

**AREA PLAN SCHEDULE  
FY 2023 – 2026**

<b>Task</b>	<b>Deadline</b>	<b>Responsible Agency</b>
<b>1. Area Plans Format and Instructions</b>	<b>2/1/2022</b>	<b>Tennessee Commission on Aging and Disability (TCAD)</b>
<b>2. Advertise Public Hearing</b>	<b>3/12/2022</b>	<b>Area Agency on Aging and Disability (AAAD)</b>
<b>3. Public Hearings on Area Plan</b>	<b>3/26/2022</b>	<b>AAAD</b>
<b>4. AAAD RFP Process in Place</b>	<b>3/1/2022</b>	<b>AAAD</b>
<b>5. Area Plan Submitted (Submit signed copy of plan via email)</b>	<b>4/4/2022</b>	<b>AAAD</b>
<b>6. Review Area Plan and communicate to AAADs if clarification or correction is needed</b>	<b>4/15/2022</b>	<b>TCAD</b>
<b>7. Area Plan revisions submitted to TCAD, if needed</b>	<b>4/22/2022</b>	<b>AAAD</b>
<b>8. TCAD staff approval of Area Plans</b>	<b>4/29/2022</b>	<b>TCAD</b>
<b>9. Commission members given link to Area Plans</b>	<b>5/3/2022</b>	<b>TCAD</b>
<b>10. Discussion of Area Plan process at Commission Meeting</b>	<b>5/10/2022</b>	<b>TCAD</b>
<b>11. Contracts sent to AAADs</b>	<b>5/13/2022</b>	<b>TCAD</b>
<b>12. Contracts sent to TCAD for processing</b>	<b>As Soon as Possible</b>	<b>AAAD</b>
<b>13. TCAD signs contract and sends to General Services—Central Procurement Office for contract approval</b>	<b>5/20/2022</b>	<b>TCAD and General Services</b>
<b>14. AAAD contracts with service providers</b>	<b>7/1/2022</b>	<b>AAAD</b>
<b>15. Copies of AAAD Provider Contracts submitted to TCAD</b>	<b>7/8/2022</b>	<b>AAAD</b>

**Area Plan Instructions**  
**FY 2023 – 2026: July 1, 2023, to June 30, 2026**

Instructions for each exhibit are provided in the table below. It is recommended that you review the TCAD State Plan, <https://www.tn.gov/aging/administration/state-plan-on-aging.html>, as you prepare the Area Plan.

<b>EXHIBIT</b>	<b>TITLE</b>	<b>INSTRUCTION</b>
	Submittal Page	Submit
	Intro Page	Submit page following the Submittal Page
A-1	Designated PSA	Complete
A-2	AAAD County Data	Insert the County Data for your AAAD (Data will be provided by TCAD, First TN is included as a sample)
A-3	Needs Assessment and Program Challenges	Complete this section based on information provided in the Statewide Survey
B-1	Plan for Program Development & Coordination	If your plan includes the use of III-B fund for program development and coordination, provide narrative on how those funds will be used
C-1	FY 2022 Highlight of Accomplishments	Provide a status update of accomplishments
C-2	Goals, Objectives, Strategies, and Performance Measures	Provide objectives, strategies, and performance measures for FY 2023-2026 based on goals included in the TCAD State Plan
C-3	Program Planning for FY 2023	Provide information to the questions detailing program planning for FY 2023.
C-4	Targeting Status report	Update the actual accomplishments for FY 2022 (Last complete 12-month period.)
C-5	Targeting Plan, Title VI	Complete the AAAD Title VI Implementation Plan for FY 2023 - 2026
D-1	AAAD Staffing	Provide information to questions around AAAD staffing
D-2	Training & Staff Development Plan	Complete
E-1	Advisory Council	Complete information on Advisory Council
E-2	Public Hearing	A public hearing is required, and this section must be completed detailing information regarding the hearing
E-3	Advisory Council Participation in the Area Plan Process	Provide information on the involvement of the Advisory Council in the Area Plan process

F-1	Direct Provision of Services Provided by OAA Funding	Submit this waiver indicating which services the AAAD is requesting to provide directly.
F-2	Five Day Requirement	Submit this waiver if the AAAD is requesting to waive the five-day meal requirement for any of its nutrition sites.
F-3	Required Minimum Expenditures for Priority Service	Submit this waiver if the AAAD is requesting to waive the requirement to meet the minimum expenditures
F-4	Cost Share Requirement	Submit this waiver if the AAAD is requesting to waive cost share requirements
F-5	TCAD Policy Requirement	Submit this waiver if the AAAD is requesting to waive a TCAD policy requirement
G-1	Assurances	Sign the attached documents which include the three (3) assurances. The assurances must be signed as a part of the FY 2019-2022 Area Plan
H-1	Budget Area Plan	Submit using the attached excel document. <i>(Please send a copy in the excel format)</i>
H-2	Personnel Area Plan	Submit using the attached excel document. <i>(Please send a copy in the excel format)</i>
H-3	Subcontracting Agencies	Complete and submit using the attached excel spreadsheet listing the subcontracting agencies for FY 2019 <i>(Please note any additions or deletions of subcontracting agencies to this document will need to be updated and resubmitted) (Please send a copy in the excel format)</i>
H-4	Nutrition Sites	Complete and submit using the attached excel spreadsheet listing nutrition sites for FY 2023 <i>(Please send a copy in the excel format)</i>

**SUBMITTAL PAGE**

- (X) Area Plan for July 1, 2023 - June 30, 2026
- ( ) Amendment (Date): \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Sara Fowler, Director  
Aging and Disability Services  
Greater Nashville Regional Council

The Area Agency Advisory Council has participated in the development and final review of the Area Plan. Advisory Council members, participation in public hearing, and participation in Area Plan process is included in Exhibit E-1 to E-3 of the Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Don Ames, Chair  
Area Agency Advisory Council

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Michael Skipper, Executive Director  
Greater Nashville Regional Council

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Paige Brown, President  
Greater Nashville Regional Council

# **AREA PLAN on AGING and DISABILITY**

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

Greater Nashville Regional Council

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Designated Area Agency on Aging and Disability

for the

Greater Nashville

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Planning and Service Area

**in TENNESSEE for  
July 1, 2023 – June 30, 2026**

### Designated Planning and Service Area

AAAD Name:	Greater Nashville Regional Council
Physical Address:	220 Athens Way, Ste 200, Nashville, TN 37228
Mailing Address (if different):	-
AAAD Phone and Fax Number:	Phone 615-862-8828 Fax 615-246-2688
AAAD Email Address:	sfowler@gnrc.org
Website:	<a href="https://www.gnrc.org/">https://www.gnrc.org/</a>
AAAD Director:	Sara Fowler
In Operation Since:	1965
Mission:	The mission of the Greater Nashville Regional Council is to assist local communities and state agencies in the development of plans and programs that guide growth and development in the most desirable, efficient, and cost-effective manner, while ensuring the continued long-term livability of the region.

**AAAD County Data**

<b>Greater Nashville Regional Council Area Agency on Aging and Disability</b>							
<b>Geography</b>	<b>Population</b>		<b>Language</b>	<b>Poverty</b>			<b>Rural</b>
	<b>60+ Population</b>	<b>% of 65+ who are minority</b>	<b>% of individuals ages 65+ who speak language other than English At Home</b>	<b>% of individuals ages 65+ who are below 100% FPL</b>	<b>% of total 65+ population who are below poverty</b>	<b>% of total 65+ population who are Low Income Minority</b>	<b>% of all 65 who are Rural</b>
<b>Cheatham County</b>	7,757	5%	2.49%	8.39%	7.83%	0.49%	82.96%
<b>Davidson County</b>	108,865	25%	6.18%	8.69%	8.80%	3.58%	3.41%
<b>Dickson County</b>	10,694	8%	2.55%	9.38%	8.96%	0.78%	67.75%
<b>Houston County</b>	2,100	6%	4.48%	13.00%	12.63%	0.68%	100.00%
<b>Humphreys County</b>	4,809	3%	1.05%	8.95%	8.62%	0.09%	82.49%
<b>Montgomery County</b>	24,283	20%	6.83%	7.25%	7.32%	2.46%	19.74%
<b>Robertson County</b>	12,834	9%	1.16%	7.75%	9.18%	1.31%	53.24%
<b>Rutherford County</b>	40,640	12%	4.89%	6.79%	7.30%	1.40%	17.02%
<b>Stewart County</b>	3,500	6%	4.46%	16.58%	17.45%	1.51%	100.00%
<b>Sumner County</b>	35,767	7%	2.78%	6.40%	5.80%	0.77%	27.88%
<b>Trousdale County</b>	1,793	17%	0.47%	9.61%	11.23%	1.79%	100.00%
<b>Williamson County</b>	35,577	7%	4.38%	4.60%	4.83%	0.43%	19.39%
<b>Wilson County</b>	26,003	8%	2.20%	5.75%	6.62%	0.93%	38.47%

### Needs Assessment and Program Challenges

As a part of the Statewide Survey, questions were asked to both older adults and providers. The top challenges or unmet needs for each are listed below:

<b>Older Adult Survey Top 5</b>	
What challenges keep you from being more active in your community?	What improvements would make your day-to-day life better?
<ul style="list-style-type: none"> <li>• COVID-19 Concerns (62.19%)</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 Safety (47.18%)</li> </ul>
<ul style="list-style-type: none"> <li>• Health concerns or lack of healthcare (11.76%)</li> </ul>	<ul style="list-style-type: none"> <li>• Social Needs (47.2%)</li> </ul>
<ul style="list-style-type: none"> <li>• Financial concerns (7.5%)</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in financial concerns (7.92%)</li> </ul>
<ul style="list-style-type: none"> <li>• Transportation (6.9%)</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise and Recreational Activities (6.72%)</li> </ul>
<ul style="list-style-type: none"> <li>• Social Needs (6.5%)</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation (5.64%)</li> </ul>

<b>Service Provider Survey Top 4</b>	
What are the three (3) most common unmet needs you see in your older adult population?	In Tennessee, what are the three (3) most pressing changes to be made in order to improve daily life for older adults?
<ul style="list-style-type: none"> <li>• Social Needs (43.7%)</li> </ul>	<ul style="list-style-type: none"> <li>• Social Needs (21.1%)</li> </ul>
<ul style="list-style-type: none"> <li>• Transportation (33.3%)</li> </ul>	<ul style="list-style-type: none"> <li>• Home and Community Based Services, “HCBS” (19.9%)</li> </ul>
<ul style="list-style-type: none"> <li>• Nutrition (29.4%)</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation (19.9%)</li> </ul>
<ul style="list-style-type: none"> <li>• Access to Healthcare (22.9%)</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition (14.7%)</li> </ul>

1. Choose three (3) areas of unmet need or challenges mentioned in the above surveys that the AAAD sees as challenges the AAAD will face in the next 4 years. If you conducted a needs assessment for your planning area and identified needs not addressed in the above survey, you may choose those as a part of your three (3) areas.

- Social Needs
- Transportation
- Nutrition

2. As the State plans to be effective in the provision of services and supports to Older Tennesseans, we must utilize all available resources, including both people and money. In



your planning and coordination, outline the strategies the AAAD will use to address these challenges and include the use of the following solutions:

- Collaborative - build on new and existing partnerships
- Diverse - provide a greater variety of services and programs to meet the needs of all populations
- Streamlined - create easier access to services and programs
- Data-driven - use data to inform decisions and track successes
- Anticipatory - address both immediate needs of older adults and the needs of future older adults

#### Social Needs

- Collaborative – Continue to support Senior Center programming, including telephone reassurance services. Develop relationships with entities (medical facilities, home health, medical supply providers, emergency services, etc.) who may be able to identify isolated individuals and refer them to GNRC.
- Diverse – Encourage Senior Centers to increase offering of innovative programming, including intergenerational activities, community volunteering, wellness and education programs, and to increase virtual access to engage all older adults. Offer support to Centers in this programming as appropriate.
- Streamlined – Partner with agencies to refer isolated individuals directly to GNRC/GNRC programming, creating an easier pathway to access needed services and programs.
- Data-Driven – Use data to identify areas with higher populations of older adults/adults with disabilities who live alone in order to target outreach efforts. Track services, such as telephone reassurance, geared toward
- Anticipatory – Encourage Senior Centers to offer innovative programming that appeals to a wide range of older adults, increasing the number of older adults who become and stay socially engaged.

