



GNRC AAAD Public Hearing
Tuesday, March 20, 2018
1:00 p.m.

City of Dickson Senior Citizen Center
Dickson, Tennessee

AGENDA

- | | |
|--|--------------------------------------|
| 1. Greetings and Introductions | Marilyn Wade,
Interim Director |
| 2. Area Plan Background | Marilyn Wade |
| a. Role of the AAAD Advisory Council | |
| b. Area Plan Purpose | |
| c. Review of the Aging Network | |
| d. Overview of OAA Funding | |
| 3. GNRC Programs | AAAD Managers |
| 4. Review of Glossary of Terms | Marilyn Wade |
| 5. GNRC Regional Data Area Profile | Marilyn Wade |
| 6. Requested Waivers | Marilyn Wade |
| a. Case Management | |
| b. National Family Caregiver Support Program (NFCSP) | |
| c. Congregate Nutrition Sites | |
| 7. GNRC-AAAD Goals for FY 2019-2022 | Marilyn Wade |
| 8. Review of Budget and Funding for Services | Gayle Wilson,
Director of Finance |
| 9. Questions and Discussion | All |
| 10. Adjourn | |

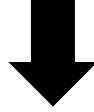
Please send additional feedback and questions to Marilyn Wade, Interim Director of Aging and Disability Services, via email at mwade@gnrc.org before 3:30 p.m. on Tuesday, March 27th, 2018.



National Aging Services Network

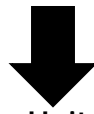


U.S. Department of Health and Human Services (Federal Level)



Administration for Community Living (Formerly AoA) (Federal Level)

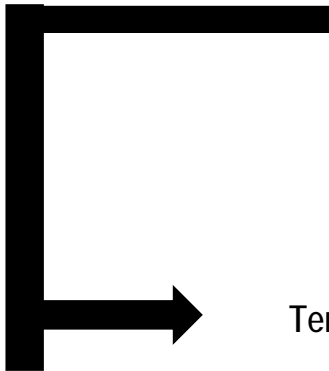
ACL brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability



56 State Units On Aging



618 Area Agencies on Aging (AAA)



Tennessee Commission On Aging and Disability (TCAD)

Aging Commission

Northwest AAAD

Southwest AAAD

South Central AAAD

First Tennessee AAAD

East Tennessee AAAD

Southeast AAAD

Upper Cumberland AAAD



Greater Nashville AAAD

9 Area Agencies on Aging
in Tennessee



Service Providers:
Options, Senior Centers,
Nutrition, Transportation, Legal,
Ombudsman

Older Americans Act: Overview and Highlights

The Older Americans Act (OAA) was signed into law on July 14, 1965 and is reauthorized periodically. The Act established the Administration on Aging and created the Aging Services Network that includes 56 State Units on Aging, 629 Area Agencies on Aging, 246 Title VI Native American aging programs and over 20,000 service provider organizations. In September 2006, Congress reauthorized the OAA reinforcing its mission to enhance the ability of older Americans to live with maximum dignity and independence while adding several new initiatives to the existing responsibilities of the aging services network. In 2011, Congress will again consider reauthorization and amendments to the Act effective 2012.



The Older Americans Act has seven (7) titles

Title I	Title II	Title III	Title IV	Title V	Title VI	Title VII
Declaration of Objectives; Definitions	Administration on Aging	Grants for States and Community Programs on Aging	Activities for Health, Independence and Longevity	Community Service Senior Opportunities Act	Grants for Native Americans	Vulnerable Elder Rights

Title III-B Supportive Services & Senior Centers Programs	Title III-C Nutrition	Title III-D Disease Prevention and Health Promotion Services	Title III-E National Family Caregiver Support Program	Title IV Activities for Health Independence and Longevity	Title V Community Services Senior Opportunity Act	Title VI Community Grants for Native Americans	Title VII Vulnerable Elder Rights Protection
Information and Assistance; Outreach; Case Management; Chore Services; Transportation; Assisted Transportation; Homemaker; Adult Day Care; Personal Care	C-1: Enables senior citizens to share a meal and socialize with other seniors. Also provides nutrition education, health screening, and counseling at senior centers. C-2: Provides daily delivery of hot meals to homebound seniors. Nutrition Services Incentive Program (NSIP): rewards State Agencies on Aging and Indian Tribal Organizations that efficiently deliver nutritious meals to older adults. State AoAs and Indian Tribal Organizations may choose to receive part or all of that support in the form of USDA foods.	Educates and enables older persons to make healthy lifestyle choices.	2000 amendments provide assistance to people who provide the primary care for spouses, parents, older relatives and friends.	Expands the knowledge and understanding of the older population and the aging process. Activities that design, test, and promote the use of innovative ideas and best practices. Provide training for personnel in the field of aging.	SCSEP, the Senior Community Services Opportunity Act is the only federal job training program that explicitly serves low-income adults, age 55 years and older.	Grants directly to Tribal and Native American organizations for nutrition and supportive services. Provides grants for the Native American Family Caregivers Support Program.	Program which investigates abuse in long-term care and nursing facilities and other programs directed at preventing of elder abuse, neglect and exploitation.



For more information about the Older Americans Act and efforts in your community to improve programs and services, contact your State Agency on Aging; local Area Agency on Aging, Tribal/Native American organization, or senior center; or contact the Administration on Aging at www.aoa.gov.



Contact your Senators and Representatives and ask them to invest in Older Americans Act programs!
Increase OAA funding to keep pace with population growth and price increases.

National Committee to Preserve Social Security and Medicare
1065 Street NE, Suite 600, Washington, DC 20002-6800 | 866-1935 | www.ncpsm.org | ncpsm@ncpsm.org

GLOSSARY OF TERMS

<p>Area Agency on Aging and Disability (AAAD)</p>	<p>The regional agency that provides advocacy and planning for the needs of adults 60 and older, and for adults with physical disabilities. AAAD subcontracts for provision of home and community based services.</p>
<p>Evidence Based Programming (EBP)</p>	<p>Health promotion programming that has been researched over time and have been proven to be effective, such as falls prevention or self-management for chronic health conditions,.</p>
<p>Home and Community Based Services (HCBS)</p>	<p>Services designed to support older adults and adults with physical disabilities to remain in their communities as long as possible rather than moving into facilities such as nursing homes. HCBS services are preferred by most persons, and are more cost effective than institutional care.</p>
<p>Information and Assistance (I & A)</p>	<p>Information, assistance, and referral services available at no cost by calling your local AAAD. Offers information and assessment on long-term care programs and information on wide-ranging community resources.</p>
<p>Legal Assistance</p>	<p>Wide-ranging legal services available at no cost for persons 60 years of age and over.</p>
<p>National Family Caregiver Support Program (NFCSP)</p>	<p>Federal funding for services to give respite to caregivers. Part of the Older Americans Act.</p>
<p>Nutrition Services</p>	<p>Congregate/community meals for persons 60 and over, or home delivered meals to eligible persons in need of meals.</p>
<p>Older Americans Act (OAA)</p>	<p>Act that provides federal funding for programs and establishes national standards for those programs.</p>

<p>Ombudsman services</p>	<p>Services for residents of long-term care facilities such as nursing homes. Ombudsmen are available to help resolve a wide variety of residents' needs from quality and quantity of food offered to threats of involuntary discharge or abuse. These services are offered at no cost to the residents.</p>
<p>Options</p>	<p>A program of HCBS services for eligible adults. Covers services such as homemaker and personal care, among others.</p>
<p>Options Self-Direction</p>	<p>Non-traditional use of Options service dollars where individual can hire their own worker to provide the help. An outside fiscal entity provides the financial oversight to ensure compliance with the program.</p>
<p>Public Guardianship</p>	<p>Court-appointed services to vulnerable adults who have no available family or reliable party to oversee their care.</p>
<p>State Health Insurance Program (SHIP)</p>	<p>Available through the AAADs and TCAD, SHIP counselors and volunteers offer unbiased information about Medicare coverage and available plan types. This service also includes drug cost comparisons so that those covered by Medicare can choose the most cost-effective Part D plan. SHIP services are available at no cost.</p>
<p>Tennessee Commission on Aging and Disability (TCAD)</p>	<p>The state unit on Aging. Oversight of Area Agencies on Aging and Disability. Provides federal and state funding for programs administered by the AAADs.</p>
<p>TennCare CHOICES program</p>	<p>CHOICES is a service of TennCare, and is not funded by TCAD. GNRC-AAAD is contracted with TennCare to provide intake, assessment, and education for CHOICES services.</p>

SUMMARY OF GOALS AND OBJECTIVES

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

- **Objective:** Provide Information and Assistance services that are easily accessible through telephone and email.
- **Objective:** To reduce nutritional insecurity to individuals 60 years of age and older by providing access to nutritional services through the Older Americans Act Programs in the GNRC area
- **Objective:** To improve program capacity for congregate and home delivered meals.
- **Objective:** To increase SNAP outreach to seniors
- **Objective:** To promote an HCBS system that empowers seniors, disabled adults and other targeted population to remain supported and independent in their homes and/or communities.
- **Objective:** To provide caregivers the necessary support and education in an effort to allow the caregiver to continue care of the care receiver.
- **Objective:** To increase public awareness of falls prevention among older adults.
- **Objective:** To assist senior centers in expanding community partnerships and services via technology to maintain quality of life through social connection for persons in their larger communities
- **Objective:** To continue to support existing transportation partnerships.
- **Objective:** Increase awareness of elder abuse in the Greater Nashville Region.
- **Objective:** 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.
- **Objective:** Educate long-term care residents and citizens on services available through the Ombudsman program.
- **Objective:** Provide guidance on addressing the needs of long-term care residents and navigating the long-term care system
- **Objective:** Irrespective of income, all applicants/clients and clients 60 years of age or older receive assistance at no cost from the Legal Aid Society of Middle Tennessee and the Cumberlands.
- **Objective:** 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.

