

**AREA PLAN SCHEDULE  
FY 2019 – 2022**

<b>Task</b>	<b>Deadline</b>	<b>Responsible Agency</b>
<b>1. Area Plans Format and Instructions</b>	<b>2/1/2018</b>	<b>Tennessee Commission on Aging and Disability (TCAD)</b>
<b>2. Advertise Public Hearing</b>	<b>3/12/2018</b>	<b>Area Agency on Aging and Disability (AAAD)</b>
<b>3. Public Hearings on Area Plan</b>	<b>3/26/2018</b>	<b>AAAD</b>
<b>4. AAAD RFP Process in Place</b>	<b>3/1/2018</b>	<b>AAAD</b>
<b>5. Area Plan Submitted (Submit signed copy of plan via email)</b>	<b>4/2/2018</b>	<b>AAAD</b>
<b>6. Review Area Plan and communicate to AAADs if clarification or correction is needed</b>	<b>4/16/2018</b>	<b>TCAD</b>
<b>7. Area Plan revisions submitted to TCAD, if needed</b>	<b>4/27/2018</b>	<b>AAAD</b>
<b>8. TCAD staff approval of Area Plans</b>	<b>5/4/2018</b>	<b>TCAD</b>
<b>9. Commission members given link to Area Plans</b>	<b>5/4/2018</b>	<b>TCAD</b>
<b>10. Discussion of Area Plan process at Commission Meeting</b>	<b>5/8/2018</b>	<b>TCAD</b>
<b>11. Contracts sent to AAADs</b>	<b>5/14/2018</b>	<b>TCAD</b>
<b>12. Contracts sent to TCAD for processing</b>	<b>As Soon as Possible</b>	<b>AAAD</b>
<b>13. TCAD signs contract and sends to General Services—Central Procurement Office for contract approval</b>	<b>5/21/2018</b>	<b>TCAD and General Services</b>
<b>14. AAAD contracts with service providers</b>	<b>7/1/2018</b>	<b>AAAD</b>
<b>15. Copies (CD) of AAAD Provider Contracts</b>	<b>8/31/2018</b>	<b>AAAD</b>

**Area Plan Instructions**  
**FY 2019 – 2022: July 1, 2018 to June 30, 2022**

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

<b>EXHIBIT</b>	<b>TITLE</b>	<b>INSTRUCTION</b>
	Submittal Page	Submit
	Intro Page	Submit page following the Submittal Page
A-1	Designated PSA	Complete
A-2	AAAD County Data	Insert the County Data for your AAAD (Data will be provided by TCAD, First TN is included as a sample)
A-3	Needs Assessment and Program Challenges	Complete this section based on information provided in the Statewide Survey
B-1	Plan for Program Development & Coordination	If your plan includes the use of III-B fund for program development and coordination, provide narrative on how those funds will be used
C-1	FY 2018 Highlight of Accomplishments	Provide a status update of accomplishments
C-2	Goals, Objectives, Strategies, and Performance Measures	Provide objectives, strategies, and performance measures for FY 2019-2022 based on goals included in the TCAD State Plan
C-3	Program Planning for FY 2019	Provide information to the questions detailing program planning for FY 2019.
C-4	Targeting Plan, Title VI	Complete the AAAD Title VI Implementation Plan for FY 2019 - 2022
D-1	AAAD Staffing	Provide information to questions around AAAD staffing
D-2	Training & Staff Development Plan	Complete
E-1	Advisory Council	Complete information on Advisory Council
E-2	Public Hearing	A public hearing is required and this section must be completed detailing information regarding the hearing
E-3	Advisory Council Participation in the Area Plan Process	Provide information on the involvement of the Advisory Council in the Area Plan process
F-1	Direct Provision of Services Provided by OAA Funding	Submit this waiver indicating which services the AAAD is requesting to provide directly.