#### Transportation

- Collaborative – Partner with state and local transportation service providers and volunteer transportation programs in the region.
- Diverse – Seek out and support additional volunteer transportation programs throughout the region.
- Streamlined – Work with GNRC’s Community and Regional Planning Department to advocate for the needs of older adults and adults with disabilities with the goal to improve access to existing transportation options and services.
- Data-Driven – Work with GNRC’s Community and Regional Planning Department to evaluate data related to older adults and transportation access.
- Anticipatory – Participate in efforts to coordinate transportation for older adults and adults with disabilities, developing systems that will serve older adults for years to come.

### Nutrition

- Collaborative – Work with nutrition partners to offer a variety of Nutrition programs to meet consumers’ needs. Partner with at least two providers of nutrition services, and advocate for providers’ needs to be met to improve service.
- Diverse – In addition to traditional congregate and home delivered meals, examine the possibility of continuing grab-n-go meals and supplemental nutrition programs (e.g., grocery box program). Seek to expand menu offerings to allow for meal choice.
- Streamlined – Continue to work with nutrition partners to make nutrition services accessible and efficient.
- Data-Driven – Review data from existing supplemental nutrition programs and participation levels for grab-n-go meals to examine the benefits and possibility of continuing these offerings.
- Anticipatory – Advocate for providers’ needs to be met to improve and expand service, allowing providers to serve more older adults more efficiently.

3. In the Service Provider survey, they identified barriers to improving the lives of older adults. These are related to areas of systems change. Choose one (1) of the following areas that the AAAD identifies as a barrier and include efforts the AAAD will make within the 4-year Area Plan cycle to address systems change in that particular area:

- Not Enough Services/Organizations (25.97%)
- Inadequate Funding (24.2%)
- Staffing Issues (13.9%)
- Rules/Regulations (8.6%)
- Transportation (8.2%)

### Inadequate Funding

- Continue to advocate for increased rates for Options/OAA/FCSP in-home services
- Continue to advocate for an increased per-client cap for Options/OAA/FCSP in-home services
- Continue to meet match for IIIIE funding in order to reimburse Providers at the highest rate possible

## Plan for Program Development and Coordination

The AAAD is proposing to use \*\$125,400 in Title III-B direct service funds to pay for Program Development and Coordination during FY 2023. TCAD allows up to 10% of these funds to be used for this purpose. The proposed amount represents approximately 8% of the AAADs new Title III-B direct service allotment.

*\*Amount is based on Fiscal Year 2022.*

If **yes**, include a goal, objectives, and strategies that describe the program development/coordination activities that will be performed by the AAAD staff member(s) paid from these funds and how these activities will have a direct and positive impact on the enhancement of services for older persons in the PSA. Costs should be in proportion with the benefits described.

Goal: Promote, expand, and maintain services provided to older adults in the region

Objective: Maintain the high quality of services and programs offered by contracted senior centers and providers

Strategies:

- Continue program monitoring of contracted service providers and senior centers
- Maintain partnerships with existing service providers and senior centers
- Continue to seek quality additional service providers, which may include:
  - Home modification services
  - Pest control services
  - In-home services
  - Nutrition services
  - Transportation services
  - Other supportive services

Objective: Improve awareness of the services available to older adults and adults with disabilities through partnerships

Strategies:

- Actively seek new partnerships, especially with those who represent/advocate for hard-to-reach communities

Potential partnerships may include:

- Community Centers
- Libraries
- Additional Senior Centers
- Westminster Home Connection
- Medical facilities
- Low-cost and sliding-scale health clinics
- Home health providers
- Emergency Services
- Additional volunteer transportation programs

- Faith-based organizations
- Local United Ways
- Organizations that serve individuals with limited English proficiency
- Strengthen existing partnerships, including:
  - 211 Helpline
  - AgeWell Middle Tennessee
  - Tennessee Disability Pathfinder
  - Adult Protective Services
  - Members of the Accessible Transportation Workgroup
  - County and community fairs
  - AARP Tennessee
  - ALS Association TN Chapter
  - The Branch of Nashville
  - Catholic Charities
  - Community Helpers of Rutherford County
  - Healthy Nashville Leadership Council
  - Martha O'Bryan Center
  - Matthew Walker Comprehensive Health Center
  - Nashville International Center for Empowerment
  - Nashville Refugee & Immigrant Collective
  - Nashville CARES
  - Parkinson's Foundation KY/TN
  - Parkinson's Foundation/Vanderbilt Neurology
  - Rural Health Association of Tennessee
  - St. Luke's Community House
  - UT Extension Stewart Co.
  - UT Extension Cheatham Co.
  - United Way of Nashville
  - United Way of Greater Clarksville
  - VUSNAPS
  - Williamson County Enrichment Center

Objective: Expand capacity for providing and promoting programs and services through volunteer coordination.

Strategies:

- Maintain and strengthen partnerships for volunteer recruitment, including Hands-On Nashville
- Continue to expand partnerships to bring a wide range of volunteer opportunities available on GNRC's volunteer platform
- Continue to identify volunteer opportunities to increase capacity in Aging & Disability Services
- Continue to coordinate volunteers for various programs

## **FY 2022 Performance Highlight of Accomplishments with ACL Federal Funds and State Allocations**

(Please limit your response to 3 pages)

Provide a status update of the progress and accomplishments of the following federal and state program areas (*Be sure to include accomplishments related to carryover funds used in FY 2022 as these were a part of the FY 2021 Area Plan Update*):

### **Older Americans Act Funding**

#### ❖ Title IIIB Supportive Services:

- Information and Assistance:
  - Maintained the Greater Nashville Region Resource Directory in the WellSky Aging & Disability Database.
  - Translated marketing and outreach materials for the helpline and services available into Spanish, Farsi, and Arabic.
  - Continued to convene a network of I&R professionals (I&R Coalition) on a monthly basis.
  - Continued to participate in professional development, including AIRS conferences.
  - Continued to utilize the Information & Assistance Helpline survey to capture feedback from consumers and improve service.
  - Maintained AIRS certification for all eligible Information and Assistance staff.
- In-Home Services:
  - Held monthly meetings/training sessions for Options and IIIB Case Management staff with updates and training on various topics.
  - Provided mandatory training for GNRC's provider network on documentation, Title VI, program requirements, and more.

#### ❖ Title IIIC Nutrition Services:

- Held quarterly nutrition provider meetings to provided needed training and guidance, including training on volunteer recruitment.
- Metro Social Services has reduced staff costs by making most Congregate meal sites volunteer-run.
- Provided training on SNAP and AAAD Nutrition Programs.
- From July 1, 2019, to January 31, 2020, 2,048 individuals have been served a total of 229,434 meals using Title IIIC funds. Additional meals have been provided via other funding sources.

- ❖ Title IIID Disease Prevention & Health Promotion:
  - Encouraged contracted senior centers to take advantage of opportunities to offer fall prevention programs. As a result:
    - 8 senior centers are offering SAIL
    - 1 senior center began offering CDSMP in January 2022
  
- ❖ Title III E National Family Caregiver Support Program:
  - Held monthly meetings/training sessions for Case Management staff with updates and training on various topics.
  - Provided 20,485 hours of respite services to 217 caregivers in the region.
  - Expanded services available to relative caregivers by adding before/after care, tutoring, and daycare.
  
- ❖ Title VII Elder Rights
  - On October 26-28, 2021, Elder Abuse brochures were distributed to participants at the 2021 TFA Annual Conference in Gatlinburg, TN.
  - On October 23, 2021, GNRC distributed Elder Abuse brochures and Scam Prevention educational placemats to participants at a Drive-Thru Shred Event (sponsored by the Elder Watch Committee) at Fifty Forward Knowles Center in Nashville, TN.
  - On November 10, 2021, GNRC offered a presentation “Preventing Holiday Scams” to seniors at Fifty Forward Martin Center in Brentwood, TN.
  - GNRC will share information at the Drive-Thru Shred Event scheduled on May 21, 2022, at Trevecca Towers sponsored by Middle Tennessee Elder Watch Committee.
  - During 2021 -2022, GNRC served on the following committees: Middle Tennessee Elder Watch Committee and Tennessee Vulnerable Adult Coalition.

### **State Funds**

- ❖ OPTIONS Home and Community Based Services:
  - *See in-home services under Title IIIB Supportive Services above*
  
- ❖ Guardianship:
  - Continued implementing (with in COVID-19 Guidelines) previously revised training orientation for new Public Guardianship program volunteers.
  - Staff continue to diligently provide services to clients, who are appointed by the Circuit, Civil, and Probate Court systems.
  - Guardianship staff contact clients and caregivers monthly, and quarterly assessments are done on each client determining any changes and/or needs that require follow-up.
  - In person visits have resumed. If a facility has shut down due to a Covid outbreak or the client has Covid cannot be visited, visits are conducted via alternatives: facetime, window visits, or speaking with client over the phone.
  - Relevant staff underwent training to meet CEU requirements of the National Guardianship Association along with trainings required by TCAD specifically for the

Public Guardianship Program. All Staff attended CAT training and conference virtually.

**Other**

❖ SHIP:

- Reached 2987 individuals through mailings regarding the LIS/MSP programs available for individuals meeting certain income requirements.
- Reached 3647 individuals with PDP worksheets.
- Staffed booths at 4 County Fairs.
- Exhibited at Sounds Game, Wilco Pow Wow, and NAIA Pow Wow.
- Participated in Health Fairs.
- Gave presentations for Organizations including Siloam Health and St. Luke's.
- Assisted individuals in applying for LIS/MSP assistance.
- Recruited and trained new SHIP volunteers.

## **FY 2022 Highlight of Accomplishments from Other Funding Sources**

(Please limit your response to 3 pages)

Provide a status update of any accomplishments from other funding sources that have been made regarding goals included in the FY 2021 Area Plan Update.

### **Families First**

- Families First services funding was spent in FY 2020.

### **Cares**

#### ❖ IIIB Supportive Services:

- 5 senior centers piloted a Grocery Delivery service beginning in September 2020, and three additional centers joined the program early in calendar 2021.
- Through the Grocery Delivery program, 1338 boxes of groceries and personal care items have been delivered to 244 households of persons 60 and older (as of January 31, 2022).
- Working with 2 volunteer transportation program partners, rides have been provided to older adults, prioritizing trips to vaccine and medical appointments.

#### ❖ IIIC Nutrition Services:

- GNRC's nutrition partners, MSS and MCHRA, will be providing additional meals to individuals to ensure nutritional needs are being met throughout the week.
- GNRC's nutrition partner, MCHRA, will also be providing temporary meal support to individuals on the nutrition waitlist for the duration of this one-time funding.

#### ❖ IIIE National Family Caregiver Support Program:

- *GNRC is transferring CARES NFCSP funds to provide additional Nutrition services and Grocery Delivery.*

### **Covid III – HDM Supplemental**

#### ❖ IIIC Nutrition Services:

- Mid-Cumberland Human Resource Agency expects to begin using this funding in March 2022.



## Goals, Objectives, Strategies, and Performance Measures

**Goal 1:** Ensure that programs and services funded with federal Older Americans Act (OAA) are cost effective and meet best practices.