Goal 1 continued:

- **Objective:** Through funding provided by the Model Approaches to Statewide Legal Assistance grant, develop and implement effective approaches for integrating cost effective, well integrated legal services into the existing statewide legal/aging service delivery networks to enhance overall service delivery capacity and enable older adults to remain independent, healthy, and financially secure in their homes and communities of choice.

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:** To provide yearly suicide prevention and pre-intervention training to relevant staff.
- **Objective:** To emphasize efforts to increase awareness and utilization of clinical preventive services among older Tennesseans.
- **Objective:** Develop partnerships and provide awareness and training to ensure that services are provided to older individuals and adults with disabilities in underserved communities.

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

- **Objective:** To promote an HCBS system that empowers seniors, disabled adults and other targeted population to remain supported and independent in their homes and/or communities.
- **Objective:** To provide effective and quality Public Guardianship Services to our clients based on their specific characteristics and individualized needs.

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:** SHIP will provide objective one-on-one counseling and assistance on Medicare, Medicaid, and all other health insurance for consumers with Medicare, their adult children, their caregivers, and their advocates to include providing public and media outreach.
- **Objective:** Provide Information and Assistance services that are easily accessible through telephone and email.

GREATER NASHVILLE REGIONAL COUNCIL - AREA AGENCY ON AGING & DISABILITY

FY-2019 PROPOSED ALLOCATION - Final Allocation subject to TCAD funding and GNRC's Final Budget

SERVICES	PROPOSED FEDERAL	PROPOSED STATE	PROPOSED TOTAL
Single Point of Entry (SPOE) Including Information & Assistance & Long-Term Care Screening	132,800	75,000	207,800
State Health Insurance Program * assuming continuation of funding	194,230		194,230
Service Coordination/Case Management	517,424	402,840	920,264
In-Home Services: Homemaker, Personal Care, PERS, Medical Equipment/Supplies	69,500	1,203,960	1,273,460
Family Caregiver Services: Adult Day Care Respite, Caregiver Training, In-home Adult Care, Medical Equip & Supplies, PERS, Support Groups, Grandparents Programs, Caregiver Conference	291,076	82,800	373,876
Home-Delivered Meals	803,400	117,000	920,400
Multipurpose Senior Centers: Health Promotion/Wellness, Health Screening, Physical Fitness, Telephone Reassurance, Visiting, Outreach, Education & Training, Transportation, Accreditation, SAMS Fees	323,800	214,000	537,800
Transportation	338,200	0	338,200
Congregate Meals	720,600	0	720,600
NSIP Meals: Home Delivered and Congregate	283,700		283,700
Public Guardianship for the Elderly	123,200	96,600	219,800
Elder Abuse	12,500		12,500
Legal Assistance	40,800	0	40,800
Long Term Care Ombudsman	107,700	0	107,700
AAAD Evidence Base Programing	68,600	0	68,600
Coordination & Program Development	50,000	0	50,000
Planning & Administration	336,500	160,000	496,500
GRAND TOTAL	4,414,030	2,352,200	6,766,230

Area Agency on Aging and Disability FY 2019-2022 Area Plan Public Hearing

Tuesday, March 20, 2018 | 1 p.m.
Dickson Senior Citizen Center | Dickson, Tennessee

*Marilyn Wade, Interim Director
GNRC Aging and Disability Services*



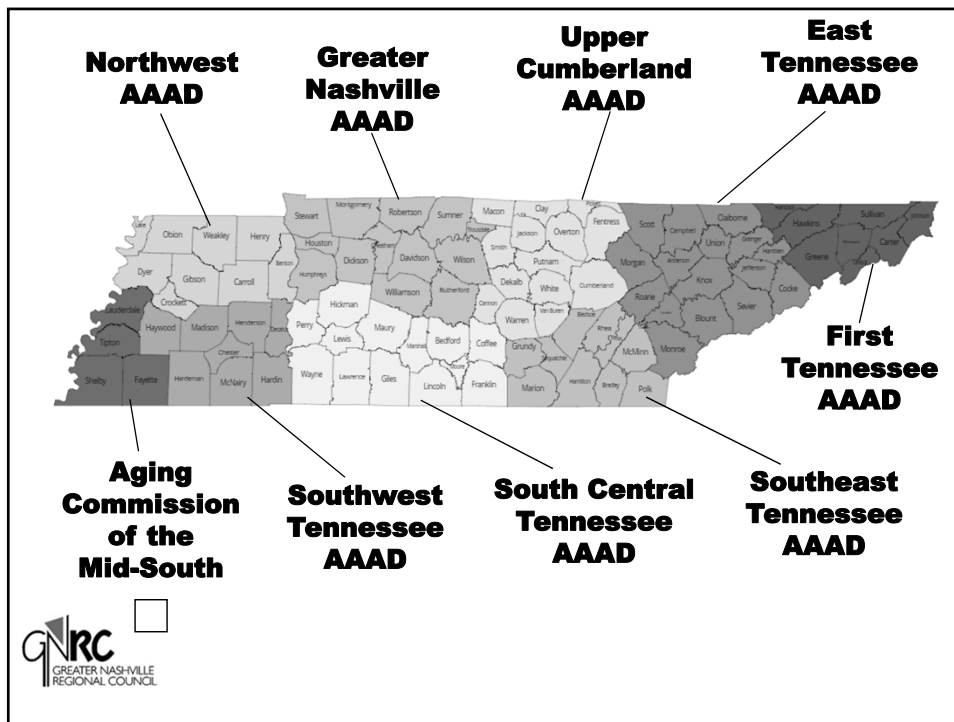
Older Americans Act

Policies and programs assuring the wellbeing of older persons

Area Agency on Aging and Disability

Provide access to services, plan for the future, advocate for the elderly and disabled, and implement a comprehensive system of home- and community-based care





Federal Level
 US Department of Health and Human Services (HHS)
 The Administration for Community Living (ACL)

State Level
 Tennessee Commission on Aging and Disability (TCAD)

Regional Level
 Area Agencies on Aging and Disability (AAADs)

GNRC
 GREATER NASHVILLE
 REGIONAL COUNCIL

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

What is an Area Plan?

- A detailed statement to the Tennessee Commission on Aging and Disability of the manner in which the AAAD is developing a comprehensive and coordinated service delivery system for the 13 county region.
- The AAAD can only receive funding from the TCAD under an approved Area Plan. The Area Plan is made up of goals and objectives for the upcoming year.
- The Area Plan is for a four year period and must be updated each year. This plan is the first year of a four-year plan.
- A Public Hearing is required for the purpose of providing an opportunity for comments on the Area Plan.



Goal 1:

Ensure that programs and services funded by the federal Older Americans Act (OAA) are cost effective and meet best practices.

- Update and maintain Resource Directory
- Work with nutrition partners to increase volunteer participation in serving meals and in fundraising
- Continue on-going training of care providers on delivery of services that support individuals in remaining in the community
- Increase outreach to raise awareness of services available to family caregivers
- Increase awareness of falls prevention methods through evidence based programming
- Increase SNAP outreach to seniors
- Assist senior centers in use of technology to serve more older adults
- Increase use of telephone reassurance services for isolated seniors
- Support volunteer transportation
- Include information on recognizing elder abuse on the GNRC website
- Continue to support Ombudsman services for those living in institutional care settings
- Continue to support legal assistance services to persons 60 and older



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.

- Work with external agencies/organizations to provide training for staff on suicide prevention
- Build partnerships with local medical providers to promote awareness of Medicare preventive services
- Participate in health fairs
- Build partnerships with area health and wellbeing non-profits such as the National Alliance on Mental Illness and the American Cancer Society
- Develop partnerships within underserved communities such as those working with LGBT persons



Goal 3:

Ensure that programs and services funded by State allocations are cost effective and meet best practices

- Promote a Home and Community Based Services system that empowers individuals to remain independent within their communities
- Provide consistent training within GNRC and to partners to ensure that services are adequate, compliant with regulations, and beneficial
- Provide effective and quality Public Guardianship Services through:
 - Individualized plans of care
 - Continued staff training in National Guardianship Standards of Practice and knowledge of applicable federal and state laws
 - Ongoing recruitment of volunteers
 - Continued identification of community resources for services to enhance the quality of life of Public Guardianship clients



Goal 4:

Ensure that Middle Tennesseans have access to information about aging issues, programs, and services in order to make informed decisions about living healthfully and independent and about planning for their financial future, healthcare access, and long-term care.

