer tracking and follow-up to assure the client has received services.

(6) Any entity that provides client screening and assessment services pursuant to this section shall not also directly provide **long-term care** services.

(d) Prior to January 1, 2000, the commissioner of health in consultation with the director and the commissioner of human services, shall adopt by rule, promulgated in accordance with the provisions of the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, a **long-term care** client assessment and referral data entry form. The purpose of this form is for data collection and referral services only, not to determine eligibility for services. Such form shall be concise and questions shall be limited to those necessary to carry out the stated purposes. The **long-term care** client assessment and referral data entry form shall be used by all information, referral and assistance providers.

(e) The director and the area agencies on aging shall cooperate in compiling results of all assessment services conducted under this section. Area agencies on aging may provide assessment services under this section to assist persons seeking or needing **long-term care**. In providing such services, the staff of the area agencies on aging shall provide assessment and referral services.

(f) The director, after consultation with the commissioner of health, shall assure that each area agency on aging shall compile comprehensive resource information for use by individuals and agencies related to **long-term care** resources, including offices of the department of health, the department of human services and county health departments. This information shall include, but not be limited to, resources available to assist persons in selecting among all available **long-term care** options, including both institutional and non-institutional **care**, and such information shall be accurate and balanced.

(g) Area agencies on aging shall provide to all individuals, or caregivers of individuals in need of **long-term care** services, comprehensive information on the range of **long-term care** services that are appropriate for that individual and that are available in that individual's **community**.

(h) On and after July 1, 2000, the area agencies on aging will operate or contract for a home **care** ombudsman program supervised by the Tennessee Commission on Aging and Disability, office of the State **Long-Term Care** Ombudsman. The home **care** ombudsman will investigate consumer/family member complaints regarding the quality of **care**, and assist in the resolution of problems between the consumer/family and a case manager or service provider.

(i) The director shall adopt rules to govern such matters, as the director deems necessary for the administration of this program. Such rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

Acts 1999, ch. 477, § 2; T.C.A. § 71-5-1407; Acts 2008, chapter 1190, §§ 1, 8.]

**NOTE:** Sections 71-5-1419 through 71-5-1421 were omitted from the Tennessee State Plan on Aging. For the full Choices Act, see the link provided.

**71-5-1419. Operational plan and budget for home-based and community-based services to elderly and disabled individuals.**

**71-5-1420. Veterans education benefits.**

**71-5-1421. Prompt payment of claims and liability for bad faith failure to pay claims promptly.**

**71-5-1422. Pilot project for disabled individuals and family members to self-direct supports and services. —**

(a) The commission on aging and disability shall develop a pilot project proposal in accordance with this section. The long-term care services planning council shall be responsible for evaluating the implementation of the project. If funded in the general appropriations act, the pilot project shall be implemented and shall continue for three (3) years. The commission shall annually report on the pilot project to the council, the general welfare, health and human resources committee of the senate and the health and human resources committee of the house of representatives. At the end of the project the commission shall report on the project to the council and to the standing committees of the senate and the house of representatives. The council shall also make reports of any evaluations that it might undertake of the project to the standing committees of the senate and the house of representatives.

(b) The commission on aging and disability shall develop a pilot project in a county or counties of one (1) of the area agencies on aging and disability (AAAD) and shall enter into a contract with the selected AAAD in order to implement the project. The project shall utilize the services of an aging and disability resource center located in the AAAD. Subject to any approvals required from the commission by the contract, a working group from the selected AAAD shall design the project and determine whether to use a program manager in the project. In selecting the AAAD, the commission shall consider any administrative and oversight efficiencies that locating the project in any particular AAAD might afford the project.

(c) The project shall offer families with a member with a disability who requires long-term supports and services and individuals with a disability who require long-term supports and services opportunities to direct their own services. The families and individuals shall exercise choice, control and responsibility for their services within a cost neutral framework.

(d) The project may involve the following:

(1) Personal control and choice;

(2) Encouragement of cost-effective decision-making in the purchase of supports and services;

(3) Allowing eligible families and individuals to receive a cash allowance or an individual budget to obtain personal assistant services and related supports; and

(4) Providing fiscal agent and supportive broker services to sustain individuals and families in directing their own services. [Acts 2008, ch. 1168, § 1.]

# State Profile

## DEMOGRAPHICS

Most of the information shown in the tables above is from estimated and projected Census data for Tennessee's older population provided by SWORPS in the Comprehensive Statewide Needs Assessment. To view the complete report, go to the TCAD website [www.tennessee.gov/comaging/](http://www.tennessee.gov/comaging/) (Scroll to the bottom of the page, click on the Comprehensive Needs Assessment icon in the Forms and Publications box in the lower right-hand corner).

Data from the U.S. Census 2000 Special Tabulation for Tennessee shown in Tables #3, 5, 8, and 12 were found on the Administration on Aging website at: [http://www.aoa.gov/AoARoot/Aging\\_Statistics/Tab/aoacensus2000.html](http://www.aoa.gov/AoARoot/Aging_Statistics/Tab/aoacensus2000.html)

### Older Persons

**Table 1. Tennessee's Older Population Based on Census 2007 Estimate**

| <b>Tennessee from Census 2007 Estimated Population</b> |           |            |
|--------------------------------------------------------|-----------|------------|
| Age Group                                              | Number    | Percentage |
| 60 - 84                                                | 1,011,629 | 16.4%      |
| 85 + (oldest old)                                      | 102,277   | 1.7%       |
| 60 +                                                   | 1,113,906 | 18.1%      |
|                                                        |           |            |
| Percent oldest old of all over 60                      |           | 9.2%       |

**Table 2. Tennessee Population Projections by Age Group for 2009/2012/2020**

| <b>TENNESSEE</b>   |                  |                  |                  |
|--------------------|------------------|------------------|------------------|
| Age Group          | 2009             | 2012             | 2020             |
| Up to 17           | 1,462,691        | 1,489,612        | 1,573,220        |
| 18 - 54            | 3,189,110        | 3,203,980        | 3,222,536        |
| 55 - 59            | 399,087          | 421,782          | 454,300          |
| 60 - 64            | 338,213          | 367,200          | 427,101          |
| 65 - 74            | 451,453          | 501,379          | 657,683          |
| 75 - 84            | 255,655          | 262,902          | 318,412          |
| 85 & older         | 106,594          | 114,215          | 131,848          |
| <b>Adult Total</b> | <b>4,740,112</b> | <b>4,871,458</b> | <b>5,211,880</b> |
| <b>Grand Total</b> | <b>6,202,803</b> | <b>6,361,070</b> | <b>6,785,100</b> |

**Table 3. Tennessee 60+ Population – Rural, Urban & Limited English Proficiency**

| Area                    | Rural          | Urban          | Speak English Less Than Very Well |
|-------------------------|----------------|----------------|-----------------------------------|
| <b>Tennessee</b>        | <b>357,300</b> | <b>584,770</b> | <b>3,895</b>                      |
| First Tennessee         | 204,045        | 271,370        | 81                                |
| East Tennessee          | 427,090        | 618,275        | 504                               |
| Southeast Tennessee     | 194,745        | 371,510        | 339                               |
| Upper Cumberland        | 219,895        | 85,105         | 160                               |
| Greater Nashville       | 359,855        | 1,051,870      | 1,475                             |
| South Central Tennessee | 257,005        | 128,720        | 195                               |
| Northwest Tennessee     | 165,350        | 87,040         | 69                                |
| Southwest Tennessee     | 133,700        | 109,065        | 67                                |
| Aging Commission        | 108,640        | 896,010        | 1,000                             |

U.S. Census – Census 2000 Special Tabulation for Tennessee

**Table 4. Tennessee Dependency Ratios for the Population over 65**

| Year        | Percent of population over 65 | Percent growth increase over previous decade | Elderly dependency ratios |
|-------------|-------------------------------|----------------------------------------------|---------------------------|
| <b>2000</b> | 12.4%                         | 1.4%                                         | 18.8                      |
| <b>2010</b> | 13.3%                         | 1.8%                                         | 20.2                      |
| <b>2020</b> | 16.0%                         | 3.3%                                         | 25.2                      |

Source: *An Economic Report to the Governor of the State of Tennessee*  
Center for Business and Economic Research, (Murray, 2009)

**Table 5. Tennessee Age 60+ Living Alone by Age**

| Area                | 60 - 64       | 65 - 69       | 70 - 74       | 75 - 79       | 80 - 84       | 85+           |
|---------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| <b>Tennessee</b>    | <b>39,725</b> | <b>41,255</b> | <b>47,315</b> | <b>47,480</b> | <b>36,575</b> | <b>31,260</b> |
| First Tennessee     | 4,120         | 4,365         | 4,900         | 4,890         | 3,830         | 3,235         |
| East Tennessee      | 8,005         | 8,285         | 9,620         | 9,660         | 7,145         | 5,840         |
| Southeast Tennessee | 4,330         | 4,695         | 5,005         | 4,990         | 4,090         | 3,290         |
| Upper Cumberland    | 2,465         | 2,780         | 3,285         | 2,955         | 2,160         | 1,915         |
| Greater Nashville   | 8,460         | 7,885         | 2,585         | 8,900         | 7,585         | 6,280         |

| <b>Area</b>             | <b>60 - 64</b> | <b>65 - 69</b> | <b>70 - 74</b> | <b>75 - 79</b> | <b>80 - 84</b> | <b>85+</b> |
|-------------------------|----------------|----------------|----------------|----------------|----------------|------------|
| South Central Tennessee | 2,445          | 2,965          | 3,95           | 3,670          | 2,820          | 2,535      |
| Northwest Tennessee     | 2,115          | 2,325          | 2,760          | 2,960          | 2,225          | 2,035      |
| Southwest Tennessee     | 1,785          | 1,875          | 2,345          | 2,340          | 1,650          | 1,725      |
| Aging Commission        | 5,995          | 6,075          | 6,995          | 7,105          | 5,070          | 4,405      |