Objective: Provide exceptional **Information and Assistance** services, including referrals and resources, that are available and accessible throughout the region

Strategies:

1. Collaborate with partners in the I&R Coalition (GNRC, 211, AgeWell, Pathfinder)
2. Update the Information and Referral database on a continual basis
3. Expand GNRC's I&R resource library with new materials to be mailed to/shared with consumers, especially informational materials about medical diagnoses, healthy lifestyles, and independent living
4. Strengthen collaboration with referring partners to better help consumers access services
5. Offer in-person assistance at Community I&R days throughout the 13-county region
6. Provide interactive, self-guided information about services and programs on a virtual platform
7. Offer I&R helpline services via online chat
8. Continue to ensure that all eligible Information and Assistance staff are AIRS certified

Performance Measures:

1. In FY 2023, meet monthly with the I&R coalition to seek opportunities for information sharing and collaboration
2. In FY 2023, update GNRC's I&R database
3. By the end of FY 2023, add at least 2 new printed materials to the I&R resource library
4. In FY 2023, meet quarterly with at least 1 referring partner to share information about programs and establish contacts
5. By the end of FY 2023, identify at least 2 accessible and central location partners for regular Community I&R days
6. By the end of FY 2023, identify, acquire, and begin implementation of online tools for interactive information and online chat assistance
7. In FY 2023, all eligible Information and Assistance staff will continue to be AIRS certified

Objective: Working with partners, offer a variety of **Nutrition** programs to meet consumers' needs

Strategies:

1. Continue to ensure that congregate and home delivered meals are available throughout the region
2. Examine the possibility of continuing grab-n-go meals
3. Seek to expand menu offerings to allow for meal choice

4. Continue supplemental nutrition programs (e.g., grocery box program), as funding is available

Performance Measures:

1. In FY 2023, partner with at least 2 providers of nutrition services
2. In FY 2023, advocate for meal providers' needs to be met in order to improve accessibility of meals
3. By the end of FY 2023, identify program models for and potential limitations of offering meal choice
4. In FY 2023, evaluate the possibility of and opportunities for continuing the grocery box program

Objective: Ensure **Options, Title III-B, and Family Caregiver Support Program** consumers have access to a variety of services from a reliable network of in-home service providers or from self-direction

Strategies:

1. Expand and strengthen in-home service provider network
2. Seek to offer participation in self-direction to Options, OAA, and FCSP clients
3. Add service options to GNRC's offerings in these programs
4. Increase the number of consumers being served through OAA and Options programs
5. Increase efficiency of case management/service coordination processes

Performance Measures:

1. In FY 2023, assess roadblocks and issues in-home service providers are facing and determine what support is needed
2. In FY 2023, begin to advocate for increased support for in-home service providers, including increasing reimbursement rates (as determined by the assessment)
3. In FY 2023, seek approval for and, upon approval, implement OAA self-direction
4. In FY 2023, identify and contract with at least 1 provider for home modification, pest control, or chore services
5. In FY 2023, look into partnering with AgeWell Middle Tennessee to sponsor seminars for working caregivers
6. By the end of FY 2023, increase number of individuals who receive services through Options/OAA by 15%
7. By the end of FY 2023, increase number of caregivers who receive respite services through NFCSP by 15%
8. By the end of FY 2023, meet with in-home service providers to provide valuable training
9. By the end of FY 2023, strive to expend at least 92% of IIIIE funds.

Objective: Increase access to services and supports for older adult **family caregivers** who are caring for children

Strategies:

1. Continue to offer summer camps, daycare, before-care, after-care, and tutoring assistance through partner agencies

2. Work with partners to increase the number of families served through programs serving older adults caring for children

Performance Measures:

1. By the end of FY 2023, work with partners to identify the needs of programs for grandparents raising grandchildren
2. By the end of FY 2023, include information about these programs in promotional material

Objective: Through partnerships and senior centers, offer **Evidence-Based Programming** to older adults throughout the region

Strategies:

1. Support contracted senior centers to offer more evidence-based programming that is relevant to their members
2. Partner with established organizations to widen the variety of evidence-based programs offered in the region
3. Identify current offerings, gaps, and interest in evidence-based programming in the region

Performance Measures:

1. In FY 2023, support evidence-based programming offered by Senior Centers.
2. In FY 2023, conduct a survey of contracted Senior Centers to identify interest in and roadblocks to offering additional evidence-based programming
3. In FY 2023, support CAPABLE in partnership with FiftyForward and Westminster Home Connection
4. By the end of FY 2023, identify evidence-based programming or similar programming currently offered in the region to seek potential partnerships and to prevent duplication of efforts

Objective: Encourage **Senior Centers** to be places for all older adults to find community and enrichment

Strategies: \*GNRC will encourage Senior Centers in the region to...

1. Continue to design programming and services with those who are still working, raising children, or caring for parents in mind
2. Continue to connect with and offer appropriate activities that appeal to minority groups in the Center's community
3. Increase reach to older adults who cannot travel to the Center through technology and telephone reassurance
4. Increase offering of intergenerational activities and community volunteering
5. Increase offering of wellness and education programs
6. Seek innovative ways to engage older adults, including the young-old, in the Centers and communities

Performance Measures: \*GNRC will...

1. By the end of FY 2023, promote telephone reassurance services through case management, presentations, and informational materials

2. Throughout FY 2023, make Senior Centers aware of meaningful volunteer opportunities available in their communities, as appropriate
3. In FY 2023, connect interested Senior Centers with funding and resources for evidence-based programming and wellness programming
4. By the end of FY 2023, identify potential innovative Senior Center programming, such as intergenerational programs or technology training.
5. By the end of FY 2023, meet with senior center staff or directors at least twice to provide valuable training

Objective: Support **Transportation** programs in the region to increase access to reliable transportation for older adults

Strategies:

1. Continue to provide funding to existing partners for transportation services
2. Continue to provide funding to volunteer transportation programs in the region

Performance Measures:

1. In FY 2023, contract with Mid-Cumberland Human Resource Agency for transportation services for older adults
2. In FY 2023, contract with at least 3 volunteer transportation programs in the region

Objective: Increase public awareness of **Elder Abuse**

Strategies:

1. Disseminate information about recognizing and reporting elder abuse throughout the region
2. Maintain partnerships with Adult Protective Services, Middle TN Elder Watch Committee, and others

Performance Measures:

1. By the end of FY 2023, distribute educational brochures on elder abuse and scams at at least 2 events in the region
2. In FY 2023, promote resources about elder abuse on GNRC social media
3. In FY 2023, continue to work with APS to respond to suspected cases of elder abuse
4. In FY 2023, continue to be involved with Middle TN Elder Watch Committee.

Objective: (LASMTC) Irrespective of income, all applicants/clients and clients 60 years of age or older receive **Legal Assistance** at no cost from the Legal Aid Society of Middle Tennessee and the Cumberlandands (LASMTC)

Strategy:

1. Elder law staff will meet with OAA applicants and clients over the telephone, at LAS offices, in their residence, nursing home or senior centers to evaluate and ensure access to legal assistance.

FY 2023 Performance Measure:

1. Quarterly reports will be evaluated to ensure that service objectives are met.

Objective: (LASMTC) Support and enhance multi-disciplinary responses to elder abuse, neglect, and exploitation involving Adult Protective Services (APS), Ombudsman, **Legal Assistance**, law enforcement, healthcare professionals, and financial institutions.

Strategies:

- Establish a partnership with the Tennessee Vulnerable Adult Coalition and/or other partners in the elder abuse prevention community to identify best means of distributing elder abuse prevention information.
- Establish a solid partnership with APS to increase awareness of services and contact information.
- Public outreach will be directed to community partners, seniors, and caregivers to educate, identify, and respond to elder abuse, neglect, and exploitation.
- Establish working relationships with the Vulnerable Adult Protective Investigative and law enforcement to provide assistance and information as needed.

FY 2023 Performance Measures:

1. By the end of FY 2023, continue to participate in the development of a statewide community education and awareness campaign to promote statewide senior services and increase awareness of legal aid services.

Objective: (LASMTC) Continue to try to increase **Legal Services** provided to enhance overall service delivery capacity and enable older adults to remain independent, healthy, and financially secure in their homes and communities of choice by the end of FY 2023

Strategies:

1. Staff will be trained to evaluate and conduct capacity assessments for seniors on an ongoing basis.
2. Statewide legal providers will partner to integrate available legal services.
3. Legal assistance will include tools and printed materials to empower and educate Tennessee seniors.

FY 2023 Performance Measures:

1. Quarterly reports will be evaluated to ensure objectives are met

Objective: (MCHRA) All residents of long-term care facilities will receive assistance from the **Ombudsman program**, upon request, without regard to age, race, nationality, gender, income, sexual orientation, or gender identity at no cost to the service recipient during the FY 2023 – 2026 area plan period.

Strategies:

1. Ombudsman Program staff and trained Volunteer Ombudsman Representatives will provide advocacy services to long-term care residents on resolving resident complaints.
2. District Long-Term Care Ombudsman will publicize the need for volunteers through media outlets in 13 counties and will offer quarterly volunteer training opportunities and provide monthly support and ongoing training meetings for volunteers.

3. Establish and maintain working relationships with Legal Aid Society of Middle Tennessee, the Tennessee Vulnerable Adult Coalition, Adult Protective Services, the TN Department of Health, Vulnerable Adult Protective Investigative Teams, the TN Justice Center, and TN Disability Rights to address complaints by residents of long-term care facilities.
4. Make quarterly visits to each long-term care facility to assess resident care.

Objective: (MCHRA) Educate long-term care residents and citizens on services available through the **Ombudsman** program throughout the area plan period.

Strategies:

1. Share printed and verbal information with residents and citizens on the Ombudsman program and how to access services.
2. Speak, upon request, to resident councils, family councils, civic groups, faith groups, senior centers and other venues on the ombudsman program and its services.

Objective: (MCHRA) Provide guidance on addressing the needs of long-term care residents and navigating the long-term care system

Strategies:

1. Provide consultations to facility staff on creating long-term care communities that are safe, provide for quality living, respect resident rights, and offer excellence in care to residents.
2. Provide information and referral consultations to individuals on navigating the long-term care system or identifying resources to prolong independence.

FY 2023 Performance Measures (for all Objectives):

1. 100% of resident complaints received by the Ombudsman that fall within the Ombudsman Scope of Services will be investigated and 90% of them resolved to the resident's satisfaction and 90% will report that their knowledge of the ombudsman program has been increased.
2. The program will be found to be in substantial compliance at its annual monitoring by the Tennessee Commission on Aging & Disability. Monthly reports will be submitted to the State Long-Term Care Ombudsman.
3. Quarterly reports will be submitted to the AAAD and the State Long-Term Care Ombudsman.
4. Provide 600 consultations per year to facility staff on creating long-term care communities that are safe, provide for quality living, respect resident rights, and offer excellence in care to residents.
5. Provide 200 information and referral consultations per year to individuals on navigating the long-term care system or identifying resources to prolong independence.
6. Educate 1,000 long-term care residents and citizens per year on resident rights and services available through the Ombudsman program and give them literature on the program.
7. Per revised requirements from the State Ombudsman, make quarterly visits to all nursing homes and two visits per year to assisted living facilities and residential homes for the aged to monitor conditions and speak with residents.

*\*Objectives, strategies, and performance measures related to Ombudsman are set by Mid-Cumberland Human Resource Agency.*

**Goal 2:** Develop partnerships with aging network, community-based organizations, local governments, healthcare providers and state departments in order to advocate to reduce the gaps in services as identified in the needs assessment.

Objective: Working with partners, provide older adults and adults with disabilities opportunities to fill **Social Needs** and alleviate **Social Isolation**

Strategies:

1. Develop relationships with entities (medical facilities, home health, emergency services, etc.) who may be able to identify isolated individuals and refer them to GNRC
2. Promote Family Caregiver Support Program, telephone reassurance, nutrition, and other services with a focus in areas with older adults/adults with disabilities who live alone
3. Continue to support Senior Center programming throughout the region (as identified in Goal 1)

Performance Measures:

1. By the end of FY 2023, share information about GNRC services with at least 4 medical agencies/businesses (home health, clinics, hospitals)
2. By the end of FY 2023, identify areas with older adults/adults with disabilities who live alone and begin to identify potential partners in these areas
3. In FY 2023, support Senior Center programming as identified in Goal 1

Objective: Ensure that the needs of older adults are considered when partners are planning for **Transportation** in the region

Strategies:

1. Work with GNRC's Community and Regional Planning department to advocate for the needs of older adults and adults with disabilities in transportation planning
2. Participate in efforts to coordinate transportation for older adults and adults with disabilities

Performance Measures:

1. By the end of FY 2023, identify where collaboration can be increased to educate on and advocate for the transportation needs of older adults within the work done by GNRC
2. In FY 2023, continue to participate in the monthly Transportation Workgroup to stay updated and coordinated on accessible transportation efforts

See Goal 1, **Nutrition Program** Objective above.