- Provide objective one-on-one counseling and assistance on Medicare, Medicaid, and all other health insurance for Medicare beneficiaries through the Tennessee State Health Insurance and Assistance Program (SHIP)
- Continue to provide Information and Assistance services that are easily accessible through telephone and email
- Maintain up-to-date certifications for Information and Assistance staff, including Alliance of Information and Referral Systems (AIRS) certifications



FY 2019 Proposed Allocation*

Final allocation subject to TCAD Funding and GNRC's Final Budget

<small>*as of 3/12/2018</small>	PROPOSED FEDERAL	PROPOSED STATE	PROPOSED TOTAL
SERVICES			
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Questions?

Further comments and questions
should be sent to:
Marilyn Wade
mwade@gnrc.org
by 3:30 p.m. Tuesday, March 27, 2018

GNRC.org



*Thank you for your
participation!*

Marilyn Wade
Interim Director
Aging and Disability Services
615-862-8828
mwade@gnrc.org
GNRC.org



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

Designated Area Agency on Aging and Disability

for the

Greater Nashville Region

Planning and Service Area

in TENNESSEE for

July 1, 2018 – June 30, 2022

Designated Planning and Service Area

AAAD Name:	Greater Nashville Regional Council
Physical Address:	220 Athens Way, Suite 200, Nashville, TN 37228
Mailing Address (if different):	
AAAD Phone and Fax Number:	Phone: 615-862-8828 Fax: 615-862-8840
AAAD Email Address:	mwade@gnrc.org
Website:	www.gnrc.org
AAAD Director:	Marilyn Wade (Interim)
In Operation Since:	1974
Mission:	Greater Nashville Regional Council Area Agency on Aging and Disability’s mission is to promote the independence, dignity and quality of life for older persons, adults with disabilities and those who care about/for them by maintaining an innovative service delivery system that is responsive to and empowers individuals to achieve their own vision of independence.

AAAD County Data

Greater Nashville Area Agency on Aging and Disability							
Geography	Population		Language	Poverty			Rural
	60+ Population	% of 65+ who are minority	% of individuals ages 65+ who speak language other than English At Home	% of individuals ages 65+ who are below 100% FPL	% of total 65+ population who are below poverty	% of total 65+ population who are Low Income Minority	% of all 65 who are Rural
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Needs Assessment and Program Challenges

As a part of the Statewide Survey, questions were asked to both older adults and providers. The top four (4) challenges or unmet needs for each are listed below:

Older Adult Survey	
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"> • Health concerns or lack of healthcare (35.4%) 	<ul style="list-style-type: none"> • Exercise, recreation, and activities (12.6%)
<ul style="list-style-type: none"> • Financial concerns (24.1%) 	<ul style="list-style-type: none"> • Improvement in financial concerns (12.1%)
<ul style="list-style-type: none"> • Transportation (17%) 	<ul style="list-style-type: none"> • Transportation (11.9%)
<ul style="list-style-type: none"> • Lack of accessibility (9.6%) 	<ul style="list-style-type: none"> • Improvements in health or access to healthcare (11.8%)

Service Provider Survey	
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"> • Transportation (39.7%) 	<ul style="list-style-type: none"> • Transportation (31.0%)
<ul style="list-style-type: none"> • Nutritional Needs (27.9%) 	<ul style="list-style-type: none"> • Home and Community Based Services, "HCBS" (23.2%)
<ul style="list-style-type: none"> • Financial (23.2%) 	<ul style="list-style-type: none"> • Improvements in Financial Needs (20.9%)
<ul style="list-style-type: none"> • Housing concerns (22.2%) 	<ul style="list-style-type: none"> • Changes to meet nutritional needs (20.5%)

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.

1. Transportation
2. Nutritional Needs
3. Housing Concerns

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, and;
- Anticipatory - address both immediate needs of older adults and the needs of future older adults

1. Transportation

- a. **Collaborative:** GNRC AAAD has partnered with MTA, MCHRA, Metro Social Services and Senior Ride to assist with transportation needs. These partnerships will continue to be fostered and new avenues for partnerships will be sought out, including working with local non-profits and religious organizations that may currently have volunteer rides services.
- b. **Diverse:** Transportation services are essential for seniors and disabled individuals across the region, whether urban or rural. The rural areas of our region face most challenges to leave their home without a car due to limited access to public transportation. This can create higher number of individuals facing isolation, limited to no medical treatments, and limited access to food.
- c. **Streamlined:** GNRC will enhance our website to incorporate information about and links to transportation resources available to older adults and adults with physical disabilities in the Greater Nashville region.
- d. **Data-Driven:** The Needs Assessment showcases that both seniors and service providers surveyed cite transportation concerns as a high area of need for seniors in the region. It is ranked as the number one area for improvement based on service providers. Transportation is required to get to and from medical appointments, grocery stores, to community and senior centers; all of these are important to the physical and mental wellbeing of our senior and disabled population.
- e. **Anticipatory:** GNRC will explore other means of transportation services for older adults and adults with physical disabilities, including seeking further collaboration between the AAAD and GNRC's recently expanded capacity for transportation planning and additional partnerships.

2. Nutritional Needs

- a. **Collaborative:** GNRC AAAD will collaborate with existing nutrition sites to continue serving as congregate meal locations for seniors across the region. In addition, the home delivered meals program will continue to provide meals to home-bound seniors across the region. To align with TCAD's push to increase SNAP outreach to seniors, we will collaborate with TCAD in developing an approach to improve outreach to seniors with assistance from GNRC's home and community based service providers, SHIP, I&A line, and senior centers. Another avenue to explore for partnership is through volunteer support with meal delivery and/or monetary donations to cover the costs of meals provided by the AAAD.
- b. **Diverse:** GNRC AAAD in partnership with existing nutrition sites and providers will increase outreach efforts to individuals that are homebound

and/or face transportation issues, low-income individuals, and individuals with limited English proficiency.

- c. **Streamlined:** All staff within the AAAD service programs will continue to be trained on the nutrition program offerings and will assist in education on the services when working with seniors, caregivers, family members, or advocates. GNRC will research ways to support nutrition volunteer programs and will provide information about volunteering on our website.
- d. **Data-driven:** As identified by nearly 30% of service providers that participated in the Needs Assessment, nutritional needs of seniors continue to go unmet and ranks as the second highest concern for unmet needs by service providers. As displayed in exhibit A-2, in counties throughout the greater Nashville region between 4.5% to nearly 17% of seniors fall 100% below the federal poverty line. Seniors continue to face food scarcity, are faced with choosing between paying utilities or buying groceries, and often the only option for a warm meal is found at their local senior center or through home based delivery of meals by AAAD.
- e. **Anticipatory:** GNRC AAAD anticipates a growth in number of individuals reached for home delivered and congregate meals combined. We anticipate that all staff that interact with seniors, caregivers, family members, and advocates will be able to speak to the AAAD nutrition programs and SNAP eligibility in an effort to connect more impoverished seniors with resources that will connect them to healthy, stable meals.

3. Housing Concerns

- a. **Collaborative:** GNRC AAAD will work with housing non-profits to garner insight into needs and current housing opportunities, and to determine how best to fill the gaps for seniors facing unstable shelter. Some non-profits to partner with may be Council on Aging, Nashville Rescue Mission, Urban Housing Solutions, Open Table, Room in the Inn, etc.
- b. **Diverse:** The focus of services will be with seniors and physically disabled adults at or below the federal poverty line who are facing eviction or homelessness.
- c. **Streamlined:** As part of the collaborate effort with housing-focused non-profits, GNRC will strive to identify resources to provide to older adults and adults with physical disabilities. GNRC AAAD I&A staff currently do preliminary intake for the Emergency Repair Program, which receives funds from the Tennessee Housing Development Agency.
- d. **Data-Driven:** Based on the Needs Assessment, 22% of service providers indicate housing for seniors is a serious issue, ranking it as the number 4 most concerning area needing improvement. Individuals that are unsure where they will sleep at night or whether or not they will be able to keep their current housing will be unable to focus on other high importance aspects of life, such as health and security.
- e. **Anticipatory:** GNRC AAAD will continue to provide older adults and adults with physical disabilities facing housing concerns with available resources

and programs to help them stay in their homes and find affordable housing as available.