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**Table 6. Demographic Comparison of Tennessee and United States Population**

| <b>SUBJECT</b>                                              | <b>TN</b>        | <b>60+ in TN</b> | <b>US</b>          | <b>60+ in US</b>  |
|-------------------------------------------------------------|------------------|------------------|--------------------|-------------------|
| <b>Total population</b>                                     | <b>6,073,646</b> | <b>1,079,807</b> | <b>298,757,310</b> | <b>51,016,869</b> |
| <b>SEX AND AGE</b>                                          |                  |                  |                    |                   |
| Male                                                        | 48.8%            | 43.1%            | 49.2%              | 43.6%             |
| Female                                                      | 51.2%            | 56.9%            | 50.8%              | 56.4%             |
| Median age (years)                                          | 37.2             | 70               | 36.4               | 70.7              |
| <b>RACE AND HISPANIC/LATINO ORIGIN</b>                      |                  |                  |                    |                   |
| One race                                                    | 98.8%            | 99.5%            | 97.9%              | 99.2%             |
| White                                                       | 79.2%            | 87.8%            | 74.1%              | 84.4%             |
| Black or African American                                   | 16.6%            | 10.5%            | 12.4%              | 8.6%              |
| American Indian and Alaska Native                           | 0.3%             | 0.2%             | 0.8%               | 0.5%              |
| Asian                                                       | 1.3%             | 0.7%             | 4.3%               | 3.3%              |
| Native Hawaiian/Other Pacific Islander                      | 0.0%             | 0.0%             | 0.1%               | 0.1%              |
| Some other race                                             | 1.3%             | 0.2%             | 6.2%               | 2.3%              |
| Two or more races                                           | 1.2%             | 0.5%             | 2.1%               | 0.8%              |
| Hispanic or Latino origin (of any race)                     | 3.3%             | 0.7%             | 14.7%              | 6.7%              |
| White alone, not Hispanic or Latino                         | 77.4%            | 87.3%            | 66.3%              | 80.2%             |
| <b>PLACE OF BIRTH, CITIZENSHIP STATUS AND YEAR OF ENTRY</b> |                  |                  |                    |                   |
| <b>Total population</b>                                     | <b>6,073,646</b> | <b>1,079,807</b> | <b>298,757,310</b> | <b>51,016,869</b> |
| Native                                                      | 5,832,539        | 1,055,135        | 261,522,525        | 44,995,511        |
| Foreign born                                                | 241,107          | 24,672           | 37,234,785         | 6,021,358         |
| Entered 2000 or later                                       | 40.3%            | 9.1%             | 25.4%              | 7.0%              |
| Entered 1990 to 1999                                        | 30.5%            | 11.2%            | 30.3%              | 13.5%             |
| Entered before 1990                                         | 29.2%            | 79.7%            | 44.3%              | 79.5%             |
| Naturalized U.S. citizen                                    | 31.3%            | 68.5%            | 42.0%              | 70.5%             |
| Not a U.S. citizen                                          | 68.7%            | 31.5%            | 58.0%              | 29.5%             |

| SUBJECT                                                     | TN               | 60+ in TN        | US                 | 60+ in US         |
|-------------------------------------------------------------|------------------|------------------|--------------------|-------------------|
| <b>LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH</b> |                  |                  |                    |                   |
| <b>Population 5 years and over</b>                          | <b>5,668,373</b> | <b>1,079,807</b> | <b>278,276,723</b> | <b>51,016,869</b> |
| English only                                                | 94.3%            | 97.6%            | 80.5%              | 86.0%             |
| Language other than English                                 | 5.7%             | 2.4%             | 19.5%              | 14.0%             |
| Speak English less than "very well"                         | 2.6%             | 1.0%             | 8.6%               | 8.0%              |
| <b>MARITAL STATUS</b>                                       |                  |                  |                    |                   |
| <b>Population 15 years and over</b>                         | <b>4,866,479</b> | <b>1,079,807</b> | <b>237,984,051</b> | <b>51,016,869</b> |
| Currently married and together                              | 51.6%            | 57.0%            | 50.5%              | 57.1%             |
| Separated                                                   | 2.3%             | 1.2%             | 2.2%               | 1.4%              |
| Divorced                                                    | 12.6%            | 11.6%            | 10.5%              | 11.3%             |
| Widowed                                                     | 7.0%             | 26.2%            | 6.4%               | 25.3%             |
| Never married                                               | 26.6%            | 3.9%             | 30.4%              | 5.0%              |
| <b>EDUCATIONAL ATTAINMENT</b>                               |                  |                  |                    |                   |
| <b>Population 25 years and over</b>                         | <b>4,061,516</b> | <b>1,079,807</b> | <b>195,646,383</b> | <b>51,016,869</b> |
| Less than high school graduate                              | 19.1%            | 32.3%            | 16.0%              | 24.3%             |
| High school graduate (incl equivalency)                     | 34.3%            | 33.3%            | 30.0%              | 33.5%             |
| Some college or associate's degree                          | 24.9%            | 18.5%            | 27.0%              | 21.3%             |
| Bachelor's degree or higher                                 | 21.7%            | 16.0%            | 27.0%              | 20.9%             |

Source: U.S. Census Bureau Population Estimates Program, 2005-2007 American Community Survey

**Table 7. Comparison of TN and US Poverty Status of Older Adults in Past 12 Months**

| POVERTY STATUS IN THE PAST 12 MONTHS                    | TN               | 60 + in TN       | US                 | 60 + in U.S.      |
|---------------------------------------------------------|------------------|------------------|--------------------|-------------------|
| <b>Population for whom poverty status is determined</b> | <b>5,913,533</b> | <b>1,041,423</b> | <b>290,858,668</b> | <b>49,306,578</b> |
| Below 100 percent of the poverty level                  | 15.9%            | 12.4%            | 13.3%              | 9.7%              |
| 100 to 149 percent of the poverty level                 | 10.1%            | 12.8%            | 8.9%               | 10.5%             |
| At or above 150 percent of the poverty level            | 74.1%            | 74.8%            | 77.9%              | 79.8%             |

Source: U.S. Census Bureau Population Estimates Program; 2005-2007 American Community Survey

**Table 8. Households with Presence of People 60 Years and Over**

| Area                    | No Vehicle Available in Household | No Kitchen Facilities Available in Household | No Plumbing Facilities Available in Household | No Phone Service in Household |
|-------------------------|-----------------------------------|----------------------------------------------|-----------------------------------------------|-------------------------------|
| <b>Tennessee</b>        | <b>2,205</b>                      | <b>245</b>                                   | <b>310</b>                                    | <b>865</b>                    |
| First Tennessee         | 180                               | 20                                           | 34                                            | 90                            |
| East Tennessee          | 335                               | 24                                           | 15                                            | 180                           |
| Southeast Tennessee     | 195                               | 35                                           | 20                                            | 90                            |
| Upper Cumberland        | 90                                | 8                                            | 30                                            | 70                            |
| Greater Nashville       | 400                               | 70                                           | 100                                           | 175                           |
| South Central Tennessee | 75                                | 10                                           | 10                                            | 35                            |
| Northwest Tennessee     | 60                                | 29                                           | 25                                            | 55                            |
| Southwest Tennessee     | 70                                | 4                                            | 14                                            | 60                            |
| Aging Commission        | 795                               | 39                                           | 60                                            | 115                           |

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**Table 9. Number of People Age 65+ With Alzheimer’s Disease and Percent Change Between 2000 and 2010**

| State     | 2000    | 2010    | % Change 2000–2010 |
|-----------|---------|---------|--------------------|
| Tennessee | 100,000 | 120,000 | 20                 |

Source: Hebert, LE; Scherr, PA; Bienias, JL; Bennett, DA; and Evans, DA. “State-specific projections through 2025 of Alzheimer disease prevalence.” *Neurology* 2004;62:1645.

## Caregivers

**Table 10. Number of Alzheimer and Dementia Caregivers, Hours of Unpaid Care and Economic Value of the Care by State, 2007**

| State         | # of Caregivers | Hours of Unpaid Care per Year | Total Value of Unpaid Care |
|---------------|-----------------|-------------------------------|----------------------------|
| United States | 9,753,995       | 8,419,648,576                 | \$89,079,881,929           |
| Tennessee     | 222,830         | 192,346,581                   | \$2,035,026,828            |

[http://www.alz.org/national/documents/report\\_alzfactsfigures2008.pdf](http://www.alz.org/national/documents/report_alzfactsfigures2008.pdf)

**Table 11. Comparison of TN and US Grandparents Caring for Grandchildren**

| RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS | TN        | 60 + in TN | US          | 60 + in US |
|-------------------------------------------------|-----------|------------|-------------|------------|
| Population 30 years and over                    | 3,633,066 | 1,079,807  | 175,327,475 | 51,016,869 |
| Living with grandchild(ren)                     | 3.5%      | 4.3%       | 3.5%        | 5.2%       |
| Responsible for grandchild(ren)                 | 1.9%      | 1.8%       | 1.4%        | 1.6%       |

**Table 12. Tennessee Grandparents Responsible for Grandchildren under age 18 by Age**

| 30 - 39 | 40 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70 - 74 | 75+   |
|---------|---------|---------|---------|---------|---------|---------|-------|
| 4,550   | 18,620  | 12,030  | 10,130  | 7,230   | 4,710   | 2,620   | 1,370 |

## Disability Population

**Table 13. Comparison of TN and US Disability Status**

| DISABILITY STATUS                    | TN        | 60 + in TN | US          | 60 + in US |
|--------------------------------------|-----------|------------|-------------|------------|
| Civilian population 5 years and over | 5,566,781 | 1,041,582  | 273,064,053 | 49,306,177 |
| With any disability                  | 18.8%     | 42.3%      | 15.1%       | 36.9%      |
| No disability                        | 81.2%     | 57.7%      | 84.9%       | 63.1%      |

Source: U.S. Census Bureau Population Estimates Program, 2005-2007 American Community Survey

**Table 14. TN Adults Limited in Activities or Needing Special Equipment**

| Survey Item                                                                                 | Age     | Percent, Confidence Interval, Number in Sample | Yes                               | No                                 |
|---------------------------------------------------------------------------------------------|---------|------------------------------------------------|-----------------------------------|------------------------------------|
| Adults who are limited in any activities because of physical, mental, or emotional problems | 55 - 64 | %<br>CI<br>n                                   | <b>30.3</b><br>(26.8-33.8)<br>355 | <b>69.7</b><br>(66.2-73.2)<br>783  |
|                                                                                             | 65 +    | %<br>CI<br>n                                   | <b>28.1</b><br>(25.2-31.0)<br>429 | <b>71.9</b><br>(69.0-74.8)<br>1039 |
| Adults with health problem(s) that requires the use of special equipment                    | 55 - 64 | %<br>CI<br>n                                   | <b>10.0</b><br>(7.8-12.2)<br>131  | <b>90.0</b><br>(87.8-92.2)<br>1013 |
|                                                                                             | 65 +    | %<br>CI<br>n                                   | <b>16.8</b><br>(14.3-19.3)<br>267 | <b>83.2</b><br>(80.7-85.7)<br>1207 |

Source: Tennessee BRFSS (2007)