**Goal 3:** Ensure that programs and services funded by State allocations are cost effective and meet best practices.

See Goal 1, **Options, Title III-B,** and **Family Caregiver Support Program** Objective above.

Objective: Ensure that clients are the focus of the **Guardianship** program and Conservators

Strategies:

1. Increase efficiency of tracking and coordination using technology
2. Establish guidelines for case appropriateness and caseload with partners

Performance Measures:

1. By the end of FY 2023, identify technology needs for improved coordination of the Program
2. In FY 2023, continue conversations with partners about the appropriateness of clients and overall program capacity

Objective: Improve awareness and understanding of the **Guardianship** Program among partners and public in the region

Strategies:

1. Give presentations to partners about the Guardianship program
2. Share handouts and written information about the Guardianship program
3. Continue dialogue with referring partners regarding the Guardianship program

Performance Measures:

1. By the end of FY 2023, presentations will be given about the Guardianship program to partners in the region

**Goal 4:** Ensure that Tennesseans have access to information about aging issues, programs, and services in order to be able to make informed decisions about living healthy and independent for as long as possible and about planning for their financial futures, healthcare access, and long-term care.

Objective: Ensure that **State Health Insurance Assistance Program (SHIP)** is available and accessible throughout the GNRC region

Strategies:

1. Offer regular presentations and counseling at partner locations and Senior Centers
2. Strengthen existing SHIP partnerships
3. Strengthen the SHIP volunteer program to increase capacity for counseling and outreach
4. Coordinate calls and referrals using reliable tracking systems and tools
5. Explore virtual options for connecting with beneficiaries
6. Promote SHIP program through community events, regular mailouts, and other outreach efforts

Performance Measures:

1. By the end of FY 2023, identify at least 2 additional partner locations in the region
2. By the end of FY 2023, train additional volunteers who are able and willing to offer regular counseling at Senior Centers
3. By the end of FY 2023, offer presentations at partner locations throughout the region



4. By the end of FY 2023, identify opportunities to increase collaboration with existing partners
5. By the end of FY 2023, recruit, train, and engage new volunteers for the SHIP program
6. By the end of FY 2023, begin to identify ways in which online tools may allow for more beneficiaries to be connected to information about Medicare
7. By the end of FY 2023, at least 50% of GNRC staff will be trained SHIP volunteers

### Program Planning for FY 2023

**Information & Assistance**

1. Complete the following table:

<b>Total # of I&amp;A Staff:</b>	Helpline: 2.25 Screening: 3 Manager: 1 [Total: 6]
<b>Total # of AIRS Certified I&amp;A Staff:</b>	4

2. Describe your plan for outreach to low income, minority, rural and limited English proficiency individuals to ensure these populations are aware of information and assistance services.

- GNRC will continue to advertise Information and Assistance services in the Directory of Senior Services.
- GNRC will disseminate outreach materials to senior centers across the region.
- GNRC will make efforts to distribute information about GNRC’s I&A services to low-income and minority individuals living in subsidized housing throughout Greater Nashville.
- GNRC will include information about GNRC’s I&A services in SHIP’s mail out event.
- Develop and disseminate materials compiling low-cost resources that assist with activities of daily living

**Home and Community-Based Services (Title IIIB and OPTIONS)**

1. Complete the following table:

	<b>FY 2021</b>	<b>FY 2022 – Projected (Served/Units)</b>	<b>FY 2023 – Projected (Served/Units)</b>
<b>State – Options Allocation Amount</b>	\$1,719,112	\$1,825,200	\$1,736,500
<b># Served</b>	401	400	381
<b>Units of Service</b>	34,517.00	21,430.90	20,389

2. Complete the following table (*The table should include Federal IIB/State Homemaker In-home service funds only*):

	<b>FY 2021</b>	<b>FY 2022 – Projected (Served/Units)</b>	<b>FY 2023 – Projected* (Served/Units)</b>
<b>Federal Title IIB/State Homemaker In-home services Allocation Amount</b>	\$162,100	\$141,700	\$147,200
<b># Served</b>	117	156	162
<b>Units of Service</b>	7126.50	6562	6817

*\*Allocations have not been received for FY 2023. Projections are based on allocations for FY 2022*

3. Describe the methodology for the projections listed above.

- FY 2021: Used totals from SAMS and the final TCAD report.
- FY 2022: December total units from SAMS and amounts spent on through December were annualized. Individuals estimates based on total served through December. This is a projection. It is difficult to determine how many will be replaced during the remaining months. Also, units of service could change depending on the care plans. Projections for # Served has been adjusted based on current provider capacity.
- FY 2023: Used projected allocations for the year. The # served is based on the funding allocated divided by the estimated cost per person in FY 2022. This is a projection. It is difficult to determine how many will be replaced during the FY 2023 year. Units of service were based on the average cost per unit in FY 2022 multiplied by the funding allocated for the year.

4. Complete the following table:

<b>Number of Individuals on OPTIONS Category A Waiting List</b>	74 <i>*Includes IIB</i>
<b>Number of Individuals on OPTIONS Category B Waiting List</b>	541
<b>Number of Individual on Title IIB Waiting List</b>	56

5. Describe your plan for addressing the individuals on the waiting list.

- Applicants who are in Category A Waitlist are contacted annually to determine continuing need for services and to update information where appropriate. At this time, applicants’ assessments are updated, which may result in a different priority score and thus a different position on (or removal from) the waitlist. Reassessment

may also result in eligibility for other programs, such as CHOICES, at which point they are referred on.

- Applicants who are in Category B Waitlist will be sent a letter after 3 years. This letter will give the Applicant an opportunity to call in if the Applicant would like to remain on the waitlist, which would result in an assessment being completed to update their information and priority score.
  - For each new applicant, a letter is sent advising the applicant that an application for HCBS has been started on their behalf. Information and Contact Numbers are provided so the applicant can contact GNRC if there are any changes. If unable to contact, three phone calls are attempted. If no response to the phone calls, a Notice of Action letter is sent where the individual is given two weeks to respond. If no response, applicant's name is removed from the Wait List.
6. Include strategies or plans that your AAAD will make to ensure that funds for both OPTIONS and IIB in-home services are maximized to ensure that funds are expended within the fiscal year for OPTIONS or 92% of IIB funds by the end of FY 2023.
- GNRC will continue to release individuals from the wait list as service availability allows with the intent to grow the number of clients being served and to ensure that funds are expended within the Fiscal Year.
  - GNRC expects to contract with 15 providers for in-home services and continues to look for ways to best support contracted providers to help ensure service availability.

### **Title IIC Nutrition Services**

1. Provide a description/flow chart of how the nutrition program is administered for the AAAD, including a list and coverage area of all nutrition providers and where admin, food preparation, and delivery duties are assigned.
- GNRC has two nutrition providers: Metro Social Services (MSS) covers Davidson County, and Mid Cumberland HRA (MCHRA) covers the remaining twelve counties in our district.
  - Each provider secures nutrition sites in the respective counties.
  - Each provider can determine eligibility for either type of meal and start an individual's nutrition service.
  - GNRC covers nutrition under unit cost services and through a grant to our two nutrition providers based on their projections within the respective service area.
  - Both MCHRA and MSS contract with TRIO Meals for food preparation and delivery to sites.

2. Complete the following table:

<b>Provider</b>	<b>IIIC Allocation</b>	<b>NSIP Allocation</b>	<b>Total Amount of Contract</b>	<b># Congregate Meal Sites*</b>	<b># Projected Congregate Meals Served in FY 2023</b>	<b>#Projected Home Delivered Meals Served in FY 2023</b>
MCHRA	\$1,442,206	\$200,721	\$1,692,229	11 designated 6 open (as of Feb 2022)	104,437	191,582
MSS	\$872,532	\$90,179	\$1,000,909	17 designated 5 open (as of Feb 2022)	82,633	87,006

\* As of February 2022, Congregate sites are still affected by COVID concerns, as some residential sites are not open and as some center settings have not returned to congregate sit-down meals. Projected meals may change based on congregate site availability in FY 2023.

Because the RFP process is still underway, the allocation amounts and # meals to be served cannot yet be calculated for FY 2023. Allocations listed above are for FY 2022.

3. Complete the following table:

<b>Service</b>	<b>Amount IIIC Allocated</b>
Nutrition Counseling	\$0 Included in meal cost
Nutrition Education	\$0 Included in meal cost
Other Services (Describe): _____	\$0 n/a

4. Describe your plan for delivering the highest possible quality of service at the most efficient cost.

- GNRC has two nutrition providers; Metro Social Services (MSS) covers Davidson County, and Mid Cumberland HRA (MCHRA) covers the remaining twelve counties in our district. GNRC has reduced meal cost by leveraging III-C funding through our providers, who over-match with local funding. GNRC staff in service coordination, data management, finance, and quality assurance meet with our subcontractors each quarter to address issues with service delivery, including addressing inefficiencies and improving the program through training, streamlining communication, sharing ideas for saving costs, use of volunteers, and accuracy of data entry.
- Metro Social Services (MSS) has made all sites’ day-to-day functioning self-operating and volunteer-run. MSS maintains administrative and training responsibilities for all sites and MSS staff are available for site support, such as covering when a volunteer is unavailable. Metro Social Services will continue to serve only Davidson County, particularly targeting low income, minority, and limited English speaking persons due

to being primarily an urban service in a highly populated county. Sites are in residential settings for low-income older adults or in community centers. Several of the latter are in areas primarily populated by persons of color. MSS posts program information at every site and distributes flyers through its other services (social media, emails, and external partners) to adults and through health fairs (waived due to COVID-19) and other community gatherings, as well as on the MSS website.

- Mid Cumberland Human Resource Agency (MCHRA) uses social media, newspaper articles, community contacts, radio, and the occasional television segment to promote awareness of the nutrition program and to highlight the need for contributions and volunteer participation. An area of focus for MCHRA has been streamlining of data collection and reporting processes so that administrative costs are reduced, and they continue to review and revise nutrition processes to ensure maximum efficiency.
5. Describe both your fiscal and programming approach to Congregate funding and the use of congregate meal sites considering the changes due to the COVID-19 pandemic. (i.e., Are most of your sites open/closed, will you be transferring funds to C-2, etc.)
- Approximately half of our congregate sites have opened for group meals. These have lower attendance than pre-pandemic; many consumers are appreciating taking meals home. In Davidson County, some congregate sites are in locations owned and controlled by Metro Government, and the parameters of reopening remain in their control. For the residential settings, safety remains a concern, and full true congregate has not yet returned. As circumstances evolve and eating together comes to be considered widely safe, all existing sites are expected to return to full functioning as they were pre-pandemic.
  - Funds will be transferred to C-2 if the participation increases.
6. Describe how participant feedback is solicited and the results are used to improve service quality. Specifically describe what actions were taken in 2022.
- Both nutrition providers conduct satisfaction surveys, as do their food vendors, and the results are reviewed for menu planning and general program planning. GNRC also conducts satisfaction surveys for nutrition services and provides the results to the respective subcontractor.
  - During this year, the feedback from MSS meals recipients about loneliness and isolation under COVID safety restrictions led MSS to deliver toiletries, recipes, non-perishable items, towels, and a large print activity book created by MSS staff during the Christmas holiday, providing a sense of value and “not forgotten” to our participants. MSS will continue to ensure our seniors’ needs are met to reduce isolation and loneliness during the pandemic by honoring their feedback obtained from the congregate and homebound customer’s surveys.