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:
- Lack of Funding (33.3%)
 - Not enough organizations or providers in community (18.9%)
 - Waitlists for services and programs (8.1%)
 - Rules and Regulations (7.1%)

GNRC AAAD finds great value in evaluating and improving the waitlist processes and management for programs and services. Over the course of the next four years, GNRC will make the following efforts to address this area:

- GNRC will continue to robustly address the overall wait list for Options/OAA In-Home through regular updates as contractually required.
- Any applicant who may be served through other resources such as the VA, DIDDS, or CHOICES will continue to be referred appropriately to these resources.
- GNRC will work with community partnerships and referral sources to address home and community based services, provide education and information regarding appropriate applicants for HCBS programs managed through GNRC.
- GNRC will review our website and written materials will be explored to determine if written materials dispersed to the community at large is helpful in explaining the various programs available.
- GNRC will seek improvements to our waitlist processes and management by:
 1. Identifying the current process that is used to manage waitlists for programs and services.
 2. Researching how other Area Agencies handle this process.
 3. Determining what method is best to try through collaboration of AAADs in Tennessee and TCAD.
 4. Determining a pathway to transition to the new process.
 5. Implementing the new process.
 6. Evaluating the process one year from implementation.

Plan for Program Development and Coordination

The AAAD is proposing to use \$50,000.00 in Title III-B direct service funds to pay for Program Development and Coordination during FY 2019. TCAD allows up to 10% of these funds to be used for this purpose. The proposed amount represents 1% of the AAADs new Title III-B direct service allotment.

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.

Coordination Goals and Objectives: To form partnerships with other organizations and stakeholders that promote advocacy, outreach and services to the aging community.

Strategies: Forming partnerships with the following organizations and others for education and coordination of aging services and advocacy.

1. Council on Aging of Greater Nashville – Promote advocacy and address needs in elder services in the area of elder abuse prevention and senior transportation.
2. Alzheimer’s Association – Education and expansion of services for caregivers.
3. Nashville Ride – Volunteer transportation programs for seniors.
4. TN Department of Health – Education and injury prevention through evidence based programs.
5. TennCare – Addressing needs and advocacy in housing, in home services, and ombudsman programs.
6. TN Federation of Aging – Advocacy and education for the aging community.
7. N4A and SE4A – Addressing national and regional issues.
8. TN Respite Coalition – Developing and refining respite services.
9. Pennyriple Area Development District – Providing HCBS to veterans.
10. Hands on Nashville – Coordination of volunteers.
11. Empower TN – Education on issues and advocacy for people with disabilities to strive for greater independence.
12. TN Department of Human Services – Addressing abuse, neglect or financial exploitation of adults who are unable to protect themselves due to physical or mental limitations.
13. TN Disability Pathfinder – Coordination of information and referral

FY 2018 Highlight of Accomplishments

Provide a status update of accomplishments that have been made in regards to goal included in the 2015 – 2018 Area Plan.

AAAD Goal 1: Ensure that current State Options and Federally Funded programs and services for adults over the age of 60 and adults with physical disabilities are cost effective and meet best practices.

- GNRC continually promotes Home and Community Based Services throughout the 13 county area. The Case Management Team continues to maintain active caseloads of 120+ cases, and juggles a combination of programs (Options for Community Living, Older Americans Act In-Home, Nutrition, Family Caregiver, and Choices application) in order to effectively serve the community. In addition, the Case management team has continued to promote the Options Self Direction program and currently has 23 individuals being served through this particular program.
- GNRC has reviewed and incorporated operational changes that streamlines the assessment process. In July 2017, all AAAD Counselors were trained to enter assessment information into SAMS. GNRC has reduced paperwork through this, and through maintaining all assessments entered into SAMS in electronic format. In February, 2018, GNRC further reduced paperwork by requiring all case notes to be entered into SAMS.
- The Case Management Team continues to be trained routinely in order to increase knowledge and skills in working with HCBS individuals. This includes SHIP, case management documentation, and other areas necessary for the efficiency and proficiency in the case management field.
- GNRC conducted three team-wide file primary reviews (July 2017, September 2017, February 2018) for Options (traditional and self-directed), OAA In Home, NFSCP (traditional and voucher), and Nutrition files. This comprehensive infrastructure is utilized to address mistakes, clarify, and to educate the case management team. In addition, GNRC requires each AAAD Counselor to self-audit each file (at specific time frames of case management), by completing check list for hard file and for SAMS entry.
- Information and Assistance staff began using the SAMS database to log client data and to conduct long-term care screenings in November 2017
- Information and Assistance staff received Question.Persuade.Refer (QPR) suicide prevention training in December 2017.
- All eligible Information & Assistance helpline and screening staff have been AIRS certified.
- GNRC SHIP was awarded two fiscal years in a row (2016 and 2017) outstanding achievement for number of volunteer hours served and reported.
- GNRC SHIP was awarded outstanding achievement for 8 out of 8 Performance Metrics met in fiscal year 2017.

AAAD Goal 2: Diversify funding and partnerships to meet current needs and implement additional services and programs to meet the emerging needs of the baby boomer population (those born between 1946 and 1964).

- GNRC secured \$183,000 through the Chancery Court Grant, administered by the Community Foundation of Middle Tennessee, which allowed GNRC to provide needed home repairs to twenty-nine (29) homes owned by older adults. These repairs allowed these older adults to remain in their homes safely.
- GNRC AAAD assisted with the development of door-through-door transportation services through a partnership with Senior Ride Nashville.
- GNRC AAAD has staff participating in the Council on Aging's Community Assessment Committee, which is currently exploring current housing needs in the Greater Nashville region.

AAAD Goal 3: Build the capacity of programs and services to serve more adults 60 and over and adults with physical disabilities.

- In Fall 2017, GNRC focused on increasing wait list activity (pre-screening and assignment) and was able to reduce the wait list from 1700+ to 1447. The Case Management Team has been steadily increasing individuals served to 404 (as of January 2018).
- GNRC has increased the status report of referrals from monthly to weekly or bi-weekly to maintain the continual fluidity of the assignment process for assessments.
- GNRC was able to eliminate a waitlist for Family Caregiver Support Program for a portion of FY 2018, serving all caregivers who were eligible and interested in the program.
- GNRC was able to continue the Veterans-Directed HCBS program by partnering with the Pennyrile Area Development District.

AAAD Goal 4: Ensure that the Area Agency on Aging and Disability as the Aging and Disability Resource Center provides easily accessible, user friendly access to programs, services, and resources regardless of payment type.

- GNRC AAAD staff provide printed resources as a supplement to information and assistance and case management, making access to services and resources more easily accessible. This is also more user friendly to those who may not be comfortable using or do not have access to a computer.
- GNRC AAAD helpline continues to provide information and assistance to any and all inquiries via phone, email, fax, and walk-ins regardless of economic status.

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.

Information and Assistance

- **Objective:** Provide Information and Assistance services that are easily accessible through telephone and email.
- **Strategies:**
 1. Update and maintain the Greater Nashville Region Resource Directory.
 2. Continue to ensure that all I&A staff are AIRS certified.
- **Performance Measures:**
 1. By the end of FY 2019, train a minimum of two (2) GNRC staff to assist with Greater Nashville Region Resource Directory updates.
 2. By the end of FY 2019, all eligible I&A staff will have current AIRS certification

Nutrition

- **Objective:** To reduce nutritional insecurity to individuals 60 years of age and older by providing access to nutritional services through the Older Americans Act Programs in the GNRC area
- **Strategy:** Continue to work with nutritional providers to promote and provide nutrition services in the GNRC area.
- **Performance Measure:** In FY 2019, GNRC will schedule four (4) nutrition meetings and a minimum of two (2) training sessions with providers and GNRC staff
- **Objective:** To improve program capacity for congregate and home delivered meals.
- **Strategies:**
 1. Work with our nutrition partners to develop and implement strategies for recruitment of program volunteers to assist nutrition sites with meal assembly and delivery and to assist with provider fundraising efforts
 2. Train all GNRC home based community services, SHIP, I&A line, and senior centers on nutrition programs through AAAD and SNAP to provide outreach and education to all seniors, caregivers, family members, and advocates.
- **Performance Measures:** By the end of FY 2019, establish one (1) additional volunteer source for each nutrition provider.
- **Objective:** To increase SNAP outreach to seniors.
- **Strategy:** Collaborate with TCAD in developing an approach to improve outreach to seniors.
- **Performance Measure:** By the end of FY 19, GNRC AAAD staff that interact with clients will be trained to be proficient in speaking about AAAD nutrition programs and SNAP benefits.

IIIB In-home Services

- **Objective:** To promote an HCBS system that empowers seniors, disabled adults and other targeted population to remain supported and independent in their homes and/or communities.
- **Strategies:**
 1. Hold consistent and regular training with GNRC and partners to ensure that practices are adequate, coherent, and compliant with regulations.
 2. Provide an infrastructure within GNRC to ensure that services delivered are beneficial and appropriate.
- **Performance Measures:**
 1. By the end of FY 2019, a minimum of 2 mandatory training sessions per year with contracted providers
 2. In FY 2019, schedule monthly meetings with Case Management staff with updates and training incorporated into meetings.

National Family Caregiver Support Program (NFCSP)

- **Objective:** To provide caregivers the necessary support and education in an effort to allow the caregiver to continue care of the care receiver.
- **Strategies:**
 1. Continue outreach efforts via conferences, public speaking, etc.
 2. Maintain a focus on processing NFCSP referrals from the waitlist in a timely manner.
- **Performance Measures:**
 1. By the end of FY 2019, complete a minimum of four (4) outreach efforts for NFSCP in the Greater Nashville region.
 2. In FY 2019, maintain a NFCSP waitlist of zero to few caregivers.