**Table 15. Gender by Age and Disability Status for the Civilian Non-institutionalized Population Aged 5 and Over**

|                     | UNITED STATES |                 | TENNESSEE |                 |
|---------------------|---------------|-----------------|-----------|-----------------|
|                     | Estimate      | Margin of Error | Estimate  | Margin of Error |
| <b>TOTAL:</b>       | 273,835,465   | +/-21,234       | 5,541,042 | +/-3,413        |
| <b>MALE:</b>        | 133,533,893   | +/-27,106       | 2,685,049 | +/-4,300        |
| 5 to 15 years:      | 22,862,328    | +/-28,104       | 448,815   | +/-3,974        |
| With any disability | 1,819,681     | +/-24,959       | 39,323    | +/-3,334        |
| No disability       | 21,042,647    | +/-33,556       | 409,492   | +/-4,463        |
| 16 to 20 years:     | 10,939,399    | +/-42,142       | 218,448   | +/-4,893        |
| With any disability | 865,592       | +/-16,853       | 20,979    | +/-2,523        |
| No disability       | 10,073,807    | +/-43,045       | 197,469   | +/-5,225        |
| 21 to 64 years:     | 84,582,607    | +/-40,248       | 1,711,361 | +/-5,576        |
| With any disability | 10,884,719    | +/-52,332       | 293,765   | +/-8,214        |
| No disability       | 73,697,888    | +/-67,765       | 1,417,596 | +/-10,412       |
| 65 to 74 years:     | 8,556,268     | +/-10,152       | 184,047   | +/-1,461        |
| With any disability | 2,528,978     | +/-19,861       | 66,486    | +/-3,195        |
| No disability       | 6,027,290     | +/-20,723       | 117,561   | +/-3,214        |
| 75 years and over:  | 6,593,291     | +/-9,669        | 122,378   | +/-1,412        |
| With any disability | 3,263,276     | +/-19,468       | 65,011    | +/-2,782        |
| No disability       | 3,330,015     | +/-20,763       | 57,367    | +/-2,369        |
| <b>FEMALE:</b>      | 140,301,572   | +/-24,150       | 2,855,993 | +/-3,222        |
| 5 to 15 years:      | 21,834,461    | +/-27,783       | 427,814   | +/-3,238        |
| With any disability | 1,009,941     | +/-17,541       | 22,448    | +/-2,707        |
| No disability       | 20,824,520    | +/-31,176       | 405,366   | +/-4,346        |
| 16 to 20 years:     | 10,552,739    | +/-35,545       | 202,532   | +/-4,668        |
| With any disability | 635,592       | +/-13,680       | 13,416    | +/-1,828        |
| No disability       | 9,917,147     | +/-37,226       | 189,116   | +/-4,590        |
| 21 to 64 years:     | 87,493,471    | +/-40,618       | 1,801,803 | +/-4,690        |
| With any disability | 11,477,194    | +/-47,913       | 316,991   | +/-8,057        |
| No disability       | 76,016,277    | +/-67,092       | 1,484,812 | +/-9,837        |
| 65 to 74 years:     | 10,129,880    | +/-9,618        | 223,281   | +/-1,643        |
| With any disability | 3,095,201     | +/-21,570       | 79,172    | +/-3,672        |
| No disability       | 7,034,679     | +/-21,784       | 144,109   | +/-3,496        |
| 75 years and over:  | 10,291,021    | +/-13,823       | 200,563   | +/-1,603        |
| With any disability | 5,679,635     | +/-22,801       | 125,491   | +/-3,649        |
| No disability       | 4,611,386     | +/-22,334       | 75,072    | +/-3,140        |

Source: U.S. Census Bureau, 2006 American Community Survey

# Goals, Objectives, Strategies & Measures

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## GOAL 1: ACCESS

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.

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### Objective 1.A.

Implement and monitor the approved policies, procedures, and standards for the delivery of a comprehensive information and assistance service that allow Tennesseans to make informed decisions about their long-term care support and service options.

#### Strategies

- 1.A.1. Verify and analyze Information and Assistance data as reported in the State Reporting Tool.
- 1.A.2. Ensure that Information and Assistance Specialists maintain Alliance for Information and Referral Systems certification in accordance with Tennessee Commission on Aging and Disability's Policies and Procedures.
- 1.A.3. Implement a consumer satisfaction survey for a sample of the individuals using the aging and disability Information and Assistance services.

### Objective 1.B.

Continue to enhance the Single Point of Entry concept.

#### Strategies

- 1.B.1. Improve phone, website, and mobility access to meet the Americans with Disabilities Act standards.
- 1.B.2. Provide technical assistance and/or training for staff providing information, assistance, counseling and referral.
- 1.A.3. Train Information and Assistance staff to implement a consistent message statewide.
- 1.B.4. Develop and implement use of consistent forms for single point of entry.

### Objective 1.C.

Enhance the statewide information technology to support the dissemination of information about aging and disability services through a user-friendly, web-based resource directory and on-line application.

**Strategies**

- 1.C.1. Ensure the taxonomy for resources listed in the web-based resource directory are consistent with Alliance for Information and Referral Systems standards.
- 1.C.2. Maintain and continuously update the Resource Database.
- 1.C.3. Coordinate with program staff to facilitate the design and implementation of an on-line application.
- 1.C.4. Ensure that the web-based information services include a satisfaction tool that can be analyzed for Quality Assurance.

**Objective 1.D.**

Develop and implement a marketing plan to educate individuals, families, caregivers, and service providers to use the aging and disability information and assistance service.

**Strategies**

- 1.D.1. Design and implement a consistent statewide message about the availability of services.
- 1.D.2. Ensure that materials are professionally designed, culturally sensitive, and available in a variety of alternative formats.
- 1.D.3. Ensure outreach to targeted stakeholders:
  - professionals in social services, and medical fields
  - minority and low-income populations
  - senior organizations
  - rural areas
  - limited English proficiency population
  - civic organizations
  - faith-based organizations
  - disability community
- 1.D.4. Develop consistent language and coordinate with the Area Agencies on Aging and Disability when marketing efforts are targeted to their areas.

**GOAL 1. Performance Measure**

Number of individuals assisted through the aging and disability information and assistance service.

|              | <b>2008</b> | <b>2009</b> | <b>2010</b> | <b>2011</b> | <b>2012</b> | <b>2013</b> |
|--------------|-------------|-------------|-------------|-------------|-------------|-------------|
| I&A Contacts | 175,300     |             |             |             |             |             |

2008 baseline figure is from the State Reporting Tool.

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## **GOAL 2: HOME & COMMUNITY BASED SERVICES**

Assist older individuals and adults with disabilities who are at risk of losing their independence making the choice to remain in their homes or communities thus delaying institutionalization in long-term care facilities.

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### **Objective 2.A.**

Ensure that individuals identified through the single point of entry and found to be eligible for in-home services are assessed and served utilizing all available funding sources.

#### **Strategies**

- 2.A.1. Using federal funds provided by the Older Americans Act, authorize supportive services for older Tennesseans and family caregivers in their homes and in the community that will enable them to maintain their independence.
- 2.A.2. On behalf of older persons and adults with disabilities, develop and maintain partnerships with other stakeholders in carrying out the provisions of the Long Term Care Community Choices Act of 2008.
- 2.A.3. Using State of Tennessee funds for the Options for Community Living Program, authorize in-home services for older Tennesseans and other adults with disabilities that will enable them to maintain their independence.

### **Objective 2.B.**

Actively seek out grant opportunities and funding sources to develop programs to complement or expand existing services.

#### **Strategy**

- 2.B.1. Maintain and grow relationships with partners and stakeholders including key state agencies, statewide organizations, and private and non-profit entities with statewide influence.

### **Objective 2.C.**

Work with the Area Agencies on Aging and Disability, the service provider network, and TennCare to implement best practices for enrolling consumers and providing in-home services through streamlining processes, using technology, and providing training and technical assistance to service provider agencies and workers.

#### **Strategies**

- 2.C.1. Monitor program implementation and contract compliance through on-site visits, desk audits, and quarterly reports.
- 2.C.2. Based upon recommendations from the monitoring, provide technical assistance and training for contractors.

- 2.C.3. Plan and implement statewide and regional training events in conjunction with the Area Agencies on Aging and Disability and providers to foster the network.

**Objective 2.D.**

Regarding in-home services funded by the State and the federal Older Americans Act, develop strategies to address the waiting lists.

**Strategies**

- 2.D.1. Seek additional funding.
- 2.D.2. Design a cost-efficient, self-directed support component as a service option to allow an individual or family to hire a person of their choice to provide the support needed.
- 2.D.3. Prioritize waiting list based upon greatest risk of institutionalization.
- 2.D.4. Ensure optimal use of Older Americans Act funds and state funds to delay enrollment in long term care Medicaid services.

**Objective 2.E.**

Provide information and education to consumers and service providers to empower them to make informed decisions about using long-term care Medicaid services.

**Strategy**

- 2.E.1. Provide training to Area Agencies on Aging and Disability, service providers, and other stakeholders about essential services, housing options, estate recovery, financial planning options, Miller Trust, public benefits and programs.

**Objective 2.F.**

Provide family and informal caregivers with information, assistance, counseling, training, respite and other services that help them support their relatives and friends at home.

**Strategy**

- 2.F.1. Develop a payment system for caregivers' to purchase vouchers for services.
- 2.F.2. Develop individualized care plans for caregivers that help them continue their caregiving role.
- 2.F.3. Support grandparents and other relatives who are raising/caring for minor children.
- 2.F.4. Develop online or video training for caregivers (i.e., how to transfer and wound care).

**Objective 2.G.**

Partner with the Alzheimer's Association and Area Agencies on Aging and Disability to improve support, counseling and education on Alzheimer's Disease and related dementia.

**Strategy**

- 2.G.1. Develop a comprehensive infrastructure for Alzheimer’s Disease and related dementia through the Tennessee Commission on Aging and Disability.
- 2.G.2. Seek funding for services related to the Alzheimer’s Disease and Related Dementia Task Force recommendations.

**GOAL 2. Performance Measure**

By program, the number of individuals who receive home and community based services, thus avoiding costly institutional long-term care.

| <b>PROGRAM</b>      | <b>2008</b>   | <b>2009</b> | <b>2010</b> | <b>2011</b> | <b>2012</b> | <b>2013</b> |
|---------------------|---------------|-------------|-------------|-------------|-------------|-------------|
| Older Americans Act | 30,078        |             |             |             |             |             |
| Options Program     | 2,941         |             |             |             |             |             |
| <b>Total</b>        | <b>33,019</b> |             |             |             |             |             |

2008 baseline figure is from the State Reporting Tool and the Options Program Report.

**GOAL 3: HEALTH PROMOTION & DISEASE PREVENTION**

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.

**Objective 3.A.**

In partnership with the Area Agencies on Aging and Disability, expand evidence-based health promotion and disease prevention activities.

**Strategies**

- 3.A.1. Collaborate with state agencies (i.e., Health Department and UT Extension Offices) to provide training and technical assistance for disease prevention strategies.
- 3.A.2. In partnership with the Area Agencies on Aging and Disability, collaborate with the Tennessee Federation for the Aging to provide technical assistance and training for senior center directors and staff.
- 3.A.3. Develop creative methods for funding senior centers to implement evidence-based programs that address disease prevention, chronic disease self-management, medication management, physical activity, depression, and fall prevention.
- 3.A.4. In partnership with the Area Agencies on Aging and Disability, provide technical assistance and training to assist senior centers in adapting to the changing demographics and needs of the baby boomer generation.