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

## SUBMITTAL PAGE

(✓) Area Plan for July 1, 2018 - June 30, 2022

( ) Amendment (Date): \_\_\_\_\_

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

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

Signature: Marilyn Wade Date: 3-27-18  
Marilyn Wade  
Area Agency Director

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

Signature: Raul Hernandez Date: 3/20/2018  
Raul Hernandez  
Chair, Area Agency Advisory Council

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

Signature: ms Date: 3/21/18  
Michael Skipper  
Executive Director, GNRC

Signature: Ken Moore Date: 3/21/2018  
Mayor Ken Moore  
Chair, GNRC Executive Committee

# **AREA PLAN on AGING and DISABILITY**

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

Greater Nashville Regional Council

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Designated Area Agency on Aging and Disability

for the

Greater Nashville Region

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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
<b>Cheatham County</b>	7,757	5%	2.49%	8.39%	7.83%	0.49%	82.96%
<b>Davidson County</b>	108,865	25%	6.18%	8.69%	8.80%	3.58%	3.41%
<b>Dickson County</b>	10,694	8%	2.55%	9.38%	8.96%	0.78%	67.75%
<b>Houston County</b>	2,100	6%	4.48%	13.00%	12.63%	0.68%	100.00%
<b>Humphreys County</b>	4,809	3%	1.05%	8.95%	8.62%	0.09%	82.49%
<b>Montgomery County</b>	24,283	20%	6.83%	7.25%	7.32%	2.46%	19.74%
<b>Robertson County</b>	12,834	9%	1.16%	7.75%	9.18%	1.31%	53.24%
<b>Rutherford County</b>	40,640	12%	4.89%	6.79%	7.30%	1.40%	17.02%
<b>Stewart County</b>	3,500	6%	4.46%	16.58%	17.45%	1.51%	100.00%
<b>Sumner County</b>	35,767	7%	2.78%	6.40%	5.80%	0.77%	27.88%
<b>Trousdale County</b>	1,793	17%	0.47%	9.61%	11.23%	1.79%	100.00%
<b>Williamson County</b>	35,577	7%	4.38%	4.60%	4.83%	0.43%	19.39%
<b>Wilson County</b>	26,003	8%	2.20%	5.75%	6.62%	0.93%	38.47%

### Needs Assessment and Program Challenges

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

<b>Older Adult Survey</b>	
What challenges keep you from being more active in your community?	What improvements would make your day to day life better?
<ul style="list-style-type: none"> <li>• Health concerns or lack of healthcare (35.4%)</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise, recreation, and activities (12.6%)</li> </ul>
<ul style="list-style-type: none"> <li>• Financial concerns (24.1%)</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in financial concerns (12.1%)</li> </ul>
<ul style="list-style-type: none"> <li>• Transportation (17%)</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation (11.9%)</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of accessibility (9.6%)</li> </ul>	<ul style="list-style-type: none"> <li>• Improvements in health or access to healthcare (11.8%)</li> </ul>

<b>Service Provider Survey</b>	
What are the three (3) most common unmet needs you see in your older adult population?	In Tennessee, what are the three (3) most pressing changes to be made in order to improve daily life for older adults?
<ul style="list-style-type: none"> <li>• Transportation (39.7%)</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation (31.0%)</li> </ul>
<ul style="list-style-type: none"> <li>• Nutritional Needs (27.9%)</li> </ul>	<ul style="list-style-type: none"> <li>• Home and Community Based Services, "HCBS" (23.2%)</li> </ul>
<ul style="list-style-type: none"> <li>• Financial (23.2%)</li> </ul>	<ul style="list-style-type: none"> <li>• Improvements in Financial Needs (20.9%)</li> </ul>
<ul style="list-style-type: none"> <li>• Housing concerns (22.2%)</li> </ul>	<ul style="list-style-type: none"> <li>• Changes to meet nutritional needs (20.5%)</li> </ul>

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

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 3% 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. Senior Ride Nashville – 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, Hispanic service and outreach
14. Tennessee AIRS – Information and Referral Certifications
15. OutCentral Greater Nashville’s LGBTQ+ Center – LGBTQ+ Outreach and Advocacy
16. Nashville CARES – Support and outreach to older adults living with HIV/AIDs
17. Greater Nashville PrimeTime – LGBTQ+ Outreach and Advocacy

Exhibit C-1

## **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 throughout the FY 2019 – 2022 area plan period.
- **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
  
- **Objective:** Provide Information and Assistance services to 10% of the Hispanic older adult population by utilizing existing partnerships and new partnerships for outreach by the end of FY 2022.
- **Strategies:**
  1. Collaborate with the Council on Aging of Middle Tennessee to have the directory of services translated into Spanish.
  2. Collaborate with the Council of Aging of Middle Tennessee to have copies of the Directory of Services printed in Spanish in the beginning of fiscal year 2022.
  3. Collaborate with Disability Pathfinder to have Spanish printed directories distributed to the Hispanic communities of Middle Tennessee by FY 2022.
  - 4.
- **Performance Measures:**
  1. By the end of FY 2019, identify and secure the means necessary to translate materials into Spanish. Necessary means may include additional partnerships, funding, and translator services.