- MCHRA’s consumer feedback led to the following menu changes this year:
    - Trio has switched to a slow-cooked, pulled type pork rather than a whole loin as the latter often fell apart and serving sizes were drastically different. This size discrepancy led to complaints from both clients and site managers.
    - Requests from clients to include more roast beef in the cold meals as opposed to the more frequently served turkey or ham.
    - Including pickles for hamburgers instead of lettuce during months when lettuce might not be as freshly available.
7. Describe how your agency and its providers target congregate nutrition services to reach the greatest social and economic need (low income, rural, minority, language barriers). As you compare your current reach to these populations, do you plan to change any congregate site locations in order to better serve them?
- GNRC continues to promote awareness of congregate meals through our senior centers and other client services such as service coordination and Information and Assistance. Nutrition program information is also shown on the GNRC website.
  - Metro Social Services serves only Davidson County. MSS congregate sites particularly target low income, minority, and limited English due to being primarily located in an urban service highly populated county. Congregate sites are either in residential settings for low-income older adults or in community centers. Several sites are in areas primarily populated by persons of color. MSS posts program information at every site and distributes flyers through its other services to adults and through health fairs and other community gatherings, as well as on the MSS website. There is no immediate plan to change congregate locations. The appropriateness of congregate locations will continue to be assessed.
  - MCHRA, serving the other twelve counties, targets outreach to low-income areas and numerous areas with high concentrations of older persons with limited English proficiency. MCHRA staff partner with local agencies who provide services to targeted populations to conduct outreach. They also conduct outreach through presentations to churches, through the Foreign Language Institute, as well as using social media and traditional media sources. In addition, MCHRA has created a new position, an Outreach Specialist, who is also tasked with spreading information about congregate meal services to potential clients. MCHRA is hoping to increase the participation at congregate sites, but no location changes are planned at this time. In addition, MCHRA has made it a priority for their Outreach Specialists to gain a better understanding of services and supports available in the community to assist those clients who need them. These partnerships also help inform eligible clients of services as well.

- Based on current assessment of settings, there is no immediate plan to change congregate locations. The appropriateness of congregate locations will continue to be assessed.
8. Describe your plan to ensure that services will not be disrupted in an emergency or in the event of the loss of a food provider.
- GNRC’s providers are diligent in keeping clients of both home delivered and congregate meals stocked with either shelf-stable or frozen meals in anticipation of possible emergencies such as inclement weather that could close sites temporarily. Inventory quality and freshness is monitored by both providers.
    - For their residential sites, MSS ensures that there are two days’ worth of emergency meals onsite at all times, and these are secured.
    - For other MSS congregate sites, meals are given to participants five times across the year for their home use in case the congregate site closes.
    - MCHRA distributes emergency meals to consumers of both home delivered and congregate sites across the year, particularly when severe weather is predicted. At this time clients are provided with a minimum of five emergency meals and those have been replenished every few months, or more as needed.
  - MCHRA has made cross training a priority in an attempt to ensure continuity of services in the event of an emergency.
  - The program updates its Inclement Weather/Emergency policy annually which identifies standard procedure to follow in the event of an emergency.

**Guardianship:**

1. Complete the following table:

	<b>2021 Calendar Year</b>	<b>2022 Calendar Year – Projected</b>	<b>2023 Calendar Year – Projected</b>
<b>Active Caseload*</b>	89	90	90

*\* Includes cases that were active at any point in the calendar year. Guardianship caseloads are based on need and program capacity.*

2. Describe the agency’s plan to maintain or increase the number of volunteers.
- GNRC continues to employ a full-time Volunteer and Community Engagement Manager for the agency who works to retain and recruit volunteers for the Public Guardianship program.



- GNRC Public Guardianship staff assists with Public Guardianship Volunteer trainings and conducts volunteer placements with clients.
- GNRC Volunteer program is working to establish volunteer hubs in the region to increase outreach.
- GNRC Volunteer program has resumed volunteer visits as possible due to COVID-19 restrictions in nursing homes.

**National Family Caregiver Support Program (NFCSP) – Title IIIE**

1. Complete the following table:

	<b>FY 2021</b>	<b>FY 2022 – Projected (Served/Units)</b>	<b>FY 2023 – Projected* (Served/Units)</b>
<b># Served</b> ( <i>Excluding Case Management, Information Services, and Information &amp; Assistance</i> )	217	246	246
<b>Units of Service</b> ( <i>Excluding Case Management, Information Services, and Information &amp; Assistance</i> )	20,485.41	21,616.44	21,616.44

*\*Allocations have not been received for FY 2023. Projections are based on data from FY 2022*

2. Describe innovative concepts that you plan to implement to address the top caregiver needs with limited financial resources.

- The NFCSP is implemented to address the greatest needs of caregivers in our area.
- GNRC plans to maintain the increased the amount of reimbursement provided toward incontinence supplies in order to better meet client needs.
- GNRC will also increase education and outreach efforts to raise awareness of the resources available to caregivers in our region. Efforts will be focused on underserved populations such as racial and ethnic minorities, immigrant communities, the LGBT community, and rural populations
- GNRC’s ongoing In-Home Dementia Education is provided to all interested caregivers, not only to those enrolled in the NFCSP.
- GNRC will focus on rural counties to expand Relative Caregiver Services.
- GNRC will look into partnering with AgeWell Middle Tennessee to sponsor seminars for working caregivers.

3. Describe plans for outreach that the AAAD will implement to ensure that caregivers are aware of the NFCSP and services it provides in an effort to increase the enrollment in the program.
  - GNRC has a full-time Outreach and Advocacy Coordinator to assist with more targeted outreach for all Aging & Disability programs including NFCSP.
  - GNRC will continue to use partnerships, including providers and other caregiver programs, to promote NFCSP services through contacts, education, and brochures. Partnerships include Mental Health America of the MidSouth, AgeWell Middle Tennessee, and Family and Children’s Services.
  - GNRC is in the process of providing more options for caregivers including self direction and exploring options to better serve grandparent groups.
4. Include strategies or plans that your AAAD will make to ensure that IIIE funds are maximized to ensure that funds are expended by 92% of IIIE funds by the end of FY 2023.
  - GNRC will continue to strive for little to no wait list for the NFCSP in order to serve as many caregivers as possible in FY 2023.
  - GNRC will continue to seek partnerships to develop caregiver support groups throughout the region.
  - GNRC will continue to expand outreach to promote caregiver services.
  - GNRC will advocate for increased support for in-home service providers to improve availability of services in the region.

**Legal Assistance**

*\*Responses are provided by Legal Aid Society of Middle Tennessee and the Cumberland, GNRC’s partner for Legal Assistance Services.*

1. What legal priority case is the most served in the area? Legal priorities are defined as Income, Healthcare/Long term care, Nutrition, Protective Services, Housing, Utilities, Guardianship Defense, Abuse/Neglect and Age Discrimination.
  - GNRC’s contracted provider for Legal Services, Legal Aid Society (LAS), provides services in the legal priority areas as defined above. Out of the legal priority areas noted above, LAS provides the most legal services in the protective services, healthcare/long term care, and housing priority areas.
2. Does the legal priority with the greatest number of cases represent the greatest need or is there another legal priority with fewer cases that should be addressed through education efforts?

- The greatest number of cases handled in the Greater Nashville region under Title IIIB by LAS are in health, housing, and protective services, which are the areas of greatest need overall.
3. What economically or socially needy population, defined as Clients in Poverty, Minority in Poverty, Rural and, Frail/Disabled, represent less than 50 percent of those served through legal assistance. What targeting and outreach efforts can be done to increase those numbers served?
- Minority clients in poverty represent less than 50 percent of those served. LAS has ongoing targeting and outreach efforts to reach potential clients in poverty, minority individuals in poverty, and individuals in rural areas. Some of these outreach efforts include partnering with local churches and senior centers to disseminate information about the services offered by LAS and increasing the number of clinics in rural and low-income areas.
4. How will the AAAD and legal provider increase service to those identified economically or socially needy populations? How will the AAAD and legal provider address the identified legal priority needs in the PSA?
- GNRC will continue to make our providers, particularly senior center staff, aware of legal services through training and outreach, and to make consumers aware via I&A referrals and service coordination referrals.
    - LAS will continue to provide outreach presentations and numerous brochures and to make services accessible and user-friendly so that anyone can initiate the process simply by calling Legal Aid.

**Senior Centers**

1. Complete the following table:

<b>Senior Center</b>	<b>#Participants</b>	<b>#Low-Income</b>	<b>#Minority</b>	<b>#Rural</b>	<b># English Limitation</b>
<b>Ajax Turner Senior Center</b>	4344	617	1051	365	28
<b>Ashland City Senior Center</b>	1119	43	15	763	2
<b>Byrum-Porter Senior Center</b>	1540	51	19	985	1
<b>Dickson Senior Center</b>	1100	225	25	300	10
<b>Fifty Forward/ College Grove</b>	76	4	8	76	0
<b>Fifty Forward/ Donelson Station</b>	740	18	132	0	1
<b>Fifty Forward/ Knowles</b>	173	20	89	0	0
<b>Gallatin Senior Center</b>	864	56	240	229	0

<b>Senior Center</b>	<b>#Participants</b>	<b>#Low-Income</b>	<b>#Minority</b>	<b>#Rural</b>	<b># English Limitation</b>
<b>Hendersonville Senior Center</b>	1244	41	146	30	4
<b>J. D. Lewis Senior Center</b>	146	16	8	146	0
<b>LaVergne Senior Center</b>	74	14	24	0	0
<b>Mt. Juliet Senior Center</b>	296	22	20	0	0
<b>Robertson County Senior Citizens</b>	513	250	5	350	1
<b>St. Clair Street Senior Center</b>	1863	200	205	89	1
<b>Stewart County Senior Center</b>	315	52	20	305	0
<b>Torrey Johnson Senior Center</b>	428	72	39	227	0
<b>Trousdale County Senior Center</b>	79	8	15	79	0

2. Describe your agency’s approach to working with those senior centers that need to improve their reach to the target populations.
  - GNRC works year-round with center staff to know the populations within their catchment areas by providing data and training and by facilitating sharing among center staff in how to enhance outreach and services to all underserved groups.
  - GNRC has continued to encourage centers to conduct outreach within the larger community of groups of older adults who are under-represented in the center’s membership and to provide intercultural learning opportunities for members so that prejudices decline and ease of inclusion rises. The requirement to conduct specific programming toward this effort have been tabled under COVID and will be reinstated within FY23, safety concerns permitting.
  - GNRC’s centers all offer varied programming to persons at no cost, and these are advertised in multiple ways so that persons of low income can know of the opportunities for learning and socialization that are free.

**Emergency Preparedness**

1. Name of Staff Person on the local emergency management team: Cynthia Balfour
  
2. How is the agency’s emergency plan communicated to staff?
  - The emergency plan is provided to all staff and posted on GNRC’s Intranet – GNRC employee information portal.
  - When an emergency occurs, GNRC will communicate through our email system to our staff. As our email server has backups in two different states in two different regions of the country, there is a high probability that the email system will be available.

- GNRC will also communicate through an emergency text message system, which allows for text messages to be sent to all GNRC staff’s personal cell phones in a matter of minutes.
- GNRC will also post any pertinent information on our website if possible and appropriate.

**SHIP**

1. Complete the following table:

	<b>Grant Year 2021</b> (April 2020 – March 2021)	<b>Grant Year 2022*</b> (April 2021 – March 2022)	<b>Grant Year 2023**</b> (April 2022 – March 2023)
<b># Client Contacts</b>	17,226	15,841	24,782
<b># of Consumers Reached Through Outreach Events</b>	5,066	11,323	24,782
<b># of Client Contacts Under Age 65</b>	1,088	1,376	3,676
<b># of Hard to Reach Client Contacts</b>	5,715	4,141	8,915
<b># Of Enrollment Contacts</b>	13,136	15,309	24,782
<b># of Low Income/Medicare Savings Enrollment Assistance Contacts</b>	1,395	1,439	5,488

*\*Projections for Grant Year 2022 are based on monthly averages.*

*\*\*Projections for Grant Year 2023 are based on contract goals.*

2. Describe your efforts to increase the number in each column in the table above.

- Enhancing engagement through community outreach events and counseling sites.
- Creating innovative virtual programming and outreach events.
- Providing education on SHIP & SMP services.
- Assisting LIS/MSP eligible individuals with applications assistance, benefits enrollment, and Medicare preventive services in all program counties.
- Including the TN SHIP hotline on all marketing materials, printed and electronic.
- Encouraging individuals to call for counseling service requests.
- Adding QR codes to all SHIP posters, flyers, brochures, social media and webpage for quick counseling and community events requests.