**Objective 3.B.**

Reduce hunger and food insecurity, promote opportunities for socialization, health, and well-being by providing meals that comply with Dietary Guidelines for Americans and provide 1/3 of the Recommended Dietary Intake to eligible older persons.

**Strategies**

- 3.B.1. Provide meals in congregate nutrition sites and, for those individuals unable to participate in group meals, deliver meals to consumers' homes.
- 3.B.2. Maximize the use of American Recovery and Reinvestment Act funds for congregate meals (nutrition sites, senior centers or other group settings) and home-delivered meals.
- 3.B.3. Provide nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.
- 3.B.4. Develop menus for congregate and home-delivered meals that reflect religious, ethnic, cultural or regional dietary requirements or preferences.
- 3.B.5. Evaluate the feasibility of using standardized menus for congregate and home-delivered meals across the State and by purchase of food in bulk.
- 3.B.6. Target outreach to minority populations, low-income populations, and rural populations.
- 3.B.7. Create meals and settings that are attractive to the baby boomer generation.
- 3.B.8. Provide technical assistance to comply with nutrition education and counseling requirements.

**Objective 3.C.**

Advocate for access to a variety of transportation options critical to ensuring older adults are able to maintain healthy, active lives in their communities.

**Strategies**

- 3.C.1. Join with transportation leaders and the Aging Network to strengthen partnerships for the purpose of planning.
- 3.C.2. Develop local action plans that address the mobility needs of older adults including door-to-door and door-through-door (assisted transportation or escort) programs.
- 3.C.3. Seek funding opportunities for local transportation projects.
- 3.C.4. Take a leadership role in advocating for the transportation needs of older persons and other adults with disabilities.

- 3.C.5. Encourage partnerships with Senior Transportation Institute (National Center on Senior Transportation).
- 3.C.6. Advocate for livable communities through partnerships with the National Association on Area Agencies on Aging and Partners for Livable Communities ([www.aginginplace.com](http://www.aginginplace.com)).

**Objective 3.D.**

Provide objective one-on-one counseling, information distribution and assistance to people with Medicare, potential Medicare consumers, their families and other advocates through the State Health Insurance Assistance Program (SHIP) and provide public education.

**Strategies**

- 3.D.1. Maintain a cadre of trained SHIP Counselors and volunteers in each district.
- 3.D.2. Disseminate information about Medicare and related insurance and benefits that help to maintain healthy aging.
- 3.D.3. Recruit, train and retain volunteers.
- 3.D.4. Design and implement community outreach to individuals eligible for Medicare Part D Low-Income Subsidy, Medicare Savings Programs and other benefits.
- 3.D.5. Assist beneficiaries with finding affordable prescription drugs during coverage gaps and access to drugs not covered under Medicare Part D.

**GOAL 3. Performance Measure**

- Number of older individuals participating in programs provided by senior centers
- Number of older individuals eating nutritious meals at congregate meal sites
- Number of older individuals provided home-delivered meals
- Number of persons provided SHIP Counseling

| <b>PROGRAM</b>                               | <b>2008</b>    | <b>2009</b> | <b>2010</b> | <b>2011</b> | <b>2012</b> | <b>2013</b> |
|----------------------------------------------|----------------|-------------|-------------|-------------|-------------|-------------|
| Senior Center Participants                   | 166,213        |             |             |             |             |             |
| Individuals Served Meals in Congregate Sites | 13,557         |             |             |             |             |             |
| Individuals Provided Home-Delivered Meals    | 10,344         |             |             |             |             |             |
| Individuals Provided SHIP Counseling         | 10,709         |             |             |             |             |             |
| <b>Total</b>                                 | <b>200,823</b> |             |             |             |             |             |

2008 baseline figure is from the State Reporting Tool and SHIPtalk.

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## **GOAL 4: ELDER RIGHTS**

Develop, strengthen, and enhance elder rights services in the State that prevent elder abuse, neglect, and exploitation.

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### **Objective 4.A.**

Provide Ombudsman services for older residents of all long-term care facilities in the State through district Long-term Care Ombudsmen and a cadre of Volunteer Ombudsman Representatives (VORs) in each district.

#### **Strategies**

- 4.A.1. Explore funding opportunities to enhance the existing services to long-term care facilities to comply with ratio established by the National Long Term Care Ombudsman Resource Center.

### **Objective 4.B.**

Provide Guardianship services for older individuals who, due to lack of capacity to make informed decisions, are unable to manage health and financial decisions and have no suitable family, friend, bank, or corporation to act on their behalf.

#### **Strategies**

- 4.B.1. Increase public awareness about the availability of the program by targeting judges, social service agencies, and other stakeholders.
- 4.B.2. Maintain a cadre of trained and nationally certified guardians across the state.

### **Objective 4.C.**

Provide Legal Assistance for older individuals with issues concerning social security; food stamps; Medicare/Medicaid; nursing home access and care; power of attorney; living wills; adult abuse, neglect and exploitation; housing; utilities; age discrimination; and/or conservatorship.

#### **Strategies**

- 4.C.1. Enhance coordination between legal assistance providers and other aging network providers to facilitate referrals.
- 4.C.2. Ensure that legal assistance services provide education about current and timely legal issues facing older persons.
- 4.C.3. Partner with the Tennessee Bar Association to develop a relationship that would result in additional educational opportunities and pro-bono or reduced fee services to older persons.

### **Objective 4.D.**

Develop and implement a statewide initiative to recruit, train, and retain volunteers to work in the Elder Rights programs.

**Strategies**

4.D.1. Develop comprehensive volunteer programs to support the Public Guardian for the Elderly Program and Long Term Care Ombudsman Program in each district.

**Objective 4.E.**

Collaborate with state and local government agencies and community organizations to support and encourage the development of regional and statewide coalitions for the prevention of elder abuse and awareness about Elder Rights.

**Strategies**

4.E.1. Monitor legislation that will protect individuals with Alzheimer’s and related dementia and adults with disabilities.

4.E.2. Continue to organize Vulnerable Adult Coalition activities and seek out opportunities to create awareness about abuse, neglect and exploitation of vulnerable adults.

**GOAL 4. Performance Measure**

Number of Tennesseans assisted through the Legal Assistance Services  
Number of long-term care residents assisted through the Ombudsman services  
Number of individuals assisted through the Guardianship services

| <b>PROGRAM</b>   | <b>2008</b> | <b>2009</b> | <b>2010</b> | <b>2011</b> | <b>2012</b> | <b>2013</b> |
|------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Legal Assistance | 1,006       |             |             |             |             |             |
| LTC Ombudsman    | 2,798       |             |             |             |             |             |
| Guardianship     | 438         |             |             |             |             |             |
| Total            | 4,242       |             |             |             |             |             |

2008 baseline figure is from the State Reporting Tool, Ombudsmanager and Public Guardian Reports.

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**GOAL 5: MANAGEMENT PRACTICES**

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

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**Objective 5.A.**

Effectively lead a State Unit on Aging that supports the initiatives of the Older Americans Act, the Options for Community Living Program, the State Health Insurance Assistance Program and the Alzheimer’s Disease Task Force.

**Strategies**

5.A.1. Enhance and improve partnerships with Area Agencies on Aging and Disability as related to the development and implementation of programs.

5.A.2. Monitor contracts and program implementation.

- 5.A.3. Provide training and technical assistance for fiscal and information technology staff at the State and AAAD level.
- 5.A.4. Seek out grants opportunities and funding sources to develop programs to complement or expand existing services.
- 5.A.5. Maintain and grow relationships with partners and stakeholders including key state agencies and statewide organizations including private and non-profit entities with statewide influence.
- 5.A.6. Advocate for the needed services identified in the Comprehensive Needs Assessment, in coordination and cooperation with agencies that provide needed services such as rural transportation, Silver Alert, adult foster homes, dental care/dentures, eye care/glasses, hearing exams/hearing aids, support for older persons or adults with disabilities who have income above program financial eligibility requirements, walkable communities, retention of service provider staff, and training for medical and law enforcement.
- 5.A.7. Advocate for consumers enrolled in the Statewide Waiver for Elderly and Disabled as they transition to the Managed Care Organization system of case management outlined in the Long Term Care Community Choices Act.
- 5.A.8. Update and improve the information available on the TCAD website.
- 5.A.9. Contract with Tennessee's Shared Services Solutions Division to assist with human resources, requests for proposals and contracts, and other services as needed to streamline agency business practices.
- 5.A.10. Ensure that TCAD managers are aware of the agency budget and the statewide funding levels of the programs over which they have program responsibilities.
- 5.A.11. Implement the State Plan on Aging and the Alzheimer's Disease Task Force Plan.
- 5.A.12. Provide technical assistance that will promote participation in Census 2010 to ensure a correct tally statewide that will maximize the potential for state and federal funding for TCAD programs.

**GOAL 5. Performance Measure**

Number of grant proposals written

Number of grants awarded

**2008 Grant Activity 1/1/08 – 12/31/08**

| <b>GRANT</b>                                                                                            | <b>WROTE PROPOSAL / AWARDED FUNDS</b>                                                                                                                                                                       | <b>AMOUNT AWARDED</b> |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Request for Proposal on Best Practices for Collaboration between Independent Living and Aging Advocates | <b>Awarded</b><br>(Collaboration with the Statewide Independent Living Council and the Council on Developmental Disabilities)                                                                               | \$8,000               |
| Aging and Disability Resource Center No-Cost Extension                                                  | <b>Awarded</b>                                                                                                                                                                                              | \$200,000             |
| State Health Insurance Assistance Program – Basic, Supplemental & Performance Grants                    | <b>Awarded</b>                                                                                                                                                                                              | \$1,200,000           |
| Innovation Grant to Better Serve People with Alzheimer’s Disease and Related Disorders                  | <b>Awarded</b><br>(Collaboration with the Area Agencies on Aging and Disability, Tennessee Respite Coalition, and the Alzheimer’s Associations)                                                             | \$236,253             |
| Alzheimer’s Disease Demonstration Grant                                                                 | <b>Wrote Proposal</b><br>(Collaboration with the Alzheimer’s Association, Tennessee Respite Coalition, Mental Health Association, Knox County Office on Aging, and the Area Agencies on Aging & Disability) |                       |
| <b>YEAR-END TOTAL</b>                                                                                   | <b>5 / 4</b>                                                                                                                                                                                                | <b>\$1,644,253</b>    |

**2009 Grant Activity 1/1/09 – Present**

| <b>GRANT</b>                                                                                                   | <b>WROTE PROPOSAL / AWARDED FUNDS</b> | <b>AMOUNT AWARDED</b> |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|
| State Health Insurance Assistance Program – Basic & Medicare Improvement for Patients and Providers Act Grants | <b>Awarded</b>                        | \$1,400,000           |
| American Recovery and Reinvestment Act                                                                         | <b>Awarded</b>                        | \$1,972,292           |
| <b>YEAR-END TOTAL</b>                                                                                          |                                       |                       |

**2010 Grant Activity**

| <b>GRANT</b> | <b>WROTE PROPOSAL / AWARDED FUNDS</b> | <b>AMOUNT AWARDED</b> |
|--------------|---------------------------------------|-----------------------|
|              |                                       |                       |
|              |                                       |                       |
| <b>TOTAL</b> |                                       |                       |

## Focus Areas

### *Services for Native Americans (Title VI)*

Tennessee does not have an officially recognized Indian Tribal Organization and does not receive funding from AoA for Grants for Services for Native Americans. Tennessee does have a Commission of Indian Affairs which has the following vision:

Obtain and provide information on Native American healthcare issues in Tennessee, educate Tennessee's native population and Tennessee healthcare networks about Native American healthcare issues specific to Native Americans, to provide information on healthcare issues, and provide programs on Native American healthcare issues in Tennessee.