Evidence Based

- **Objective:** To increase public awareness of falls prevention among older adults.
- **Strategies:**
 1. Disseminate information via senior centers.
 2. Offer falls prevention programming through partnerships.
- **Performance Measure:** By end of FY 2019, offer one highest tier evidence based program for falls prevention within our region.

Senior Centers

- **Objective:** To assist senior centers in expanding community partnerships and services via technology to maintain quality of life through social connection for persons in their larger communities
- **Strategies:**
 1. Encourage senior centers to increase use of technology and nontraditional methods to expand the senior center's reach and serve more individuals
 2. Increase partnerships to increase the number of older adults receiving telephone reassurance.
- **Performance Measures:**

1. By the end of FY 2019, 50% of contracted senior centers will use a Facebook page or other social media presence or website.
2. By the end of FY 2019, senior centers will build partnerships with two (2) sources of referrals for telephone reassurance such as local police and fire departments, social service organizations, faith-based organizations, family, peers, senior housing complexes, and media.

Transportation

- **Objective:** To continue to support existing transportation partnerships.
- **Strategy:**
 1. Provide referrals to and disseminate information about transportation partnerships
 2. Provide assistance to transportation partnerships with volunteer recruitment, and, where available, funding.
- **Performance Measure:**
 1. By the end of FY 2019, provide training on door-through-door volunteer transportation available in the Greater Nashville region.
 2. By the end of FY 2019, transportation resource links will be available on GNRC website.

Elder Abuse

- **Objective:** Increase awareness of elder abuse in the Greater Nashville Region.
- **Strategies:**
 1. Disseminate information about recognizing elder abuse through the GNRC website, brochures, and other media outlets.
 2. Maintain a relationship with Adult Protective Services through meetings and trainings with GNRC staff and community partners.
- **Performance Measures:**
 1. By the end of FY 2019, information about recognizing elder abuse will be accessible via the GNRC website.
 2. By the end of FY 2019, all GNRC AAAD staff with direct interaction with clients will receive update training regarding Elder Abuse.

Ombudsman

- **Objective:** 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.
- **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:** Educate long-term care residents and citizens on services available through the Ombudsman program.
 - **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:** 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.
 - **Performance Measures (for all Objectives):**
 1. Service recipients will report that their complaints have been resolved to their satisfaction and 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 AAA&D and the State Long-Term Care Ombudsman.

Legal Assistance

- **Objective:** Irrespective of income, all applicants/clients and clients 60 years of age or older receive assistance at no cost from the Legal Aid Society of Middle Tennessee and the Cumberland.
- **Strategy:** Elder law staff will meet with OAA applicants and clients in their residence, nursing home or senior centers to evaluate and ensure access to legal assistance.
- **Performance Measure:** Quarterly reports will be evaluated to ensure that service objectives are met.

- **Objective:** 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:**
 1. Establish a partnership with the Tennessee Vulnerable Adult Coalition to identify best means of distributing elder abuse prevention information.
 2. Establish a solid partnership with APS to increase awareness of services and contact information.
 3. Public outreach will be directed to community partners, seniors and caregivers to educate, identify and respond to elder abuse, neglect, and exploitation.
 4. Establish working relationships with the Vulnerable Adult Protective Investigative and law enforcement to provide assistance and information as needed.
 5. Training on pressing legal issues and best practices will be developed and provided to the elder law staff statewide in April 2018.
 6. Establish a partnership with the Senior Medicare Patrol to increase awareness.
- **Performance Measures:**
 1. By the end of FY2019, actively establish a statewide community education and awareness campaign to promote statewide senior services and increase awareness of legal aid services.
 2. Establish at least (10) new partnerships among community agencies concerning elder abuse, neglect and exploitation awareness and prevention.
- **Objective:** Through funding provided by the Model Approaches to Statewide Legal Assistance grant, develop and implement effective approaches for integrating cost effective, well integrated legal services into the existing statewide legal/aging service delivery networks to enhance overall service delivery capacity and enable older adults to remain independent, healthy, and financially secure in their homes and communities of choice.
- **Strategies:**
 1. Staff will be trained to assess the needs of seniors at point of contact.
 2. Staff will be trained to evaluate and conduct capacity assessments for seniors on an ongoing basis.
 3. Quarterly reports will be analyzed to assess statewide legal needs for seniors.
 4. Statewide legal providers will partner to integrate available legal services.
 5. Legal assistance will include tools and printed materials to empower and educate Tennessee seniors.
- **Performance Measure:** A website will be developed to provide legal resources to seniors including educational brochures, contacts for local agencies and fact sheets regarding a person's rights and responsibilities by legal subject area.

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.

Suicide Prevention

- **Objective:** To provide yearly suicide prevention and pre-intervention training to relevant staff.
- **Strategies:**
 - Identify and develop partnerships with organizations involved in suicide prevention and pre-intervention
 - Coordinate a yearly training for all relevant GNRC staff
- **Performance Measure:** By the end of FY 2019, all relevant GNRC staff will receive suicide prevention and pre-intervention training.

SHIP

- **Objective:** To emphasize efforts to increase awareness and utilization of clinical preventive services among older Tennesseans.
- **Strategies:**
 1. Include Medicare preventive services information in SHIP outreach events.
 2. Update and disseminate Medicare preventive services flyer as needed.
 3. Explore partnerships with local medical providers to disseminate preventive services flyers to clients.
- **Performance Measures:**
 1. By the end of FY 2019, build partnerships with four local medical providers in order to increase referral base to SHIP, host sites for LIS/MSP outreach events, Medicare open enrollment events, providing SHIP/ SMP and Medicare preventive services informational handouts.
 2. By the end of FY 2019, attend one or more community health fair or local fair as available in each county to engage in outreach and education on SHIP services, Medicare preventive services information, LIS/MSP programs and eligibility requirements, fraud prevention and Senior Medicare Patrol information, and volunteer recruitment.
 3. By the end of FY 2019, build partnerships with four local non-profits focused on health and wellbeing (i.e. NAMI, American Cancer Society, etc.) in order to increase referral base to SHIP, host sites for LIS/MSP outreach events, Medicare open enrollment events, providing SHIP/ SMP and Medicare preventive services informational handouts

Underserved Communities

- **Objective:** Develop partnerships and provide awareness and training to ensure that services are provided to older individuals and adults with disabilities in underserved communities.
- **Strategies:**
 1. Provide training to GNRC AAAD staff and service providers on inclusivity for the LGBT Community
 2. Develop partnerships with LGBT-focused organizations
 3. Identify the needs of LGBT older adults and adults with physical disabilities in the Greater Nashville region
- **Performance Measures:**

1. By the end of FY 2019, provide inclusivity training to senior center directors and service providers
2. Identify and make contact with at least ten (10) organizations or agencies that work with LGBT older adults and adults with physical disabilities.

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

OPTIONS

- **Objective:** To promote an HCBS system that empowers seniors, disabled adults and other targeted population to remain supported and independent in their homes and/or communities.
- **Strategies:**
 1. Consistent and regular training with GNRC and partners to ensure that practices are adequate, coherent, and compliant with regulations.
 2. Provide an infrastructure within GNRC to ensure that services delivered are beneficial and appropriate.
- **Performance Measures:**
 1. By the end of FY 2019, a minimum of two (2) mandatory training sessions will be held with contracted providers.
 2. By the end of FY 2019, monthly meetings with Case Management staff will be scheduled to provide updates and training.

Guardianship

- **Objective:** To provide effective and quality Public Guardianship Services to our clients based on their specific characteristics and individualized needs.
- **Strategies:**
 1. Guardianship staff will work one on one with clients, developing individualized plans of care, based on the client's needs. These plans will be reviewed and adjustments made if/when necessary.
 2. The Public Guardian and the assistant Public Guardian will attend trainings/meetings to stay aware of the National Guardianship Standards of Practice including Ethical Principles Standards. This will include awareness and knowledge of the Federal and State laws pertaining to the population served.
 3. The program will continue ongoing recruitment of volunteers including retired professionals with experience in various disciplines who can often meet a client's special needs
 4. The Guardianship Program staff will continue to identify and access community resources to address the needs of clients lacking funds for those services that would assist and/or enhance their quality of life.
- **Performance Measures:**
 1. In FY 2019, clients will be visited monthly along with ongoing contacts and quarterly assessments for each client. When deemed necessary, either by the Guardian or the courts, Mental Health Evaluations will be obtained regularly.

2. By the end of FY 2019, there will be periodic training to meet CEU Requirements of the National Guardianship Association, along with trainings required by the Tennessee Commission on Aging specifically designed for the Public Guardianship Program.
3. By the end of FY 2019, volunteer reports both written and oral will be required and reviewed.
4. By the end of FY 2019, the necessary steps will be taken to apply for and access public assistance or grants available to meet a client's particular need for financial assistance for placement, medications, medical treatment, etc.