### 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 during the area plan period.
- **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 by the end of FY 2022.
- **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 by the end of FY 2022.
- **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 populations to remain supported and independent in their homes and/or communities throughout the FY 2019 – 2022 area plan period.
- **Strategies:**
  1. Hold consistent and regular training with GNRC OPTIONS and III-B counselors and partners to ensure that practices are adequate, coherent, and compliant with regulations.
  2. Provide an infrastructure within GNRC to ensure that OPTIONS and III-B services delivered are beneficial and appropriate.
- **Performance Measures:**
  1. By the end of FY 2019, a minimum of 2 mandatory training sessions for OPTIONS and III-B counselors per year with contracted providers
  2. In FY 2019, schedule monthly meetings with OPTIONS and III-B 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 during the area plan period.
- **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 by the end of FY 2022.
- **Strategies:**
  1. Disseminate information via senior centers, and to encourage center staff to pursue certification in highest tier falls prevention programs.
  2. Continue to partner with our current centers offering SAIL and to promote SAIL training for other centers.
  3. Offer falls prevention programming through partnerships within the larger community
- **Performance Measure:** By end of FY 2019, offer one highest tier evidence based program for falls prevention, in addition to SAIL, within our region.
  
- **Objective:** To continue to promote the Chronic Disease Self Management Program (CDSMP) for improved health for those with various chronic conditions.
- **Strategy:** Support the efforts of the Metropolitan Development and Housing Agency (MDHA) to obtain grant funding from the Administration for Community Livnig.
- **Performance Measure:** If MDHA receives this grant, by the end of FY 2019, GNRC will have trained sixteen MDHA staff members to lead CDSMP for residents of affordable housing within Davidson County.

### **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 during the FY 2019 – 2022 area plan period.
- **Strategies:**
  1. Encourage senior centers to increase use of technology and nontraditional methods to expand the senior center’s reach and serve more individuals. GNRC staff has begun assessing the centers current capability, and will continue to facilitate discussions on best practices and offer technical assistance and suggestions for resources for establishing, updating, and maintaining relevancy on social media.
  2. Increase partnerships to increase the number of older adults receiving telephone reassurance. GNRC staff will continue to facilitate discussions with centers on expanding awareness within their communities of telephone reassurance services, and on partnering with community service agencies to identify persons in need of 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 during the area plan period.
- **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 during the area plan period.
- **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 during the FY 2019 – 2022 area plan period.
- **Strategies:**
  1. Ombudsman Program staff and trained Volunteer Ombudsman Representatives will provide advocacy services to long-term care residents on resolving resident complaints.
  2. District Long-Term Care Ombudsman will publicize the need for volunteers through media outlets in 13 counties and will offer quarterly volunteer training opportunities and provide monthly support and ongoing training meetings for volunteers.
  3. Establish and maintain working relationships with Legal Aid Society of Middle Tennessee, the Tennessee Vulnerable Adult Coalition, Adult Protective Services, the TN Department of Health, Vulnerable Adult Protective Investigative Teams, the TN justice Center and TN Disability Rights to address complaints by residents of long-term care facilities.

4. Make quarterly visits to each long-term care facility to assess resident care.
- **Objective:** Educate long-term care residents and citizens on services available through the Ombudsman program throughout the area plan period.
  - **Strategies:**
    1. Share printed and verbal information with residents and citizens on the Ombudsman program and how to access services.
    2. Speak, upon request, to resident councils, family councils, civic groups, faith groups, senior centers and other venues on the ombudsman program and its services.
  - **Objective:** 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. 100% of resident complaints received by the Ombudsman that fall within the Ombudsman Scope of Services will be investigated and 90% of them resolved to the resident's satisfaction and 90% will report that their knowledge of the ombudsman program has been increased.
    2. The program will be found to be in substantial compliance at its annual monitoring by the Tennessee Commission on Aging & Disability. Monthly reports will be submitted to the State Long-Term Care Ombudsman.
    3. Quarterly reports will be submitted to the 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 by the end of FY 2022.
  - **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 during the area plan period.
- **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 throughout the FY 2019 – 2022 area plan period.
- **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 during the area plan period 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 throughout the FY 2019 – 2022 area plan period.
- **Strategies:**
  1. Hold consistent and regular training with GNRC OPTIONS and III-B counselors and partners to ensure that practices are adequate, coherent, and compliant with regulations.
  2. Provide an infrastructure within GNRC to ensure that OPTIONS and III-B services delivered are beneficial and appropriate.
- **Performance Measures:**
  1. By the end of FY 2019, a minimum of 2 mandatory training sessions for OPTIONS and III-B counselors per year with contracted providers
  2. In FY 2019, schedule monthly meetings with OPTIONS and III-B Case Management staff with updates and training incorporated into meetings.