The Medicare Improvement for Patients and Providers Act (MIPPA) for Beneficiary Outreach and Assistance grant provided an opportunity for TCAD to partner with Native American groups for the first time. MIPPA funding will target outreach to Indian communities. Census 2000 data reported approximately 45,000 individuals living in Tennessee self-identified as American Indians. In addition to the Commission on Indian Affairs, SHIP has identified and will contact the following eleven groups that represent tribes or Native American organizations to determine where coordination of effort can be maximized:

- The Native American Indian Association of Tennessee, Statewide
- The Tennessee Native American Convention, Middle Tennessee
- The Tennessee Alliance for Native American Indian Rights, Statewide
- American Indian Association of Millington TN
- Elk Valley Band / Council of Chickamauga Cherokee, Estill Springs, TN
- Chickamauga Circle Free Cherokee, Chattanooga, TN
- Chikamaka-Cherokees, Tracy City, TN
- Free Cherokee Tennessee River Band Chickamauga, Jasper, TN
- Tennessee River Band of Chickamauga Cherokee, Chattanooga, TN
- Tennessee River Band of Chickamauga, Chickamuga Station, TN
- Confederation of Tennessee Native Tribes

### *State and Community Programs on Aging Coordination (Title III)*

In addition to the customary Older Americans Act Programs offered by the Area Agencies on Aging and Disability, Tennessee has also had the opportunity to leverage the state system through the *Innovation Grant to Better Serve People with Alzheimer's Disease and Related Disorders*. Activities through this grant extend the length of time a caregiver can function effectively in their role as caregiver through the use of family-directed respite care, empowerment and natural networks. It provides a single entry point

for services for rural and urban populations including education and training specific to the ethnic and cultural issues of the African American population in the urban areas.

TCAD partnered with two other state agencies to secure a *Best Practices for Collaboration between Independent Living and Aging Advocates Grant* in 2008 which brought together staff from the Aging Network and the Disability Community for a joint training for the first time. Forty-four people working at the state and local level to provide information and assistance or referral services to older persons or individuals with disabilities participated in the event which included presentations and discussions facilitated by professional facilitator. Relationships were built that have increased the likelihood that consumers needing information are being served appropriately.

TCAD will coordinate with the AAADs and monitor American Recovery and Reinvestment Act of 2009 (ARRA) nutrition funds to ensure older persons with low incomes, especially low-income minority older persons, persons living in rural areas and persons with limited English proficiency are receiving nutritious meals within the federal guidelines.

TCAD is committed to securing additional funds to promote coordination activities such as these in the future. Relationships built through the Aging and Disability Resource Connection Advisory Council will continue to be an asset when future grants become available. Tennessee is also committed to furthering coordination of services for caregivers, Native Americans groups, and all older Tennesseans and adults with disabilities when opportunities present themselves.

### *Vulnerable Elder Rights Protection Activities (Title VII)*

The Tennessee Vulnerable Adult Coalition (TVAC) was established in 2008. The mission of TVAC is: To bring Tennessee public and private entities together to promote the collaboration necessary to prevent the abuse, neglect, and exploitation of vulnerable adults. As the lead agency for the coalition, TCAD organized the first annual World Elder Abuse Awareness Day Event in 2008 and the second is scheduled for June 15, 2009. A Tennessee Vulnerable Adult Coalition brochure and a MySpace page (<http://www.myspace.com/tvac2008>) were developed help to promote public awareness. In 2006, Adult Protective Services investigated approximately 8,124 cases of abuse, neglect and exploitation of vulnerable adults and 68% of the cases involved frail victims age 60 and older.

The Long Term Care Community Choices Act includes a provision to establish an Ombudsman program to ensure the rights of consumers receiving home and community based services.

### *Disaster Preparedness*

TCAD has added an Emergency Management chapter to its Policies and Procedures Manual that gives full details about what is to be done at the Area Agency level in preparation for and during an emergency situation. The TCAD Emergency Support Coordinator (ESC) has been trained and certified by the Tennessee Emergency Management Agency. The ESC has trained TCAD staff and has coordinated with and

provided technical assistance to the nine Area Agencies on Aging and Disability to develop contingency plans and programs for continuity of operations (COOP) in the event of an emergency or disaster. The ESC has also provided training to various groups across the. The TCAD COOP may be found in **APPENDIX 7**.

### *Faith Based Initiatives*

The *Innovation Grant to Better Serve People with Alzheimer's Disease and Related Disorders* awarded to Tennessee also included plans for clergy conferences across the state. The Alzheimer's Connection Conference was held in Nashville in August 2008. The first in this series of conferences brought together 35 clergy leaders and caregivers from African American Churches for a day of awareness, education, and information about where to go for resources.

The conference brought in speakers providing information about a variety of topics:

- African Americans and Alzheimer's Disease
- Caregiving
- Depression and African Americans
- End of Life Issues
- Pain and Addiction
- Diabetes and African Americans

A follow-up Caregiving Workshop was held in February 2009 for the same invitees in Nashville with presentations from the Legal Aid Society about planning, an Area Agency on Aging and Disability Family Caregiver Specialist spoke about the National Family Caregiver Support Program, and an administrator and a volunteer from two different hospice agencies, the directors from the Arthritis Foundation and the Alzheimer's Association spoke about their organizations.

The Alzheimer's Connection Conference will be replicated in Chattanooga in June 2009. The conference steering committee made up of community leaders will develop a conference that will reach out to the entire Alzheimer's Community. A third conference is scheduled for July 2009 to be held in Nashville with a focus on Hispanic Churches.

Each Area Agency on Aging and Disability seeks out opportunities to coordinate or collaborate with faith based programs in the area served. All of the Area Agencies conduct group presentations for church groups to market the AAAD, target low-income and minority older persons, and provide public education on a number of topics. Churches are also involved in volunteering to deliver meals. The following table shows examples of other faith based activities within the past year.

## Area Agency Faith Based Coordination

| Area Agency                    | Faith Based Group                          | Service(s)                                                                                          | Relationship with AAAD                                               |
|--------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>First Tennessee</b>         | Parish Nurse Program                       | In-home health care and social services                                                             | Reciprocal training                                                  |
|                                | Christ in Youth                            | Chores and Home Repairs                                                                             | Provides chore and repair services to individuals identified by AAAD |
|                                | Milligan College                           | Volunteer Recruitment                                                                               | Marketing and education                                              |
| <b>Southeast Tennessee</b>     | Churches                                   | Resource Book Dissemination                                                                         | Marketing and education                                              |
| <b>Upper Cumberland</b>        | Clark United Methodist Church              | Chores                                                                                              | Contractor                                                           |
|                                | Algood United Methodist Church             | Alzheimer's Task Force Public Forum                                                                 | Forum Host                                                           |
| <b>South Central Tennessee</b> | Churches                                   | Volunteer Recruitment                                                                               | Marketing and education                                              |
| <b>Northwest Tennessee</b>     | Bethel College                             | Volunteer Recruitment for Ombudsman & Public Guardian                                               | Marketing and education                                              |
| <b>Aging Commission</b>        | Metropolitan Interfaith Association (MIFA) | Handyman, Senior Transportation, Senior Companion Program, Long Term Care Ombudsman, and MIFA meals | Contractor                                                           |
|                                | White Station Church of Christ             | Emergency service coordination                                                                      | Hurricane Gustav Disaster Support                                    |

### *Health Care System Coordination*

The Department of Health, the Department of Mental Health and Developmental Disabilities, and the Veterans Administration are represented on the Commission on Aging and Disability. The TCAD Executive Director and the Waiver Program Administrator are both Fellows in the American College of Healthcare Executives. There are three nurses on staff at TCAD. Despite this wealth of knowledge at TCAD, there is little interaction with the state's health care system. This may change if the proposal to have managed care organizations provide case management for both health care and home and community based services through the Statewide Home and Community Based Services Waiver as outlined in the Long Term Care Community Choices Act of 2008. TCAD will take the leadership role in the Choices Act by conducting quality assurance reviews and assisting the Area Agencies on Aging and Disability to develop the single point of entry system once the Choices Act is implemented.

Within the last year TCAD has participated in several statewide Health Department initiatives. The Assistant Director has attended meetings with the Injury Surveillance, Prevention and Control Program to promote two initiatives related to preventing injuries from falls—the Matter of Balance Program and the Fall Prevention Toolkit. Plans to train a master trainer and coaches are currently underway. The Community Services Supervisor has participated in the Emergency Oral Health Task Force and the Diabetes Prevention and Control Program Advisory Council. She has also participated in the Department of Mental Health and Developmental Disabilities’ Tennessee Suicide Prevention Network meetings. The Diabetes and Suicide Prevention groups are writing state plans. This same staff member was involved with the development of the Safety Net programs to help TennCare (health insurance) disenrollees bridge the gap from TennCare coverage to other health care solutions several years ago.

The Statistics unit of the Health Department was instrumental in providing health indicators for the statewide needs assessment. In addition, the staff of TCAD participated in the Health Department’s “Get Fit” initiative in March. Staff documented fitness activities on the Web site [www.getfittn.com](http://www.getfittn.com) during the month of May. This program is available to the public and could be distributed to the Aging Network.

TCAD attempted to coordinate with the Department of Health’s Tennessee Immunization Program when invited to participate in marketing the Immunization Registry. The registry is currently for children born since 1994 and is used by immunization providers to prevent duplication of immunizations. No areas of collaboration were identified.

The program and planning staff of TCAD met with the Tennessee Department of Health, Division of Minority Health, to identify opportunities for local outreach to targeted minority populations with a focus on more rural and low-income minority populations. The next step will be to identify opportunities for reciprocal training.

All of Tennessee’s AAADs are SHIP (State Health Insurance Assistance Program) counseling offices. SHIP offers older Tennesseans better choices, access to affordable medical care, access to affordable prescription drugs, and more control over their health care. Trained counselors provide free and objective information, counseling and assistance to consumers, their adult children, caregivers, health care providers and other advocates about Medicare, Medicaid and all other related health insurance. The AAADs also provide Medication Management services.