- Building partnerships on an ongoing basis with new community venues to provide group education including retirement groups, churches, new American communities, and medical providers.
3. Describe your agency’s approach to reaching Medicare beneficiaries who are hard to reach due to ethnicity; limited English proficiency; those with disabilities and those eligible for low-income subsidies.
- Past partnerships include BRIDGES for the Deaf and Hard of Hearing, Nashville CARES, Vanderbilt Homeless Outreach Clinic, The People’s Clinic of Clarksville, and Metro Center Healthcare Group. These agencies help a high volume of low-income Medicare beneficiaries and care for beneficiaries under and over 65.
  - Ongoing and future partnerships will be created with other agencies and organizations that provide services to non-native English speakers, such as Conexión Américas, Encuentro Latino, Nashville Public Library, Muslim faith-based organizations, Siloam Health, and neighborhood health clinic.

## Targeting Status Report

Report on activities during the preceding year. (This information is used for the Title VI Plan)

Provide information on the extent to which the Area Agency met its Targeting objectives related to rural, minority, ESL, and poverty populations **for all programs** in the 2019 - 2022 Area Plan.

2022* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Increase outreach to Hispanic community	<ul style="list-style-type: none"> <li>• Continued to work toward developing partnerships with organizations that serve the Hispanic community, including the Nashville Refugee &amp; Immigrant Collective and the Nashville International Center for Empowerment</li> <li>• Began distributing translated materials</li> </ul>
Increase outreach in rural communities	<ul style="list-style-type: none"> <li>• GNRC continued to serve older adults in rural communities through the Grocery Program</li> <li>• Began making contact with organizations that serve rural areas</li> </ul>
Increase outreach to low-income and minority populations	<ul style="list-style-type: none"> <li>• GNRC maintained Bronze SAGECare Credential through LGBT+-focused training</li> <li>• Participated in cultural events in the region, including the Native American Indian Association of TN Education Pow Wow and WilCo Pow Wow</li> <li>• Participated in community events in areas with high populations of low-income and/or minority individuals</li> <li>• Shared information about GNRC services with organizations that serve the LGBT older adult population, including Nashville CARES and VUSNAPS</li> <li>• Distributed materials through Nashville CARES</li> <li>• Distributed materials about GNRC services to seniors in low-income housing</li> </ul>

\* Last complete 12-month period.

## Targeting Plan, Title VI

### Civil Rights Act of 1964, Title VI, and Targeting Activities

#### Area Agency Title VI Implementation Plan FY 2023 – 2026

1. Organization of the Civil Rights Office – Describe the organization and staffing of your agency’s Civil Rights/Title VI unit. Outline the duties and responsibilities of the Title VI Coordinator.

- GNRC’s Title VI unit consists of one Title VI/Nondiscrimination Coordinator. Grant Kehler serves in this role. His responsibilities include the following:
  - i. Attend Training
  - ii. Ensure all new and current employees attend/receive Title VI training
  - iii. Display Title VI posters
  - iv. Ensure all contracts have Title VI assurance language
  - v. Monitor the ethnicity of those who receive contracts
  - vi. Provide refresher training to subrecipients
  - vii. Develop written complaint procedures
  - viii. Maintain records of all Title VI complaints and information
  - ix. Develop Limited English Proficiency (LEP) guidelines
  - x. Develop Title VI Plan

2. Complete the following table:

	FY 21	FY 22 - Projected	FY 23 - Projected
Total Individuals Served	18,398	27,276	27,276
Total Minority Individuals Served	4270	7,758	7,758

*\*Allocations have not been received for FY 2023. Projections are based on allocations for FY 2022*

3. Describe the manner in which persons with limited English proficiency are served by the agency.

- GNRC utilizes the Avaza Language Line for interpretation services when working with clients with limited English proficiency to ensure that resources and programs are accessible. A copy of Limited English Proficiency Policy is attached (**Attachment B-6\_3-4ab.PDF**).



4. Complaint Procedures

a. Describe the Title VI Complaint procedures followed by your agency.

- GNRC’s Nondiscrimination policy and complaint procedure are attached (**Attachment B-6\_3-4ab.PDF**). Detailed information about how to file a complaint is included in the procedure.

b. Describe agency policies related to investigations, report of findings, hearings and appeals, if applicable.

- GNRC’s Nondiscrimination policy and complaint procedure are attached (**Attachment B-6\_3-4ab.PDF**). Detailed information about investigations, report of findings, and appeals is included in the policy.

c. Include a copy of the agency’s complaint log, if applicable.

- To the best of our knowledge and belief, GNRC has not had any Title VI complaints. However, in the event of any complaint, GNRC will maintain a log of any complaints. A copy of the form for logging complaints is attached (**Attachment B-6\_4c.PDF**).

5. List the total number of all contractors and provide the number and percentage of minority contractors, and the dollar amount and percentage expended with minority contractors.

	Number	Percentage	Amount Expended	Percentage Expended
<b>Total Contractors</b>	36 (all) 14 (owned*)			
<b>Total Minority Contractors</b>	2	14% (owned*)	\$72,029.87 FY 2021	5.37% of all FY 2021

*\* Includes only contractors that are owned by an individual or group of individuals. Does not include governmental agencies, senior centers, or other agencies without an identified owner/team of owners.*

6. Title VI requires agencies and sub-recipients to monitor contractors regarding the dissemination of the following information to the public: non-discriminatory policy, programs and services, complaint procedures, and minority participation on planning boards and advisory bodies. Describe the procedures taken to assure that this information is presented.

- GNRC reviews Title VI and related requirements with all service providers as part of annual training meetings. This training is typically conducted by GNRC’s staff attorney and covers non-discrimination and complaint procedures, including required

forms, processes, and signage. The training also includes working with persons with limited English proficiency. After the group meetings, all handouts are also emailed to providers.

- GNRC Quality Assurance staff also use the TCAD-issued Title VI review tool to review Title VI requirements annually as part of monitoring of providers.
- Title VI refresher training is provided to all recipients on an annual basis. The training packet provided to subrecipients is attached (**Attachment B-6\_6.PDF**). Further, every subrecipient contract includes the following language:

Nondiscrimination. The Contractor hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract or in the employment practices of the Contractor on the grounds of handicap or disability, age, race, creed, color, religion, sex, national origin, or any other classification protected by federal or state law. The Contractor shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

7. There is a need for a clear understanding of the demographic diversity of a region and methods to provide information and education to the underserved populations even when there are waiting lists, there are other opportunities/resources unknown to these groups. List the strategies to achieve this outreach within those identified communities.
  - a. Describe how the Area Agency plans and coordinates activities to disseminate information about services and programs to minority populations in the planning and service area?
    - GNRC works with contracted senior centers to identify the minority groups in each center's area and monitors center efforts to connect to these groups to make sure all are aware of the center programming and that all are welcome. The centers also assist with sharing information about community resources, including GNRC services. GNRC supplies the latest population data to center staff annually.
    - GNRC seeks to be involved in community groups who serve minority populations in order to disseminate information.
    - GNRC's Outreach and Advocacy Coordinator will work with Aging staff to continue efforts to identify and execute best practices for reaching minority populations in the region.

- b. How is diversity reflected in all aspects of area planning—programming, participants, personnel, service providers, governing/advisory entities?
- The following data reflects diversity in all aspects of planning:
    - Programming: Our home and community based services participants receive services based on a prioritization of their needs, and diversity is not a consideration for determining who receives benefits.
    - Participants: Approximately 23% of all individuals served in FY 2021 were of racial minority.
    - Personnel: Approximately 38% of all AAAD staff self-identify as a racial minority. Approximately 9% of all AAAD staff self-identify as women. Approximately 10% of all AAAD staff self-identify as individuals with disabilities.
    - Service Providers: Of our contracted service providers with an identified owner/team of owners, 14% are owned by individuals of racial minority.
    - Advisory Council: 56% of the current members self-identify as female. 61% the current members self-identify as an individual of racial minority. 94% of current membership is over age 60.
- c. What documentation or process is used by the Area Agency to document activities focused on increasing the representation and/or participation of minority populations in programs and services?
- GNRC provides each of the funded Senior Centers with annual data that details the demographic characteristics of residents in their communities. This data is then used by the Centers to plan specific activities focused on increasing the participation of minority populations in their Center’s programming. Pre-pandemic, GNRC required centers to complete programming designed to bring members of underrepresented groups within their larger communities into the center, along with offering at least one program designed to increase understanding and reduce prejudices of non-minority members. Due to COVID safety concerns, the requirement has been temporarily suspended; the efforts have been encouraged, and QA staff remain available for guidance. We anticipated reinstating the requirement in FY23 as safety concerns permit. The proposed activities will require advance approval by GNRC QA staff, and centers report on the outcome of those efforts.
  - All outreach and educational activities conducted by GNRC staff are recorded and tracked in SAMS. While the database does have the ability to include notes on the target populations of these activities, unfortunately at this time it does not have the capability to run reports on this data.

- TN SHIP documents demographics, including target population information, for all outreach events and individual counseling sessions. Information includes whether an individual meets low-income federal and state guidelines as set forth by MIPPA programs (LIS/MSP), lives in a rural area (based on zip code), is a non-native English-speaker, and their identified race. The collected information is entered into the Administration on Community Living's STARS database.

### Older Americans Act Required Targeting Activities

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

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

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
Increase outreach to older adults with limited English proficiency.	<ul style="list-style-type: none"> <li>• Distribute translated materials, partnering with organizations that serve these populations.</li> <li>• Actively seek new partnerships and strengthen existing partnerships with entities that serve individuals with limited English proficiency.</li> </ul>	Outreach and Advocacy Coordinator, Director of Aging and Disability Services, SHIP Team
Increase outreach in rural communities.	<ul style="list-style-type: none"> <li>• Participate in community events in rural communities to provide information and promote GNRC programs</li> <li>• Actively seek new partnerships and strengthen existing partnerships with entities located in rural communities.</li> </ul>	Outreach and Advocacy Coordinator, Director of Aging and Disability Services, SHIP Team, I&A Staff
Increase outreach to low-income and minority populations.	<ul style="list-style-type: none"> <li>• Continue to participate in cultural and community events</li> <li>• Actively seek new partnerships and strengthen existing partnerships with entities that serve low-income and minority populations.</li> </ul>	Outreach and Advocacy Coordinator, Director of Aging and Disability Services, SHIP Team

## AAAD STAFFING

1. Include an Organizational Chart for the Area Agency with staff names, position/title, and funding source.

- **Attachment C-1\_1.PDF**

2. List all new hires not included in the FY 2021 Area Plan Update. Include the following information:

- Name and Position
- Full/Part time status (If the individual will have multiple roles, indicate each responsibility separately and the percent of time to be dedicated to each role)
- Required Qualifications (List the individual’s qualifications)

Staff Name	Position	Full/Part Time	% Time Dedicated	Required Qualifications
Rachel Solava	Outreach Advocacy Coordinator	FT	100% (95% Aging)	8 years’ experience, Bachelor of Science
Alexandra Seward-Beynen	I&A Counselor	FT	100%	3 years’ experience, Bachelor of Science in Social Work
Jacqueline Smith	Service Coordinator Options	FT	100%	29 years’ experience, Bachelor of Science in Social Work
Illisa Gay	Service Coordinator Options	FT (temporary)	100%	8 years’ experience, Master of Social Work
Cole Dugan	Graphic Designer	FT	100% (25% Aging)	3 years’ experience
Amber Mitchell-Spencer	Choices Intake Program Counselor	FT	100%	4 years’ experience, Master of Social Work

3. What is the name of the individual who directly supervises the Director of the Area Agency on Aging and Disability?

Michael Skipper, Executive Director

4. The total number of staff at the AAAD is: 42. Of the total number of AAAD staff the following are:

- Age 60+: 12
- Female: 39
- Minority: 16
- Disabled: 4

5. Provide the total number of FTE Options Counselors that manage an active caseload for OPTIONS, III-B In-home Services, III-C, and/or III-E.