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.

SHIP

- **Objective:** SHIP will provide objective one-on-one counseling and assistance on Medicare, Medicaid, and all other health insurance for consumers with Medicare, their adult children, their caregivers, and their advocates to include providing public and media outreach.
- **Strategies:**
 1. Maintain cadre of trained SHIP counselors and volunteers in each district.
 2. Disseminate information about Medicare and related insurance benefits that help to maintain healthy aging (including Medicare preventive services information).
 3. Engage in community outreach to individuals eligible for Medicare with emphasis on targeting hard-to-reach populations such as low-income, rural, and non-native English speaking populations.
 4. Assist beneficiaries with finding affordable prescription drug plans or Medicare Advantage plans based on their individual needs.
 5. Screen beneficiaries and provide application assistance for low-income subsidy or Medicare Savings Programs.
 6. Ensure that all SHIP staff and volunteers receive annual training to update the information needed to provide accurate and effective counseling services.
 7. Increase number of SHIP counseling sites that offer on-going individual counseling assistance to seniors across the region.
 8. Utilize yearly demographic data for each county of the greater Nashville region to identify and focus outreach to vulnerable populations by FIPS as denoted by TCAD.
 9. Build social networking presence and provide monthly health tip related to seniors and Medicare.
- **Performance Measures:**
 1. By the end of FY 2019, 100% of all active SHIP volunteers will complete yearly SHIP update training.

2. By the end of FY 2019, GNRC will host two (2) or more Medicare presentation, enrollment events, LIS/MSP outreach events throughout each county every year.
3. By the end of FY 2019, GNRC SHIP staff will attend one (1) or more community health fair or local fair as available in each county to engage in outreach and education on SHIP services, Medicare preventive services information, LIS/MSP programs and eligibility requirements, fraud prevention and Senior Medicare Patrol information, and volunteer recruitment.
4. By the end of FY 2019, GNRC will build partnerships with four (4) local medical providers in order to increase referral base to SHIP, host sites for LIS/MSP outreach events, Medicare open enrollment events, providing SHIP/SMP and Medicare preventive services informational handouts.
5. By the end of FY 2019, GNRC SHIP will create counseling site partnerships with five (5) additional senior centers, libraries, or other public venues that allow for beneficiaries across the region to more easily access SHIP counseling services in-person.

Information and Assistance

- **Objective:** Provide Information and Assistance services that are easily accessible through telephone and email.
- **Strategies:**
 1. Update and maintain the Greater Nashville Region Resource Directory.
 2. Continue to ensure that all I&A staff are AIRS certified.
- **Performance Measures:**
 1. By the end of FY 2019, train a minimum of two (2) GNRC staff to assist with Greater Nashville Region Resource Directory updates.
 2. By the end of FY 2019, all eligible I&A staff will have current AIRS certification

Program Planning for FY 2019

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

1. Complete the following table:

	FY17	FY18 – Projected (Served/Units)	FY19 – Projected (Served/Units)
State – Options Allocation Amount	\$1,015,205	\$1,141,860	\$1,141,860
# Served	427	404	404
Units of Service	58,207	64,548	64,548

2. Complete the following table:

	FY17	FY18 – Projected (Served/Units)	FY19 – Projected (Served/Units)
Federal – Title IIIB Allocation Amount	\$121,219 IIIB \$62,1000 State	\$97,900 IIIB \$62,100 State	\$69,500 IIIB \$62,100 State
# Served	93	63	52
Units of Service	9,005.90	7,972	6,557

Title IIIC Nutrition Services

1. Complete the following table:

Provider	IIIC Allocation	NSIP Allocation	Total Amount of Contract	# Congregate Meal Sites	# Projected Congregate Meals Served in FY19	#Projected Home Delivered Meals Served in FY19
MCHRA	\$853,745	\$180,887	\$1,034,632	10	69,005	105,827
MSS	\$670,255	\$ 102,813	\$773,068	15	71,749	63,750

2. Complete the following table:

Service	Amount IIIC Allocated
Nutrition Counseling	\$1,500.00
Nutrition Education	Included in meal rate
Other Services (Describe):	\$

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Senior Centers

1. Complete the following table:

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
The Senior Center at Ashland City	1100	180	99	550	1
Clarksville Montgomery County Ajax Turner Senior Citizens Center	3565	532	798	480	0
FiftyForward College Grove	118	13	7	100	0
City of Dickson Senior Citizens Center	1013	263	58	114	0
FiftyForward Donelson Station	865	151	128	7	0
Stewart County Senior Citizens Center	375	70	2	375	5
J.D. Lewis Senior Citizens Center of Houston Co., Inc.	150	12	7	150	0
Gallatin Senior Citizens Center	636	600	175	40	0
Trousdale County Senior Center	94	9	7	94	0
Senior Citizens of Hendersonville, Inc.	818	15	35	40	4
La Vergne Senior Center	431	387	323	215	0
Mt. Juliet-West Wilson Senior Citizens Service Center	595	28	29	3	5
Saint Clair Street Senior Center	2242	216	127	549	58
FiftyForward Knowles	146	20	69	0	5
Byrum Porter Senior Center, Inc	953	50	38	670	0
Robertson County Senior Citizens, Inc.	175	100	10	175	0
The Torrey Johnson Senior Center (Waverly)	183	29	7	63	0

SHIP

1. Complete the following table based on the Federal Fiscal Year (October 1 – September 30):

	FY 17	FY18 – Projected	FY19 - Projected
# Client Contacts	12,106	12,500	13,000
# of People Reached During Outreach Events	9,901	10,000	10,300
# Part D Enrollments	247	180	200
# Individuals Provided any Enrollment Assistance	2,051	2,100	2,500
#MSP/LIS Application	747	900	1,050

Assistance			
# Volunteers	55	60	70
# Counseling Hours	6,045	6,500	7,000
# Disabled Contacts	2,073	2,200	2,500

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Targeting Plan, Title VI

Civil Rights Act of 1964, Title VI, and Targeting Activities Area Agency Title VI Implementation Plan FY 2019 – 2022

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.

The Nondiscrimination policy for the Greater Nashville Regional Council (GNRC) prohibits discrimination on a basis of race, color, national origin, including limited English proficiency (LEP), gender, gender identity, sexual orientation, age, religion, creed or disability in admission to, access to, or operations of its programs, services, or activities. Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline or any other employment practices because of non-merit factors is prohibited. The Nondiscrimination Coordinator for the GNRC is Laylah Smith. Please see the attached GNRC nondiscrimination policy and complaint form, which is also available at www.gnrc.org.

An outline of the nondiscrimination coordinator’s duties and responsibilities are as follows:

- Attends trainings;
- Reviews and updates GNRC policy as it relates to nondiscrimination;
- Ensures that internal Nondiscrimination/Title VI training is provided to and completed by all GNRC staff on an annual basis;
- Provides annual refresher training to senior centers and options providers;
- After complaints are filed, the nondiscrimination coordinator will determines jurisdiction, acceptability, and need for additional information. The coordinator will either investigate the merit of the complaint or refer the complaint to an authorized state or federal agency, individual, or firm to be investigated;
- Provides the appropriate state or federal agency with a final investigative report and notifies the parties;
- Displays Title VI posters;
- Ensure all contracts have assurance language;
- Monitor ethnicity of those who receive contracts;
- Develop limited proficiency (LEP) guidelines;
- Maintain records of all Title VI complaints and information; and
- Any other action necessary and appropriate to prevent discrimination.

2. Complete the following table:

	FY 17	FY 18 - Projected
--	-------	----------------------

Total Individuals Served	18,025	19,500
Total Minority Individuals Served	4,098	4,200

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

Lack of English proficiency can be a significant obstacle for older adults and people with disabilities in accessing needed information and services. Clients who we serve with limited English proficiency are able to access services that are responsive to their cultural preferences and needs. In order to address language access and inequity, Greater Nashville’s AAAD uses AVAZA Language Services to appropriately serve limited English-speaking populations. AVAZA staff serve clients who speak over 120 languages. Information and Assistance Counselors are able to connect callers with an AVAZA interpreter to provide screenings to determine eligibility of home and community based services. In addition, counselors use these same services when an interpreter is needed while conducting annual site visits.

4. Complaint Procedures
 - a. Describe the Title VI Complaint procedures followed by your agency.
 - b. Describe agency policies related to investigations, report of findings, hearings and appeals, if applicable.
 - c. Include a copy of the agency’s complaint log, if applicable.
 - a. Reports of alleged Title VI complaints must be filed in writing, preferably on the dedicated form for Title VI complaints, and available on the server or from the Title VI Coordinator. An investigation will be completed within 30 days, with results reported to the Executive Director. Within five days of the completion, the results and, where applicable, recommended action will be submitted in writing to the appropriate state agency and to the complainant, who may file an appeal.
 - b. Page 10 of the GNRC Policy and Procedure Addendum #1 paragraph number 9 states, “GNRC’s final investigative report will be forwarded to the appropriate State or Federal agencies, if applicable, and affected parties within sixty (60) calendar days of the acceptance of the complaint”. Paragraph number 11 states, “If the complainant is not satisfied with the results of the investigation....the complainant will be advised of the right to appeal to the appropriate State or Federal agency.”
 - c. GNRC has had no Title VI complaints filed.