The Area Agencies on Aging and Disability (AAAD) are working with local health care providers. Examples of local projects reported by the two AAADs that are Aging and Disability Resource Connection sites include a pilot to work with a hospital in the Greater Nashville area to train discharge planners to facilitate enrollment into home and community based services rather than having their patients admitted to a nursing facility. First Tennessee has identified a number of physicians in the area who work with older persons and people with disabilities. These physicians were given information packets with materials about home and community based services to distribute to their patients. First Tennessee also partners with the Parish Nurse Program. The two agencies provide training for each other about their programs. First Tennessee is also distributing Personal Health Profiles (USB flash drives) to senior centers and providing assistance to train seniors how to enter their emergency contact and health information.

# *Intrastate Funding Formula*

## *GOAL*

To allocate funds to the planning and service areas using a formula that meets the federal regulations, that reflects the purposes of the Older Americans Act, that is consistent with the needs of older persons in Tennessee, and that is derived from the best statewide statistics available.

## *OBJECTIVES*

1. To provide adequate funds to support an area agency with the capacity to perform its mandated functions under the Older Americans Act in each PSA by allotting a minimum base of \$100,000 to each area agency.
2. To take into account the proportion of elderly residing in each PSA.
3. To give priority to elderly in greatest economic need.
4. To provide service funds to low income minority persons at a level greater than that of their proportion of the elderly population, pursuant to Older Americans Act requirements giving special attention to the needs of such individuals.
5. To give special emphasis to the elderly residing in rural areas.
6. To reflect the needs of “at risk” frail elders.

## *FORMULA*

Federal funds received under Title III of the Older Americans Act shall be allocated to each of the nine area agencies on aging using the following formula:

1. Ten percent of the Title III funds for area agencies are designated for administration of area agencies on aging. From this amount each area agency is allocated an identical base sub-grant of \$100,000 plus a pro rata share of the remaining funds. The pro rata share shall be equal to the percentage which reflects a given area agency's portion of total State funds allocated to all area agencies by the State agency for nutrition services and senior centers in the State fiscal year immediately preceding the distribution of funds.

2. The remaining ninety percent of the Title III funds for area agencies is allocated for services. This amount shall be distributed as follows:
  - a. Thirty-five percent of the services allocation shall be distributed among the area agencies in proportion to each planning and service area's share of the total number of elderly persons (aged 60 and over) in the state.
  - b. Thirty percent of the service allocation shall be distributed among the area agencies in proportion to each planning and service area's share of the total number of elderly persons with income below 100% of the poverty level established by the Office of Management and Budget.
  - c. Ten percent of the services allocation shall be distributed among the area agencies in proportion to each planning and service area's share of the total number of minority elderly persons with income at or below 100% of the poverty level established by the Office of Management and Budget.
  - d. Fifteen percent of the services allocation shall be distributed among the area agencies in proportion to each planning and service area's share of the total number of elderly living in rural areas (using the U.S. Census Bureau classification of rural, which is “all territory located outside urbanized areas and urban clusters”).
  - e. Ten percent of the services allocation shall be distributed among the area agencies in proportion to each planning and service area’s share of the total number of older individuals who are frail, using age 80 and above as a proxy for frailty.

## *RATIONALE*

Factors and weightings of the formula are based on requirements of the Older Americans Act and reflect the Commission’s commitment to see that dollars follow the most needy persons. At the formula base are all older individuals, 60 years of age or older, recognizing that all persons in this category are eligible for services under the act, and that information and referral must be reasonably available. Additional factors in this formula selected for special weighting include low-income minority, poverty level income, rural locality and frailty. These factors are not mutually exclusive; accumulated weightings determine final outcome. The amount available to more vulnerable populations increases with risk. Thus, the formula assists in targeting vulnerable populations while providing mandated services statewide for all over 60.

## *ASSUMPTIONS AND WEIGHTING*

Particular attention, the highest cumulative weighting, and the greatest per capita funding, is given to low-income minority individuals with social need aggravated by isolated rural living. Special attention to low-income minorities is responsive to their high incidence of

functional disability threatening independent living status, and to the statutory mandate targeting this population. Low-income minority persons not in rural areas are counted three times, as are low income non-minorities in rural circumstances. Weighting for individuals living in rural areas responds to specific rural needs, less extensive rural social service systems, and the difficulty of service delivery in sparsely populated areas. Poor individuals residing in urban areas are counted twice in the formula. The formula provides more than twice as much money per individual to the poor elderly as to those not included in special need categories, because low income is associated with poor health and lack of ability to purchase services. Simply attaining age 60+ carries the lowest risk of need for services. Tables displaying the demographic data used for each formula factor and the allocation of funds to each area agency on aging follow.

*Note* - Tennessee will be using the same intrastate funding formula used in the 2006 – 2009 state plan. Having no more recent data of equivalent quality available since the 2000 Census data, no changes will be made at this time.

## FORMULA FACTORS

| PSA                               | PERSONS AGE 60+<br>2000 CENSUS<br>(TABLE 4) |         | PERSONS AGE 80+<br>2000 CENSUS<br>(TABLE 4) |         | PERSONS 60+ AT OR BELOW<br>100% OF POVERTY LEVEL<br>(TABLE 90) |         | MINORITY PERSONS 60+<br>BELOW HHS POVERTY LEVEL<br>(TABLE 88) |         | PERSONS 60+ RESIDING<br>I RURAL AREAS<br>(TABLE 4) |         |
|-----------------------------------|---------------------------------------------|---------|---------------------------------------------|---------|----------------------------------------------------------------|---------|---------------------------------------------------------------|---------|----------------------------------------------------|---------|
|                                   | Number                                      | Percent | Number                                      | Percent | Number                                                         | Percent | Number                                                        | Percent | Number                                             | Percent |
| FIRST TN                          | 95,130                                      | 10.10%  | 17,280                                      | 10.02%  | 13,190                                                         | 11.13%  | 454                                                           | 1.72%   | 36,125                                             | 10.11%  |
| EAST TN                           | 189,775                                     | 20.15%  | 33,220                                      | 19.25%  | 22,530                                                         | 19.00%  | 1,915                                                         | 7.24%   | 74,705                                             | 20.91%  |
| SOUTHEAST                         | 101,585                                     | 10.78%  | 18,490                                      | 10.72%  | 12,770                                                         | 10.77%  | 2,565                                                         | 9.70%   | 33,965                                             | 9.51%   |
| UPPER CUMBERLAND                  | 61,520                                      | 6.53%   | 10,755                                      | 6.23%   | 9,575                                                          | 8.08%   | 329                                                           | 1.24%   | 41,810                                             | 11.70%  |
| GREATER NASHVILLE                 | 191,515                                     | 20.33%  | 34,635                                      | 20.07%  | 18,675                                                         | 15.75%  | 5,150                                                         | 19.48%  | 52,460                                             | 14.68%  |
| SOUTH CENTRAL TN                  | 70,920                                      | 7.53%   | 13,540                                      | 7.85%   | 9,635                                                          | 8.13%   | 1,103                                                         | 4.17%   | 43,685                                             | 12.23%  |
| NORTHWEST TN                      | 52,920                                      | 5.62%   | 11,080                                      | 6.42%   | 7,515                                                          | 6.34%   | 1,254                                                         | 4.74%   | 32,895                                             | 9.21%   |
| SOUTHWEST TN                      | 43,805                                      | 4.65%   | 8,760                                       | 5.08%   | 6,875                                                          | 5.80%   | 2,095                                                         | 7.93%   | 25,120                                             | 7.03%   |
| AGING COMMISSION                  | 134,875                                     | 14.32%  | 24,780                                      | 14.36%  | 17,790                                                         | 15.01%  | 11,570                                                        | 43.77%  | 16,540                                             | 4.63%   |
| TOTALS                            | 942,045                                     | 100.00% | 172,540                                     | 100.00% | 118,555                                                        | 100.00% | 26,435                                                        | 100.00% | 357,305                                            | 100.00% |
| Percent of state's 60+ Population |                                             |         |                                             |         |                                                                | 12.59%  |                                                               | 2.81%   |                                                    | 37.93%  |

2000 Census of Population and Housing – Special Tabulation on Aging, prepared by the Census Bureau for the Administration on Aging – Tables 4, 88 and 90.

## ALLOCATION OF TITLE III FUNDS

### For Development & Administration of Area Plans by Planning and Service Area

Effective July 1, 2009

| PSA                     | III-C              | III-E            | Total              |
|-------------------------|--------------------|------------------|--------------------|
| First Tennessee         | \$205,200          | \$28,700         | \$233,900          |
| East Tennessee          | \$295,600          | \$53,500         | \$349,100          |
| Southeast Tennessee     | \$210,400          | \$30,200         | \$240,600          |
| Upper Cumberland        | \$193,900          | \$25,700         | \$219,600          |
| Greater Nashville       | \$273,900          | \$47,500         | \$321,400          |
| South Central Tennessee | \$194,600          | \$25,900         | \$220,500          |
| Northwest Tennessee     | \$169,300          | \$19,000         | \$188,300          |
| Southwest Tennessee     | \$160,800          | \$16,600         | \$177,400          |
| Mid South               | <u>\$221,000</u>   | <u>\$33,100</u>  | <u>\$254,100</u>   |
|                         |                    |                  |                    |
| <b>Totals</b>           | <u>\$1,924,700</u> | <u>\$280,200</u> | <u>\$2,204,900</u> |

Funds Estimated Assuming Level Funding From FY 2009  
Based on Administration on Aging Notice Number 2009/2

**FINANCIAL PLAN  
OPERATING BUDGET FOR FY 2010**

**A: Total Resources to be used for State Agency Administration**

|                                          | TITLE III & VII    | OTHER RESOURCES    | TOTAL BUDGET       |
|------------------------------------------|--------------------|--------------------|--------------------|
| <b>OLDER AMERICANS ACT-III &amp; VII</b> |                    |                    |                    |
| State Administration                     | \$1,014,100        | \$379,800          | \$1,393,900        |
| Elder Abuse                              | <u>25,000</u>      |                    | 25,000             |
| <b>OTHER FUNDING RESOURCES</b>           |                    |                    |                    |
| Guardianship                             |                    | 78,800             | 78,800             |
| Alzheimer's Disease Grant                |                    | 55,000             | 55,000             |
| Insurance Counseling                     |                    | 50,000             | 50,000             |
| Medicaid HCBS Waiver                     |                    | <u>1,239,000</u>   | <u>1,239,000</u>   |
| <b>TOTAL</b>                             | <u>\$1,039,100</u> | <u>\$1,802,600</u> | <u>\$2,841,700</u> |

**B: Total Resources Awarded for Substate Planning and Service Delivery**

| <b>AREA AGENCIES ON AGING and CONTRACT SERVICE PROVIDERS</b> |  |                  |                     |
|--------------------------------------------------------------|--|------------------|---------------------|
| <b>FEDERAL FUNDS</b>                                         |  |                  |                     |
| Federal, Title III                                           |  | \$21,544,100     |                     |
| Federal, Title VII                                           |  | 403,500          |                     |
| NSIP Reimbursement                                           |  | 1,776,900        |                     |
| Insurance Counseling                                         |  | <u>594,000</u>   |                     |
| SUB-TOTAL FEDERAL FUNDS                                      |  |                  | \$24,318,500        |
| <b>STATE FUNDS</b>                                           |  |                  |                     |
| Senior Citizen Centers                                       |  | \$1,250,000      |                     |
| State In-Home Services                                       |  | 1,500,500        |                     |
| Guardianship                                                 |  | 1,010,000        |                     |
| Home & Community Based Services                              |  | <u>9,169,800</u> |                     |
| SUB-TOTAL STATE FUNDS                                        |  |                  | <u>12,930,300</u>   |
| TOTAL AREA AGENCIES ON AGING                                 |  |                  | <u>\$37,248,800</u> |
| <b>TOTAL</b>                                                 |  |                  | <u>\$40,090,500</u> |

NOTE: Medicaid HCBS Waiver funding will be paid directly by TennCare to the Area Agencies beginning July 1, 2009.