- GNRC has ten permanent FTE Options Counselors, one temporary FTE Options Counselor, and one position is vacant.
- The current team of eleven active FTE Options Counselors manage an active caseload of 1,232 clients total (as of 1/31/2022). This caseload does not count VD-HCBS cases or TennCare Choices intakes.

6. What is the average caseload for Options Counselors managing cases for OPTIONS, III-B In-home Services, III-C, and/or III-E?

- The average caseload for a current active Options Counselor is approximately 112 clients. This caseload does not count VD-HCBS cases or TennCare Choices intakes.

7. What is your plan for increasing capacity in programs with regards to Options Counselor's caseloads as funding for programs increase?

- GNRC will continue to support Options Counselors as caseloads increase by seeking best practices and increasing efficiency in the program.
  - GNRC continues to rework caseloads by location/territory to make travel to in-home visits more efficient.
  - GNRC continues to expand and improve the use of technology for file and data storage/tracking.
- GNRC will continue to look for opportunities for volunteers to support the work done by Options Counselors in order to increase staff capacity.

## Training and Staff Development Plan

### FY2022 (to be up-dated annually)

*\*Indicate if training is out-of-state in order to obtain pre-approval status. No additional TCAD approval will be required if listed here.*

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
American Society on Aging Webinars	2			Ongoing
Aging in America*	3			Apr-23
CMS Regional Annual Update Training	3			TBD
CNM Training	3			Ongoing
Conservatorship of TN Conference	3			Spring 2022
Disability Mega Conference	2			Spring 2023
TN Elder Justice Conference	3			Spring 2022
Emergency Preparedness Conference*	1			Apr-23
HCBS Annual Conference*	1			Aug-22
Internal I&A Trainings	6			Monthly
N4A Conference	1			July 22
National AIRS Conference*	6			Fall 2022 and Spring 2023
NCOA*	1			Summer 2022
National Guardianship Conference*	1			Fall 2022
Public Guardianship Program Volunteer Training	3		TBD	Ongoing
Nutrition Provider Training	6	2		Quarterly
Options Provider Training	3	20		Jul-21
Service Coordinator In-House Training	20			Ongoing
I&A Trainings w/ Partners	6	10		Quarterly



Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
SE4A Conference*	5			Fall 2022
Senior Centers Directors' Meeting	4	20		Oct-22; Apr-23
SQL Reporting Training	3			TBA
GNRC Staff Training	42			Quarterly
TCAD Annual SHIP Training	8			Spring 2022
TCAD District Public Guardian Training	3			Spring 2023
TDDA Conference	8			TBA
TFA Conference	7			Oct-22
Tim Takacs Time Out Workshop	23			Jun-23
Title VI Training (Staff)	42			Winter 2022
Title VI Training (Subcontractors)		40		Ongoing
TN AIRS Conference	7			Spring 2023
TN Justice Center Trainings	2			Ongoing
TN SHIP/SMP Volunteer Trainings	10		20	Ongoing
SHIP/SMP Staff Spring Training	20			Spring 2023
Volunteer Orientation			TBD	Ongoing
WellSky Annual SAMS Conference*	2			Sep-22
WellSky Annual Training*	17			Spring 2023
WellSky Boot Camp	2			Spring 2023
USAging*	1			Summer 2022

### Advisory Council

#### A. MEMBERSHIP and REPRESENTATION

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

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

Members	Represents
Don Ames	Business Community, General Public, Leader in Private or Voluntary Sectors
Faye Baldwin	Leader in Private or Voluntary Sectors
Ronnie Boyd	Family Caregiver
Susie Boyd	Family Caregiver
Ed Cole	Advocate for older persons, Service provider for older persons, leader in private or voluntary sectors
Dan Dillon	Advocate for Older Persons, Advocate for Persons with Disabilities, Leader in Private or Voluntary Sectors, General Public
Will Duncan	Advocate for Older Persons, Business Community, Local Elected Official, General Public, Leader in Private or Voluntary Sectors
Monroe Gildersleeve	Advocate for Individuals with Disabilities, Local Elected Official
Susan Gould	Advocate for Older Persons, General Public

<b>Members</b>	<b>Represents</b>
Betsy Hester	Local Elected Official, Advocate for Individuals with Disabilities
Martha Kinel	Advocate for Older Persons
Karin Landers	Business Community
Amber Locke	Family Caregiver, Advocate for Older Persons, Advocate for Individuals with Disabilities, Business Community, General Public
Stacey Moore	General Public
Barbara Payne	Advocate for Older Persons, General Public
Ann Peek	Advocate for Older Persons, General Public
Lawrence Saunders	General Public
Hershell Warren	Local Elected Official

**B. SCHEDULE OF ADVISORY COUNCIL MEETINGS for FY 2023  
(Updated annually)**

Give Dates and Times of Scheduled Meetings

- Monday, August 15, 2022 at 10:00 a.m.
- Monday, November 21, 2022 at 10:00 a.m.
- Monday, February 20, 2023 at 10:00 a.m.
- Monday, May 15, 2023 at 10:00 a.m.

**C. OFFICERS & OFFICE**

<b>Name of Officer</b>	<b>Office</b>	<b>Date Term Expires</b>
Don Ames	Chair	May 2022
Monroe Gildersleeve	Vice Chair	May 2022

**D. ADVISORY COUNCIL BYLAWS**

Attach Bylaws that show date of last review.

- **Attachment C-3\_D.PDF**

## Public Hearings on Area Plan

### A. PUBLIC HEARING INFORMATION

<b>Date(s)</b> of Public Hearing	March 8, 2022
<b>Time(s)</b> when hearing was held	11:00 am – 1:00 pm
<b>Place(s)</b> where hearing was held	FiftyForward Senior Center 174 Rains Ave, Nashville, TN 37203
<b>Was Place Accessible?</b>	Yes
<b>Type of Notice(s) or Announcement(s)</b>	<ul style="list-style-type: none"> <li>• Public Notice</li> <li>• Listing on GNRC Website &amp; Calendar</li> <li>• Press Release</li> <li>• Facebook Event &amp; Post</li> <li>• Email Blast</li> </ul>
<b>Date(s) of Notices or Announcements</b> (attach copy)	<ul style="list-style-type: none"> <li>• Public Notice – February 16, 2022</li> <li>• Listing on GNRC Website &amp; Calendar*</li> <li>• Press Release – March 1, 2022*</li> <li>• Facebook Event &amp; Post – March 1, 2022*</li> <li>• Email Blast – March 1, 2022*</li> </ul> <p><i>Copies of all provided in Attachment E-2_A.PDF</i> *Additional marketing/outreach – not intended to be an official notice.</p>

### B. ATTENDANCE\*

County	# of Advisory Council Members from County	Total from County**
Cheatham County	1	2
Davidson County	3	10
Dickson County	2	2
Houston County	0	0
Humphreys County	1	1
Montgomery County	1	1
Robertson County	0	1
Rutherford County	0	1
Stewart County	0	0
Sumner County	1	2
Trousdale County	0	0
Williamson County	1	1
Wilson County	1	3
Other		1
<b>Total # Advisory Council Members in column 2</b>	11	
<b>Total Attendance*</b>		25

\* Do not include AAAD staff in Public Hearing attendance

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

### C. AGENDA & ANNOUNCEMENTS

Attach a copy of the agenda. See P&P manual for required agenda topics. Attach one example of each type of notice sent out and describe who notices were sent to. If the AAAD is requesting a waiver for any reason, the agenda and announcement must include a statement that a waiver is being requested. Document efforts to outreach to rural, minority and low-income populations for their participation in this planning effort.

Agenda and Handout:

- PowerPoint – Includes the agenda and slides used for the hearing
- Handout Packet – Provided to all attendees at the hearing

*Copies of the PowerPoint and Handout are provided in **Attachment E-2\_C.PDF***

Notices and Announcements:

- Public Notice – Posted in The Tennessean, a region-wide newspaper; The Tennessee Tribune, a state-wide African-American newspaper; and GNRC’s website
- Listing on Website & Calendar (as referenced in the public notice)

Additional Marketing:

- Press Release – Sent to regional and local media outlets in all 13 counties, including those that are targeted toward rural and minority populations.
- Facebook Event & Post
- Email Blast – Sent to GNRC members; partners, including those that serve rural, minority, and low incoming populations; senior centers, including those in rural areas; and consumers.

*Copies of all announcements and notices are provided in **Attachment E-2\_A.PDF***

### D. DESCRIPTION

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

The FY 2023-2026 Area Plan Public Hearing was held at FiftyForward Knowles Senior Center in Nashville, TN, which is central, accessible, and has ample parking.

At the time, Davidson County was identified as high-level risk for COVID-19, which may impact willingness to travel and attend a public event, especially among more vulnerable populations. There was significant construction on the road outside of the facility on the day of the event as well, which could have made finding the location challenging.

## **E. SUMMARY of PUBLIC COMMENTS**

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

Opportunity for comment was provided on all aspects of the Area Plan.

The following comments and questions were made during the Public Hearing:

- The Area Plan is focused on keeping people at home or people who want to stay at home. Is there a target for people want to stay at home?
- Is there funding available to teach seniors to use technology?
- Housing is a major challenge for older adults right now. Has GNRC been working with State Agencies on this?
- What does GNRC do to ensure older adults' safety with caregivers in the home?
- This planning effort is focused around the funding requirements. Do you ever sense that we need to be thinking beyond these funding streams? What can we do to move forward and beyond?

The following comments and questions were provided on comment cards during the Public Hearing:

- A reverend involved in aging issues and older adult ministry would like to receive information about resources for older adults that can be shared with United Methodist congregations in the region.
- GNRC may work with medical clinics that have gerontologists on staff and churches that service nutritional and medical needs in order to share information about available services and resources.

## **F. SUMMARY of CHANGES**

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

The following change was made to the plan as a result of the comments made at the public hearing:

- Added reference to technology assistance programs under the Senior Center objective.

## Advisory Council Participation in the Area Plan Process

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

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

See response to #2 below.

2. Attach an agenda of the Area Plan review meeting or describe the review process including any alternative measures that were taken to review the Area Plan due to COVID-19.

- February 8, 2022 – Advisory Committee members were notified of the March 8 meeting by email and mailed memo.
- February 25, 2022 – Copies of the FY 2023-2026 Area Plan Draft were sent via mail and email to all Advisory Committee members.
- March 8, 2022 – Area Plan Draft was reviewed in person with the Advisory Committee Members in attendance at the meeting.
- March 8-10, 2022 – An online feedback form was made available to Advisory Committee members for additional comments. This form was emailed to all Advisory Committee members on March 8, 2022, following the meeting.

*Copies of all communication with Advisory Committee Members is provided in **Attachment E-3\_1-2.PDF***

3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process. If the plans were emailed to Advisory Council Members due to COVID-19 include those members who reviewed and process for accepting and reviewing comments received.