5. Complete the following table:

	FY 17
# of Minority Subcontractors	4
Total Amount of Expended Funds through Minority Subcontracts	\$136,993.80

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 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.

In addition, during FY 18, TCAD staff conducted training for senior centers on board and advisory board development. QA staff emailed the documents from that training to GNRC-supported senior centers who were not in attendance at the training.

7. Describe the agency's Title VI training program, documenting the number of staff and contractors trained in FY 2018 with dates of training and sign-in sheets. List proposed dates of training for FY 2019.

GNRC provides its staff with annual Title VI Training. Chester Darden from the TML Risk Management Pool provides Staff Workplace Sensitivity Training each year. The training covers discrimination, harassment, and other common employment issues. During FY 2018 the sensitivity training was provided to staff on October 17, 2017 and sixty-two (62) employees completed this training. Sign in sheets are attached.

Additionally, staff are required to individually review Title VI/1557 training materials and take a Title VI/1157 quiz. Staff are required answer 80% of the questions on the quiz correctly. All GNRC employees completed this training. A total of seventy-two employees completed the training. Test results are attached.

During FY 19, GNRC will provide Sensitivity Training and Title VI/1557 to all staff in October 2018.

During FY 2018, GNRC provided Title VI training to HCBS Providers on July 12, 2017. Additionally, GNRC will also provide Title VI training to senior centers on April 4, 2018. Meeting notes and training materials are attached.

During FY 19, GNRC will provide Title Vi training to providers sometime in July 2018, and to senior centers sometime in April 2019.

See **Attachment C-4_7.PDF** for Title VI Training Documentation.

8. 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?
 - b. How is diversity reflected in all aspects of area planning—programming, participants, personnel, service providers, governing/advisory entities?
 - 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?
 - a. GNRC Quality Assurance continues to work year round with senior center staff on multicultural education in an effort to educate current members about other cultures and minority groups to break down stereotypes and prejudices. The goal is also to make the center increasingly friendly and appealing to persons who are not in the majority in the center’s catchment area. We always provide the senior center directors with the most current population data for their area so they know the groups who are there so they can reach out to them. This helps with programing and inviting them to come to the senior center. The 17 senior centers do two (2) activities that are specifically designed to appeal to minority groups within their community. Staff have also worked closely with senior centers on appropriately targeting programming to minority populations identified by Census and American Community Survey data as being within the community.

The Information and Assistance program will continue outreach efforts into all 13 counties with a special focus on minority, low income and other diverse communities. The program will work with other programs within GNRC, specifically SHIP, by joining forces in our efforts to inform the public of our services. Through health fairs and other community events, I&A will provide and disseminate information (i.e flyers, business cards, etc.) to educate consumers of the services that are available through the Information and Assistance program. We may also ask our meal providers, Metro Social Services and Mid Cumberland Human Resource Agency, to disseminate information through congregate and home delivered meals.

- b. 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 2017 were of racial minority.
 - **Personnel:** Approximately 41% of all AAAD staff self-identify as a racial minority. Approximately 90% 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, 13% are owned by individuals of racial minority, and 21% are owned by women.
 - **Advisory Council:** Nearly three quarters of the current members self-identify as female. Over a quarter of the current members self-identify as an individual of racial minority. Approximately 85% of current members are over age 60.
- c. GNRC's contracted senior centers are required to document diversity education activities and targeting activities on a provided form, and must submit these forms to the GNRC AAAD Quality Assurance department. Senior Centers must plan and host two targeting activities and one diversity education activity per year.

Older Americans Act Required Targeting Activities

Write specific objectives and task/activities 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.

Objective 1: To enable individuals with economic and social needs, individuals who are at risk of institutionalization, individuals who reside in rural counties, and LEP individuals to have access to services through OAA and other programs

Tasks/Activities:

1. Utilize Language Line with individuals who are LEP to promote effective communication when requesting information or being assessed for needs.
2. Assignment of referrals for Options and OAA In-Home are kept in alignment with county size to ensure that all counties are represented fairly. This ensures that the designated rural counties are also represented.
3. Intake information includes income and financial resources that enables those with greater economic need to be weighted in terms of priority score.

Objective 2: Increase awareness of Information & Assistance Services in the Greater Nashville Region with a focus on older individuals with greatest economic/social need or at risk for institutional placement, especially in low-income and rural areas of the region.

Tasks/Activities:

1. Develop partnerships with senior centers, community centers, and faith-based organizations in the Greater Nashville region to disseminate resources
2. Conduct outreach activities in collaboration with partners.

AAAD Staffing

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

See **Attachment D-1_1.PDF** for the AAAD’s Organizational Chart.

2. List all new hires not included in the FY 2018 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 individuals qualifications)

Name	Position	Hire Date	Status	Qualifications
Tracey Profitt	Aging & Disability Counselor	2/19/18	Full-Time	LPN in Nursing and Paramedic in Emergency, Bachelor of Science in Social Work
Lisa Brooks	Aging & Disability Counselor	10/2/17	Part-Time	Master in Social Work, MSW
Christy Earheart	Aging & Disability Counselor	9/29/17	Full-Time	Masters in Social Work, LMSW Bachelors in Business Administration
Ali Hulten	Aging & Disability Counselor	7/17/17	Full-Time	Masters of public administration Masters of Social Work Bachelor of Arts in Anthropology

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

Michael Skipper, GNRC Executive Director

4. The total number of staff at the AAAD is: 41 . Of the total number of AAAD staff the following are:

- Age 60+: **5**
- Female: **37**
- Minority: **17**
- Disabled: **4**

**Training and Staff Development Plan
FY2019 (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	
*SE4A Conference	10			Sep 2018
TFA Conference	10			Nov 2018
Time Out Workshop	30			Jun 2019
*N4a Annual Conference	4			Jul/Aug 2018
*Mediware Customer Conference	1			Aug 2018
*National Guardianship Conference	2			Oct 2018
TFA Conference	10			Nov 2018
Disability Mega Conference	5			May 2019
Guardianship Volunteer Trng			10	Ongoing
SHIP Volunteer Training	2		25	Ongoing
Statewide SHIP/SMP Volunteer Conference	5			TBA
*ASA Aging in America Conference	2			March 2019
Center for Non-Profit Management - Training	10			Ongoing
*Regional SHIP/ACL Training	3			Aug 2018
AIRS Conference	2			May 2019
Senior Brain Training	2			TBA
Conservatorship Association of TN Conference	3			Spring 2019
Diabetes Self-Management Program	5			TBA
Ethics and Case Management for the Aging (by GNRC)	15			TBA
Medicaid / TennCare Training	2			TBA
*Emergency Preparedness Conference	2			Apr 2019
TN AIRS	7			July 2018
TN AIRS Disaster Conference	2			April 2019
*Meals on Wheels National Conference	5			Aug 2018

TDDA	5			March 2019
Options Provider Training	15	30		July 2018
Senior Directors' Meeting	8	25		TBD (by 12/31/18)
Nutrition Provider Training	5	5		Quarterly, Ongoing

* Indicates out of state

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Advisory Council

A. MEMBERSHIP and REPRESENTATION

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

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

Members	Represents
Cindy Aucker	Age 60+, Resides in a Rural Area, General Public
Therese Casler	Age 60+, Advocate for Older Persons, Service Provider for Older Persons
Caroline Chamberlain	Age 60+, Family Caregiver, Advocate for Older Persons, General Public, Leader in Private or Voluntary Sectors
Don Darragh	Age 60+, Business Community, General Public, Leader in Private or Voluntary Sectors
Ralph Eichner	Family Caregiver
Monroe Gildersleeve	Minority Age 60+, Advocate for Individuals with Disabilities, Local Elected Official, Has a Disability
Susan Gould	Age 60+, Advocate for Older Persons, General Public
Patti Harris	Age 60+, Advocate for Older Persons, General Public, Resides in a Rural Area
Stephanie Harville	Advocate for Older Persons, Service Provider for Older Persons, Business Community, Other Health Care Provider
Kassie Hassler	Age 60+, General Public
Judy Hayes	Age 60+, General Public
Raul Hernandez	Minority Age 60+, Family Caregiver, Advocate for

	Older Persons, Advocate for Individuals with Disabilities, Leader in Private or Voluntary Sectors, Resides in a Rural Area, Has a Disability
Yvonne Hunter	Age 60+, Family Caregiver, Advocate for Older Persons, Service Provider for Older Persons, Business Community, Has a Disability
Amber Locke	Age 60+, Family Caregiver, Advocate for Older Persons, Advocate for Individuals with Disabilities, Business Community, General Public, Resides in a Rural Area
Betty McNeely	Age 60+, Service Provider or Older Persons (retired), Advocate for Individuals with Disabilities, Service Provider for Individuals with Disabilities (retired)
Goldine Miller	Age 60+, General Public, Resides in a Rural Area
Evelyn Okediji	Minority Age 60+, General Public
Debbie Pare'	Advocate for Older Persons, Leader In Private or Voluntary Sectors
Mary Jane Skinner	Age 60+, Family Caregiver
Harold Vann	Age 60+, Advocate for Older Persons, General Public
Carolyn Vann	Age 60+, General Public
Hershell Warren	Age 60+, Local Elected Official, Has a Disability
Cheryl Wilson	Age 60+, Advocate for Older Persons, Business Community, General Public, Leader in Private or Voluntary Sectors
Katie Wilson	Age 60+, Family Caregiver, Advocate for Individuals with Disabilities, Leader in Private or Voluntary Sectors, Has a Disability

**B. SCHEDULE OF ADVISORY COUNCIL MEETINGS for FY 2019
(Up-dated annually)**

Give Dates and Times of Scheduled Meetings

- Monday, September 17, 2018, 10:00 a.m.
- Monday, December 17, 2018, 10:00 a.m.
- Monday, March 4, 2019, 10:00 a.m.
- Monday, June 17, 2019, 10:00 a.m.