# PUBLIC HEARING

to present the

## *State Plan on Aging 2009–2013* **Tennessee Commission on Aging and Disability**

the Public Hearing will be held at

### **Knowles Senior Center**

174 Rains Avenue  
Nashville, TN 37203  
615-743-3400

**Thursday, June 4, 2009**  
**1:00 p.m. Central Time**

***Purpose:*** To present the State Plan on Aging 2009 - 2013 to the public for comment prior to submitting the plan to the Administration on Aging on July 1, 2009.

***To View the Plan:*** A draft copy of the plan may be found on the Tennessee Commission on Aging and Disability Web site at [www.tn.gov/comaging](http://www.tn.gov/comaging).

***To Make Comments:*** Oral comments must be accompanied by a written copy. Comments may be submitted at the hearing or sent to the contact person listed below. All comments must be received by 4:30 p.m. CT on June 5, 2009.

***For more information contact:***

Belinda Bruns  
TCAD Public Hearing Coordinator  
615-741-2056, Ext 119

***Send written testimony to:***

TCAD, Andrew Jackson Bldg, 500  
Deaderick St, Nashville, TN 37243-0860  
E-mail testimony to:  
[Belinda.Bruns@tn.gov](mailto:Belinda.Bruns@tn.gov)

## **E-MAIL ANNOUNCEMENTS**

### **To Tennessee Commission on Aging and Disability Members**

From Mike Hann, TCAD Executive Director

If you recall at the last Commission meeting, we discussed that we were working on completing the State Plan on Aging 2009 - 2013. One of the steps we have to take is to conduct a public hearing.

The attached file contains all the announcement information pertaining to that Public Hearing. It also mentions where to find a copy of the DRAFT State Plan on Aging 2009 - 2013 on our website. I would suggest that you download a copy of the DRAFT plan and familiarize yourself with it.

After the public hearing, we will make any changes to the Plan that are necessary and our goal then is to send all of you a FINAL DRAFT of the state Plan on June 8.

Then on June 11, we will have a conference call with you from 2:00 - 3:00 CDT to discuss and approve the plan. I will send out a reminder as we get closer, but I hope that you can annotate your calendar with this day and time.

On June 15, I will send the State Plan to Governor Bredesen for signature and mail it to AoA on July 1.

If you have any questions, my point of contact is Belinda Bruns at (615) 741-2056 ext 119 or [belinda.bruns@tn.gov](mailto:belinda.bruns@tn.gov)

### **To 1,000+ Key Stakeholders**

From Belinda Bruns, TCAD Planning Staff

The Tennessee Commission on Aging and Disability will provide an opportunity for public comment on the State Plan on Aging 2009–2013 at a public hearing. The State Plan on Aging is required by the Administration on Aging to provide an overview of Tennessee’s plan for a comprehensive and coordinated system of long-term supports for older Tennesseans and adults with disabilities and their families.

A hearing will be held on Thursday, June 4, 2009 at 1:00 p.m. Central Time at Knowles Senior Center, 174 Rains Avenue, Nashville, Tennessee.

Participants who wish to provide oral comment must also submit a written copy of the testimony at the hearing. Written comment may also be submitted for consideration if received at TCAD by close of business June 5, 2009. To view a draft copy of the Plan, click on the Plan icon in the Forms and Publications box in the lower right-hand corner of the TCAD website at [www.tn.gov/comaging](http://www.tn.gov/comaging).

Individuals with disabilities wishing to participate in the hearing should contact the Tennessee Commission on Aging and Disability to request auxiliary aids or services needed to facilitate participation.

To submit written comments contact Belinda Bruns, TCAD Public Hearing Coordinator at [Belinda.Bruns@tn.gov](mailto:Belinda.Bruns@tn.gov) or for more information, call 615-741-2056 extension 119.

Please help us advertise the hearing by forwarding this e-mail to anyone who might be interested in the State Plan on Aging. A flyer is also available in the Upcoming Events box on the TCAD website.

# Tennessee Commission on Aging and Disability

## PUBLIC HEARING

on the

# *Tennessee State Plan on Aging* *2009-2013*

Knowles Senior Center  
174 Rains Avenue  
Nashville, TN 37203  
615-743-3400

Thursday, June 4, 2009 at 1:00 p.m. Central Time

### AGENDA

- I. Welcome & Introductions
- II. The State Plan on Aging Process
- III. State Plan on Aging
  - a. Discussion of Goals & Objectives  
(Comments from audience on Goals & Objectives)
  - b. Discussion of Budget & Intrastate Funding Formula  
(Comments from audience on the Budget & Intrastate Funding Formula)
- IV. General Comments on the State Plan, Services or Service Needs

**All comments on the State Plan must be submitted in writing  
in order to be recorded.**

## HEARING COMMENTS & QUESTIONS

**Cheryl Watson Mingle**, Executive Director, McMinnville Warren County Senior Center, Inc. thanked the Commission for the opportunity to participate in the State Plan. She quoted sections of the Older Americans Act that pertain to senior centers, also known as focal points. Section 102 gives the definition of a focal point and gives special designation to senior centers. Section 306 directs designation of focal points for comprehensive service delivery in each community giving special consideration to designating multipurpose senior centers as such focal points. Ms. Mingle reported that there was a senior center in each county in the state. She also reported that the population of older persons was increasing but that there was no increased funding for senior centers. She would like more recognition for senior centers for all they do and asked that they be considered for more funding.

**Greg Johnson**, Mayor of Pikeville, Bledsoe County, reported he had been sitting in on the State budget hearings and posed a question about budget cuts to come. He asked if the Commission knew where budget cuts would be made and what services would be affected. Response: Kathy Zamata reported that no TCAD programs had been cut in the current budget cycle and that she did not know what kind of cuts would be made in the future. Mayor Johnson encouraged everyone to talk with their local representatives to save aging services.

**Robin Rochelle**, Assistant Director of the South Central Area Agency on Aging and Disability, questioned the services under each goal in the State Plan goals and objectives. As an example, transportation was included in Access in the past but was now included in Health Promotion and Disease Prevention. She suggested that the Service Descriptions might need to be updated to be consistent.

**Regina Davis**, Davidson County, asked if senior services provided through Metro Parks and Recreation were included in the TCAD budget. She also asked why Family Resource Centers were not included in the State Plan. Response: Ernestine Bowers, Director of the Greater Nashville Area Agency on Aging and Disability reported that local services were not included in the TCAD budget and due to limited resources TCAD would not be able to expand appropriations to additional programs and services.

**Sharon Merryman**, Case Management Provider, Carter County, asked if the Options Waiver was going to move case management to Managed Care Organizations (MCOs) and if so would current providers of case management be allowed to contract with the MCOs. Response: Kathy Zamata said that the TennCare Waiver, not the Options Program, was going to contract with MCOs to provide case management. She did not know if the MCOs would work with current providers.

**Anita Porter**, RN, Administrator of Quality First Home Care, Lawrence County, provided testimony at the hearing and submitted the following statement via e-mail on June 5, 2009.

I am concerned for the elderly regarding a part of the Choices Act in which patients/clients or their families with needs will be able to hire family/friends or anyone they would like to provide care with state money. As an Administrator of Quality First Home Care and a provider of private duty services and waiver and options services, as well as, skilled nursing, home health aides, social services and therapy services in the home. I have a firsthand knowledge of the volume of work and constant follow-up that it takes to insure that the employees that perform hourly services in the home are there and doing the work they are hired to do.

We only hire certified nurse aides for our waiver and options services so that we can get the best trained and professional staff out there, and it is still a struggle to find employees that will do their job well. I am concerned about the training these people will receive and how abuses are going to be prevented. How can you insure that the people you are paying are qualified to perform the care given? How can you monitor if the caregiver is there for the time they are being paid? You will not be able to ask the patient and get a correct answer because they are often afraid to tell the truth about what is going on in the home.

We have found that families/primary caregivers are often the very ones that are neglecting the elderly or misusing their financial resources. We often have to report them to APS because the patient/client does not have their medicine or food and all their money is gone because the person that is posing as the caring caregiver has taken it. We supervise homes with CNA's as often as every 14 days in some cases and we have found that every 14 days is not enough.

Out of the approximately 100 cases we currently have, I can think of only maybe 2 or 3 that would have a possibility of a trustworthy support system that could be looked at to see if this is an option. The oversight required to administer this program well, and the huge potential of abuse is very concerning to me for the liability of the state and for the exploitation of the elderly that will occur.

## **ADDITIONAL COMMENTS**

### *Received Prior to the Hearing via E-mail*

May 22, 2009

More needs to be done for persons with disabilities. Please do not let congress take away what services we do have in Upper East Tennessee. Their current health care does not cover near their needs. Programs are closing down and they need services such as dental, mental health facilities, and services for the challenged persons.

Thank You

**Edna Potts**

Kingsport TN

June 1, 2009

This email is being sent to you in response to the email you sent me on 5-22-2009 regarding the Tennessee State Plan on Aging. I would like to provide some comments, if possible, as they relate to injury, in particular, falls prevention and the Matter of Balance

program referred to briefly in the Comprehensive Needs Assessment on page 49. As the coordinator of the Injury Surveillance, Prevention and Control Program and currently the only Tennessee Master Trainer for the Matter of Balance Program (a Maine Partnership for Healthy Aging Program), I would like to provide you first with some details regarding injury and deaths from falls. I would also like to provide some information as it relates to a Fall Prevention Toolkit that is available from our office. In it are details about how to provide education to older adults to prevent falls and enable independence longer. It is a great resource for all of the regional centers.

Lastly, I would like to provide comments and recommendations for how our state office (EMS) can assist you in the strategies outlined in your state plan.