- All Advisory Committee members were given the opportunity to review and provide feedback via the mailed/emailed document and online feedback form.
- The following Advisory Committee members were in attendance at the March 8 meeting:
  - Barbara Payne
  - Faye Baldwin
  - Martha Kinel
  - Monroe Gildersleeve, Jr.
  - Betsy Hester
  - Amber Locke
  - Hershell Warren

- Ed Cole
  - Karin Landers
  - Dan Dillon
  - No additional feedback was received via the online feedback form.
4. Provide a summary of comments made by advisory council members about the completed plan.
- GNRC may look into working more with additional Senior Centers in areas that are growing.
  - GNRC may find ways to assist local businesses who are looking to create spaces for seniors.
    - For instance, a local restaurant/market is having difficulty getting authorization to take SNAP.
  - GNRC may reference both state and local transportation providers in these objectives, especially with current funding opportunities for older adult transportation services.
  - GNRC may work with medical supply providers who go into the homes of older adults to help identify older adults who are in need of services.
  - GNRC has listed United Ways of Nashville and Greater Clarksville as current partners. GNRC may look at other United Ways in the region for additional partnership opportunities.
  - GNRC may include technology assistance for older adults in the Area Plan.
  - Advisory Committee members would like the grocery program to continue.
  - GNRC may include a specific reference to advocating for increased reimbursement rates for service providers.
  - Has GNRC looked at intergenerational activities at Senior Centers? What are examples of these activities?
  - GNRC Aging & Disability Services Department working with the Transportation Planning Team/Metropolitan Planning Organization to ensure older adults and adults with disabilities are considered in transportation planning activities, as identified in the Transportation Objective in Goal 3, is important and valuable.
  - Members acknowledged the effort put into the Area Plan document by GNRC's Aging & Disability Services Department and gave a strong statement of support.
5. Summary of Changes. List changes made in the plan as a result of comments made at Advisory Council review.
- Added a reference to working with state and local transportation providers.
  - Added a reference to partnering with medical supply providers to assist in identifying isolated older adults
  - Added local United Ways in the list of potential partnerships



- Added specific reference to technological assistance programs and intergenerational programming in the performance measure to identify innovative programming for Senior Centers.
- Added a specific reference to advocating for increased reimbursement rates for service providers in the performance measures to advocate for providers' needs in the Options, OAA, and FCSP objective.

**Request for Waiver for FY2023-2026**

**Greater Nashville Regional Council AAAD**

**DIRECT PROVISION OF SERVICES PROVIDED BY OLDER AMERICANS ACT FUNDING**

**Please check the service(s) for which the AAAD is requesting waiver(s) to provide the service(s) directly instead of through contracts with area service providers. Then, answer the related questions under each service checked.**

**X Case Management** (also known as Service Coordination or Options Counseling)

1. List all agencies in the PSA that provide this service to elderly persons.

- Amerigroup
- Elledge Case Management, Geriatric Care Management Services
- Life-Links Geriatric Care Management
- Blue Care
- FiftyForward Knowles
- Nashville Care Management
- Care Counselors, LLC
- Jewish Family Service of Nashville & Middle TN
- United Healthcare
- Catholic Charities of Tennessee

2. Explain how the current level of service in the PSA is inadequate to meet the need.

The providers in #1 generally only provide case management for individuals seeking services provided by their agency. Also, many of the above agencies operate in only a few of the thirteen counties within the GNRC PSA. The MCOs (Blue Care, Amerigroup, and United Healthcare) have representation in all thirteen counties, but they are subject to having a conflict of interest because they also provide other services. We are the only agency which solely provides case management.

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

The case management service works seamlessly with the other components of what we do at the AAAD. The applicant must have difficulty caring for themselves or their home. A case manager is assigned to each eligible person who has been approved for HCBS. The AAAD Options Counselor does an assessment to determine needs, and if

eligible, coordinates the needed services. These in-home services are provided by a network of providers already established and approved to work with GNRC's Home and Community Based Services. Eligible persons are given a list of the approved agencies within their county who provide the needed services the applicant is seeking to use. Unlike the MCOs, the AAAD is not in competition with the other providers available to deliver services.

4. Explain why it is more cost effective for the AAAD to provide this service than contracting it out on a unit cost contract. Include the AAAD cost per client for Case Management Services.

GNRC AAAD has been doing this for decades and we have become more efficient over the years. In addition, we have established partnerships and are trusted in the community. Our cost per unit for case management services is \$262.14.

#### **Nutrition Services Administration**

(Note: Nutrition Site Waivers are no longer required because 2015 State Law now requires a minimum of 10 participants at each site. This State Law cannot be waived; sites with fewer participants must be closed.)

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
3. Explain how this service is directly related to the AAAD's administrative function.
4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.

#### **Ombudsman**

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
3. Explain why it is a best practice for the AAAD to provide this service directly.

#### **X   National Family Caregiver Support Program**

(Note: NFCSP provides supportive services such as information and assistance, case management, outreach, individual counseling, support groups, caregiver training, and respite care and supplemental services. AAADs that provide information and assistance, case management, outreach, individual counseling, support groups, and caregiver training directly must complete a waiver.)

1. List all agencies in the PSA that provide this service to elderly persons.

- Riverside Chapel
- Vanderbilt Memory & Alzheimer's Center
- Vanderbilt Frontotemporal Dementia Caregiver Support
- Mental Health Association
- Tennessee Respite Coalition
- Catholic Charities
- Fifty Forward
- Jewish Family Service
- Life-Links
- Alzheimer's Association (support groups)

2. Explain how the current level of service in the PSA is inadequate to meet the need.

The need for caregivers and the care they provide is constantly increasing worldwide. The value of services provided by informal caregivers has steadily increased over the last decade, with an estimated economic value of \$470 billion in 2013, up from \$450 billion in 2009 and \$375 billion in 2007. [AARP Public Policy Institute. (2015). Valuing the Invaluable: 2015 Update.] The number of hours dedicated to caregiving increases with the age of the caregiver.

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

AAAD's goal and mission remain to provide the family with necessary assistance in an effort to give seniors the option of staying out of nursing homes that are typically paid for by the government; are more expensive; and rob the individual of pride, dignity, and the ability to remain with family.

4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.

GNRC AAAD has been doing this for decades and we have become more efficient over the years. In addition, we have established partnerships and are trusted in the community.

---

### **Legal Assistance**

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the service capacity in the PSA is inadequate to meet the need.
3. Explain why the Legal Services Corporation funded agency serving the region does not have the capacity to meet the need.

\_\_\_\_ **Senior Center/Office on Aging**

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
3. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.

\_\_\_\_ **Other** \_\_\_\_\_

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
3. Explain how this service is directly related to the AAAD’s administrative function.
4. Explain why it is more cost effective for the AAAD to provide this service than contracting it out.

**SIGNATURES:**

\_\_\_\_\_  
Sara Fowler, Director  
Aging and Disability Services  
Greater Nashville Regional Council

\_\_\_\_\_  
Date

\_\_\_\_\_  
Michael Skipper, Executive Director  
Greater Nashville Regional Council

\_\_\_\_\_  
Date

\_\_\_\_\_  
Don Ames, Chair  
Area Agency Advisory Council

\_\_\_\_\_  
Date

Exhibit D-3.2

**Request for Waiver for FY \_\_\_\_\_**

\_\_\_\_\_ **AAAD**

**FIVE DAY REQUIREMENT**

Background: The Older Americans Act requires that nutrition projects provide at least one meal per day for five or more days per week. TCAD, as State Unit on Aging, may authorize a lesser frequency under certain circumstances (42 USC 3030e; 42 USC 3030f). TCAD’s implementation of this requirement is as follows:

- Sites located in counties containing only rural-designated areas (see Table 1 below) may serve meals less than five days per week by requesting a waiver from the site.
- Sites located in counties containing urban-designated areas (see Table 2 below) may serve meals less than five days per week provided that meals are served five days per week by the combined operations of all sites within the county.

If an AAAD wishes to request a waiver of the five day requirement for any of its sites per the criteria outlined above, please note in Column A: *Requesting Five Day Waiver for Site* of the Area Plan Nutrition Site Listing spreadsheet.

SIGNATURES:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Administrative Officer of Grantee Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisory Council Chairperson

\_\_\_\_\_  
Date



**Request for Waiver for FY \_\_\_**  
**REQUIRED MINIMUM EXPENDITURES FOR PRIORITY SERVICE**

*Required minimums:*

- a. *Services associated with access to other services: including but not limited to information and referral, case management, transportation, and outreach (35%)*
- b. *In-home services - (10%)*
- c. *Legal assistance (2%).*

1. AAAD: \_\_\_\_\_
2. Service Category: \_\_\_\_\_
3. Required minimum expenditure for this priority service using the required minimum percentage: \$ \_\_\_\_\_
4. Actual expenditure of Title III (federal funds only) for this service during the past fiscal year
5. Expenditure amount requested under this waiver
6. Justify the request for waiver by explaining the:
  - a. Projected impact on other services, using documented facts and figures (attach documentation);
  - b. Projected impact on this service, using documented fact and figures (attach documentation), and
  - c. Projected impact on level of service needs and availability throughout the PSA.
7. Outline AAAD plan and timeframe for achieving the required minimum funding level.

**SIGNATURES**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Administrative Officer of Grantee Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisory Council Chairperson

\_\_\_\_\_  
Date



**Request for Waiver FY \_\_\_  
COST SHARE REQUIREMENT**

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

**SIGNATURES**

\_\_\_\_\_

AAAD Director

\_\_\_\_\_

Date

\_\_\_\_\_

Chief Administrative Officer of Grantee Agency

\_\_\_\_\_

Date

\_\_\_\_\_

Advisory Council Chairperson

\_\_\_\_\_

Date

**Request for Waiver for FY \_\_\_\_\_  
TCAD POLICY REQUIREMENT**

1. AAAD: \_\_\_\_\_
2. TCAD Policy for which waiver is requested:
  
3. Reference location of specific TCAD policy for which waiver is requested:
  
4. Give full justification for this waiver request by documenting all efforts of the AAAD to meet the requirement and specific barriers to meeting the requirements.
  
5. Outline steps the AAAD will take to meet the requirements, giving specific dates of accomplishment for each step.

**SIGNATURES:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Administrative Officer of Grantee Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisory Council Chairperson

\_\_\_\_\_  
Date

## ASSURANCES

### Older Americans Act (2020) Assurances of Compliance

#### AREA PLANS

SEC. 306. (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual

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

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

(A) services associated with access to services (transportation, health services (including mental and behavioral 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 with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

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

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

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

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

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

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

(i) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals

with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic

brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42

U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted

under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for co-ordination of—

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

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

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) <sup>7</sup> to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

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

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

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

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

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

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

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) provide assurances that—

(A) 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 2019 in carrying out such a program under this title; and

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(20) (b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and

older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how re- source levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph

(2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

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

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

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

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

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

## SEC. 374. MAINTENANCE OF EFFORT.

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

**Certification by Authorized Agency Official**

*(Insert name of AAAD)* hereby gives full assurance that every effort will be made to comply with the regulations of the Older Americans Act.

**SIGNATURES**

\_\_\_\_\_  
Sara Fowler, Director of Aging & Disability Services  
Greater Nashville Regional Council

Date \_\_\_\_\_

\_\_\_\_\_  
Michael Skipper, Executive Director  
Greater Nashville Regional Council

Date \_\_\_\_\_



## Availability of Documents

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

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

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

**Certification by Authorized Agency Official**

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

**SIGNATURES**

\_\_\_\_\_  
Sara Fowler, Director of Aging & Disability Services  
Greater Nashville Regional Council

Date \_\_\_\_\_

\_\_\_\_\_  
Michael Skipper, Executive Director  
Greater Nashville Regional Council

Date \_\_\_\_\_

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

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

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

This policy applies to all services and programs operated by, or through contracts or subcontracts from the Greater Nashville Regional Council Area Agency on Aging and Disability.

Prohibited practices include:

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

The Greater Nashville Regional Council Area Agency on Aging and Disability shall appoint a Title VI coordinator to ensure that the Area Agency on Aging and Disability and all service providers comply with the provision of Title VI. Whenever a planning or advisory body, such as a board or a committee is an integral part of the Area Agency on Aging and Disability or service provider program, the Area Agency on Aging and Disability will take such steps as are necessary to ensure that minorities are notified of the existence of such bodies and are provided equal

opportunity to participate as members. Where members of a board or committee are appointed by the area agency or service provider agency, minorities shall be represented at least in proportion to their presence in the general population of the service area.

**SIGNATURES**

\_\_\_\_\_  
Sara Fowler, Director of Aging & Disability Services  
Greater Nashville Regional Council

Date \_\_\_\_\_

\_\_\_\_\_  
Michael Skipper, Executive Director  
Greater Nashville Regional Council

Date \_\_\_\_\_

**ADDITIONAL DOCUMENTS** (*Attached*)

<b><u>Exhibit Number</u></b>	<b><u>Title of Exhibit</u></b>
H-1	Budget Area Plan
H-2	Personnel Area Plan
H-3	List of Subcontracting Agencies
H-4	List of Nutrition Sites