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Raul Hernandez	Chair	March 2019
Therese Casler	Vice Chair	March 2020

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

See **Attachment E-1_D.PDF** for the Advisory Council Bylaws.

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Public Hearings on Area Plan

A. Public Hearing Information – Include the dates, times, and locations of public hearings.

Tuesday, March 20, 2018 at 1:00 p.m.
 City of Dickson Senior Citizens Center
 206 W Walnut Street, Dickson, TN 37055

B. Attendance*

County	# of Advisory Council Members from County	Total from County**
Total # Advisory Council Members in column 2		
Total Attendance*		

* 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. 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.

See **Attachment E-2 C.PDF** for the public hearing agenda and notices.

D. Minutes – Attach a copy of the public hearing minutes.

See **Attachment E-2 D.PDF** for public hearing minutes.

E. **Summary of Changes** - List changes made in this plan as a result of comments made at public hearing(s).

The following changes have been made as a result of comments made at public hearings:

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Advisory Council Participation in the Area Plan Process

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

The Area Agency Advisory Council was provided a draft of the Area Plan prior to the regular Advisory Council meeting on Monday, March 5, 2018. To ensure maximum attendance, all Advisory Council members received a courtesy call reminding them of the upcoming meeting to review the Area Plan. A large portion of the March 5th meeting was dedicated to the Area Plan. Marilyn Wade, AAAD Interim Director, presented the draft Area Plan to the Advisory Council, giving opportunity for discussion after each section. Any changes requested by the Advisory Council will be presented to AAAD managers for discussion. Advisory Council members were also invited to attend and discuss at the Public Hearing on March 20, 2018.

2. Describe how the Advisory Council will be involved in the administration of the plan and operations conducted under the plan.

The Area Agency Advisory Council will be involved in outreach efforts identified in the Area Plan. In addition, The Advisory Council members will be asked to help identify partnerships to fulfill unmet needs identified in the Area Plan. GNRC is fortunate to have Advisory Council members with presence and connections in their communities, which will allow GNRC to have a wider reach in the region.

Request for Waiver for FY 2019 - 2022

Greater Nashville 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.

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 listed in #1 generally only provide case management for individuals seeking services their agency provides. Also, many of the above agencies operate in only a few of the thirteen (13) counties within the GNRC PSA. The MCOs (Blue Care, Amerigroup, and United Healthcare) have representation in all thirteen (13) counties, but they are subject to having a conflict of interest because they also provide other services. We are the only agency that solely provides case management so that when an applicant is seeking to select an agency we are not in conflict with other agencies providing similar services.

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. Eligible persons are given a list of agencies within their county who provide

the needed services. An AAAD Options Counselor is assigned to each eligible person who has been approved for Home and Community Based Services. 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. Unlike 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.

Total Case Management Cost FY 2017	\$853,035.00
Total Number of Individuals Served FY 2017	3086
Average Case Management cost per client FY 2017	\$276.42

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.

✓ 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.)

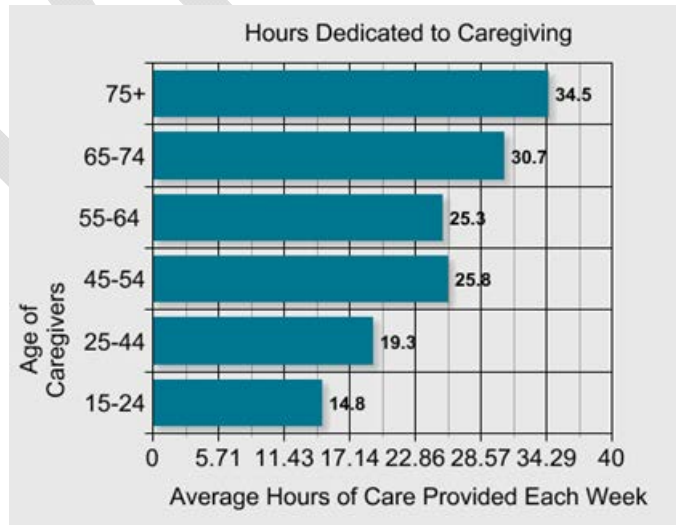
1. List all agencies in the PSA that provide this service to elderly persons.

Barton House Memory Care
 The Lodge at Natchez Trace
 Riverside Chapel
 Belmont Village Assisted Living
 McKendree Village
 Provision Living of Hermitage
 Vanderbilt Memory & Alzheimer's Center
 Vanderbilt Frontotemporal Dementia Caregiver Support
 Mary Queen of Angels Assisted Living
 Elmcroft of Brentwood
 Mental Health Association
 Tennessee Respite Coalition

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. AAAD’s commitment is to reach out to caregivers who are willing to commit their limited time to obtaining support in group session.

Number of Hours Dedicated to Caregiving by Age of Family Caregiver



[The Partnership for Solutions. (2004). Chronic Conditions: Making the Case for Ongoing Care.]

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 keep our seniors 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.

This particular support group has been in existence for nine years and is held at a local community church where members are comfortable sharing with others. This site allows us to target minority population with a staff person who routinely meets with them. Most importantly, many support groups are diagnosis specific and this group is non diagnosis specific, allowing caregivers of all kinds to attend. This was developed because we have found that many minorities commented that they did not go to support groups because they did not see anyone that looked like them.

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:

Marilyn Wade, AAAD Interim Director

Date

Michael Skipper, GNRC Executive Director

Date

Raul Hernandez, Advisory Council Chairperson

Date

DRAFT

Request for Waiver for FY 2019 - 2022

Greater Nashville 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:

Marilyn Wade, AAAD Interim Director

Date

Michael Skipper, GNRC Executive Director

Date

Raul Hernandez, Advisory Council Chairperson

Date

Greater Nashville Regional Council Group Listing
AAAD Advisory Council
(Updated March 2018)

MS. CINDY AUCKER
Robertson County
1011 Richards Trace
Orlinda, TN 37141
Home: (615) 654-4366
Cell: (615) 390-2567
Email: cynthiaaucker@att.net

MS. THERESE CASLER
Sumner County
1517 Hunt Club Blvd., Suite 200
Gallatin, TN 37066
Cell: (615) 519-1863
Work: (615) 590-4224
Email: therese@ccompass.net

MR. DON DARRAGH
Robertson County
408 Golfview Lane
Springfield, TN 37172
Cell: 724-553-3206
Email: dmdarr@yahoo.com

MR. RALPH EICHNER
Stewart County
154 Lick Creek Road
Dover, TN 37058
Home: (931) 232-6492
Email: r-keich@juno.com

**COMMISSIONER MONROE
GILDERSLEEVE**
Montgomery County
3372 E. Rhett Butler Road
Clarksville, TN 37042
Home: 931-624-5618
Email: mgildersleevejr@gmail.com

MS. SUSAN E. GOULD
Houston County
310 Hankins Hollow Lane
Tennessee Ridge, TN 37178
Home: 931-721-3204
Email: sgould@peoplestel.net

MS. PATRICIA "PATTI" HARRIS
Cheatham County
246 Frey Street
Ashland City, TN 37015

Home: (615) 792-7439
Cell: (615) 584-2440
Email: grammy0618@gmail.com

MS. STEPHANIE HARVILLE
Sumner County
1085 Hartsville Pike
Gallatin, TN 37066
Home: (615) 230-5600
Cell: (615) 500-8668
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MS. JUDY HAYES
Williamson County
1775 Pope's Chapel Road
Thompson's Station, TN 37179
Home: (615) 794-5380

MR. RAUL HERNANDEZ
Stewart County, Council Chair
308 Twin Oaks Road
Dover, TN 37058
Home: (931) 232-5249
Cell: (931) 305-9178
Email: raulh1946@gmail.com

MS. YVONNE HUNTER
Wilson County
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Lebanon, TN 37087
Home: (615) 444-7417
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