1. Injury and Deaths from Falls: Our office provides injury surveillance and produces reports for the CDC pertaining to injury. Here are some alarming facts. While senior adults, ages 65 and over currently only represent about 13% of the states population, they make up 69% of all injury hospitalizations from falls, and 78% of those who die from falls.
2. The Council on Injury Surveillance, Prevention and Control has identified Fall Prevention as one of their priorities in their Strategic Injury Prevention Plan. As part of the plan we will be targeting older adults, 65 and older, in our Older Adult Safety Instructional Series (OASIS). We will be piloting the program as early as this fall in 15 counties throughout the middle Tennessee region (with the exception of Sullivan County; it is currently seeking a Safe Community designation). As part of the program, prevention education will be provided on selected topics that include falls, fire, motor vehicle, poisonings and disaster preparedness. While some participants may attend a one hour session on the prevention of falls, others will be targeted for the 8 weeks (2 hour sessions) Matter of Balance Program. Currently I am working to train Coaches for the Matter of Balance Program. Dates of training are: June 17/June 19 and July 13/14. These coaches will then be able to provide education as the local level. I am currently working with Kathy Zamata and her staff on recruiting coaches for the program. Additionally, I am working with the local health councils in the participating counties.
3. A Fall Prevention Tool Kit is available. All resources on this disc can be printed from the CD. There are handouts that are very useful.
4. Lastly, here are my recommendations: Based on the need to increase partnerships with other state agencies to promote health lifestyles and provide educational programs, training, and support.....
  - A. Please include us in your table on page 8 of the State Plan on Aging. In the Department of Health Section: Council on Injury Surveillance, Prevention, and Control- Training, Outreach and Support (attached)
  - B. In the table on page 14, please include us in the Department of Health Section. (5) Matter of Balance and Fall Prevention Toolkit (attached)
  - C. Our council and the program would like to inform you that we can assist you with your goals 2 and 3.
    1. Goal 2: Home and Community Based Services, Strategies 2.A.1

2. Goal 3: Health Promotion and Disease Prevention, Strategies 3.A.1, 2, and 3 and Strategy 3.C.2

Please let me know if I can be of further assistance.

**Rose Boyd**, Public Health Educator  
Tennessee Department of Health, Division of Emergency Medical Services  
Integrated Core Injury Surveillance, Prevention, and Control Program  
Nashville, TN

### *HEARING PARTICIPANTS*

|                      |                 |
|----------------------|-----------------|
| Ann W. Roberts       | Sumner County   |
| Regena Davis         | Davidson County |
| Tommy L. Spencer     | Knox County     |
| Doug Livesay         | Sullivan County |
| Sharon Merryman      | Carter County   |
| Doug Merryman        | Carter County   |
| Donna Brazier        | Lincoln County  |
| Jim Reynolds         | Lincoln County  |
| Debra Holmes         | Davidson County |
| Ernestine Bowers     | Davidson County |
| Joe Evans            | Maury County    |
| James Coy Anderson   | Lincoln County  |
| Robin Rochelle       | Maury County    |
| Cheryl Watson Mingle | Warren County   |
| Connie C. Rigsby     | Cannon County   |
| William Edington     | Davidson County |
| Charline Greer       | Davidson County |
| Anita Porter         | Lawrence County |
| Lee Stewart          | Davidson County |
| Lulus Witherspoon    | Davidson County |
| Brittany Singhas     | Davidson County |
| Greg Johnson         | Bledsoe County  |
| Sandy Matthews       | Maury County    |
| Gary Garrett         | Sumner County   |
| Beth Zeitlin         | Davidson County |
| Alexandra Berg       | Sullivan County |

#### **TCAD Staff**

Kathy Zamata  
Belinda Bruns  
Janet Lamb  
Tabitha Satterfield

# Continuity of Operations Plan

**Agency Name:** Tennessee Commission on Aging and Disability (TCAD)

**Physical Address:** 8<sup>th</sup> Floor, Suite 825  
Andrew Jackson Building  
500 Deaderick Street  
Nashville, TN 37243-0860

**Telephone:** 615-741-2056

**Fax:** 615-741-3309

**Web Address:** [www.tn.gov/comaging](http://www.tn.gov/comaging)

**PRIMARY Emergency Services Coordinator (ESC):**

LaVerdia McCullough, Aging Program Coordinator, TCAD

Home: 615-XXX-XXXX  
Cell: 615-XXX-XXXX  
Work: 615-741-2056, Ext. 121  
E-Mail: [Laverdia.McCullough@tn.gov](mailto:Laverdia.McCullough@tn.gov)

**ALTERNATE Emergency Services Coordinator (ESC):**

Kathy Zamata, Assistant Director, TCAD

Home: 615-XXX-XXXX  
Cell: 615-XXX-XXXX  
Work: 615-741-2056, Ext. 129  
E-Mail: [Kathy.Zamata@tn.gov](mailto:Kathy.Zamata@tn.gov)

**Executive Director:**

Mike Hann, Executive Director, TCAD

Home: 615-XXX-XXXX  
Cell: 615-XXX-XXXX  
Work: 615-253-2565  
E-Mail: [Mike.Hann@tn.gov](mailto:Mike.Hann@tn.gov)

**EMERGENCY:** Dial 9-1-1

**Non-Emergency:** 615-862-8600 (Metro Nashville/Davidson County)

**Andrew Jackson Facility: Delta Room:** 615-741-5690 (In case of building emergency, ESC should immediately notify Security Staff at Delta Room.)

**First Aid Kit:** Located in Break Room (upon entering agency, Break Room is the first hard-walled room to right of front doors) in top, left cabinet.

**Shelter in Place Plan:** Every TCAD staff member should have and maintain a personal 72-Hour Kit to be kept at his or her desk. Employees should use their 72-Hour Kits in the event the building is quarantined and no one is allowed to leave.

In such an event, staff will be permitted to contact family members to provide information about their safety. (Instructions on preparing a 72-Hour Kit are given to each new employee by the TCAD Emergency Services Coordinator during New Employee Orientation. A master instruction packet for preparing a 72-Hour Kit is available at the Front Desk for review at any time.)

**Evacuation of Agency/Building during Business Hours:** All staff will leave the building under the direction of Floor Wardens, following the evacuation plans prescribed by the State of Tennessee. If re-entry to the building is impossible after evacuation, the ESC or Alternate ESC will instruct staff at the designated Evacuation Meeting Site as to next steps for conducting agency business.

**Conducting Business if Agency/Building is Inaccessible:** In the event the agency or building is inaccessible, the Primary or Alternate ESC will notify the following individuals:

- 1) TCAD Executive Director;
- 2) TCAD Supervisory Staff;
- 3) Area Agency on Aging and Disability Directors;
- 4) Area Agency on Aging and Disability Emergency Services Coordinators (ESCs).

Utilizing the agency Telephone Tree (see illustration below), TCAD Supervisors will contact staff members to notify of building inaccessibility. Supervisors will provide plans tailored to the specific emergency or disaster situation to instruct staff members how each should proceed with work assignments during the period when building is not accessible.

**Telephone Tree:** To initiate dissemination of information to all staff, individual with first information on a disaster or emergency should immediately contact Primary ESC or Alternate ESC. First ESC contacted will notify other ESC, TCAD Executive Director and Agency Supervisory Staff of situation. Supervisory Staff will contact staff members in each individual's Section.

## TCAD Telephone Tree

(Information below is provided to illustrate telephone notification process only.)

| NAME                                                | PHONE NUMBER | E-MAIL ADDRESS |
|-----------------------------------------------------|--------------|----------------|
| <b>Primary ESC/Alternate ESC to Contact:</b>        |              |                |
| Alternate/Primary ESC                               |              |                |
| TCAD Exec. Director                                 |              |                |
| TCAD Supervisors                                    |              |                |
| AAAD Directors                                      |              |                |
| AAAD ESCs                                           |              |                |
|                                                     |              |                |
| <b>Executive Director to Contact:</b>               |              |                |
| Assistant Director                                  |              |                |
| Fiscal Officer                                      |              |                |
| Aging Program Director                              |              |                |
|                                                     |              |                |
| <b>Assistant Director to Contact:</b>               |              |                |
| Elder Rights Supervisor                             |              |                |
| Planning & Evaluation Supervisor                    |              |                |
| Community Services Supervisor                       |              |                |
| <i>(Supervisors to Contact Their Staff Members)</i> |              |                |
|                                                     |              |                |
| <b>Fiscal Officer to Contact:</b>                   |              |                |
| Account Manager                                     |              |                |
| Human Resource Supervisor                           |              |                |
| Procurement Officer                                 |              |                |
| <i>(Supervisors to Contact Their Staff Members)</i> |              |                |
|                                                     |              |                |
| <b>Aging Program Director to Contact:</b>           |              |                |
| QA Supervisor                                       |              |                |
| Marketing Supervisor                                |              |                |
| Information Services Supervisor                     |              |                |
| <i>(Supervisors to Contact Their Staff Members)</i> |              |                |

# List of Assurances

## **Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2006**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

### **ASSURANCES**

#### **Sec. 305 (a) - (c), ORGANIZATION**

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose Senior Centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with 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) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

## **Sec. 306 (a), AREA PLANS**

(2) Each area agency on aging shall 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.

(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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will 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

(4)(C) Each area agency on agency shall provide 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) Each area agency on aging shall 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)(F) Each area agency will: 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;

(9) Each area agency on aging shall 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.

(11) Each area agency on aging shall 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.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.

(13)(C) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out 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;

### **Sec. 307, STATE PLANS**

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000 and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division

(A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program

consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and
- (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
  - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
  - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

- (A) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas;
  - (iii) older individuals with 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;
  - (iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and  
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and  
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A) and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--  
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;  
(B) are patients in hospitals and are at risk of prolonged institutionalization; or  
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall  
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and  
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--  
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and  
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated

with access to services provided under this title, to services under title VI, to comprehensive counseling services and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

### **Sec. 308, PLANNING, COORDINATION, EVALUATION and ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

(1) The State plan shall provide an assurance that Tennessee, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that Tennessee will hold public hearings and use other means, to obtain the views of older Tennesseans, area agencies on aging, recipients of grants under title VI and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that Tennessee, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older Tennesseans have access to and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that Tennessee will use funds made available under this subtitle for a chapter in addition to and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that Tennessee will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect and exploitation under chapter 3—

(A) in carrying out such programs the Tennessee Commission on Aging and Disability will conduct a program of services consistent with relevant State law and coordinated with existing Tennessee adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older Tennesseans participating in programs under this Act through outreach, conferences and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) Tennessee will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

### **REQUIRED ACTIVITIES**

#### **Sec. 307(a) STATE PLANS**

(1)(A)The State Agency requires 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) The State plan is based on such area plans.

*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance and transportation services), nutrition services and multipurpose Senior Centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to

low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form and containing such information, as the Assistant Secretary may require and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically and with comparable quality, by such State agency or area agency on aging.

  
\_\_\_\_\_  
Signature and Title of Authorized Official

  
\_\_\_\_\_  
Date