### **Guardianship**

- **Objective:** To provide effective and quality Public Guardianship Services to our clients based on their specific characteristics and individualized needs during the area plan period.
- **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.
  5. The District Public Guardian will properly and timely file all court documents required under state statute and TCAD policy.
- **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 throughout the area plan period.
- **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. Continue to meet goal of 100% of all active SHIP volunteers completing yearly SHIP update training by the end of FY 2019.
  2. Recruit minimum of 5 new volunteers by the end of FY 2019.

- Concerted effort on recruiting a bilingual volunteers to assist with counseling and/or presentations with a focus on Spanish fluency by the end of FY 2019.
- 3. Continue to assist beneficiaries daily via SHIP hotline with individualized assistance for Medicare education, plan comparisons, and LIS/MSP screenings and applications if eligible.
  - Callback beneficiaries within 5 business days with a goal of contacting them within two business days during FY 2019.
- 4. Continue to promote the SHIP hotline on all educational and promotional handouts.
- 5. Host two or more Medicare presentations, enrollment events, or LIS/MSP outreach events throughout each county during FY 19.
- 6. During 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.
  - Attend or host two community outreach events (health fair or LIS/MSP enrollment event) in top four FIPS as denoted by TCAD in FY 2019.
- 7. By the end of FY 2019, build partnerships with four local medical providers and community case management agencies 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.
  - Based on yearly demographic data for each county of the greater Nashville region to identify and focus outreach to top four most vulnerable populations by FIPS as denoted by TCAD.
- 8. Create counseling site partnerships with five additional senior centers, libraries, or other public venues that allow for beneficiaries across the region to more easily access SHIP counseling services in-person by the end of FY 2019.
- 9. Build social networking presence and provide monthly health tip related to seniors and Medicare by the end of FY 2019.

### **Information and Assistance**

- **Objective:** Provide Information and Assistance services that are easily accessible through telephone and email during the FY 2019 – 2022 area plan period.
- **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:

	<b>FY17</b>	<b>FY18 – Projected (Served/Units)</b>	<b>FY19 – Projected (Served/Units)</b>
<b>State – Options Allocation Amount</b>	\$1,600,764	\$1,779,700	\$1,779,700
<b># Served</b>	427	404	404
<b>Units of Service</b>	58,207	64,548	64,548

2. Complete the following table:

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

#### Title IIIC Nutrition Services

1. Complete the following table:

<b>Provider</b>	<b>IIIC Allocation</b>	<b>NSIP Allocation</b>	<b>Total Amount of Contract</b>	<b># Congregate Meal Sites</b>	<b># Projected Congregate Meals Served in FY19</b>	<b>#Projected Home Delivered Meals Served in FY19</b>
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:

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

**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 Assistance	747	900	1,050
# Volunteers	55	60	70
# Counseling Hours	6,045	6,500	7,000
# Disabled Contacts	2,073	2,200	2,500

## **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](http://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 determine 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.

Limited 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.

In addition, GNRC is strengthening our partnership with Vanderbilt Disability Pathfinder’s Multicultural Program in order to expand our reach to those with limited English proficiency. This may include translation of GNRC resources and flyers into Spanish or other languages.

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 95% of current membership is 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 Candidate; 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	
	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

Area Plan, FY 2019 - 2022

TDDA	5			March 2019
TN Elder Justice Conference	10			Sept 2018
TCAD District Public Guardian Training	2			Spring 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

## 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
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+, Family Caregiver, Advocate for Older Persons, Service Provider for Older Persons, Business Community, Provider of Veterans' Health Care, Other Health Care Provider, General Public, Resides in a Rural Area
Stephanie Harville	Advocate for Older Persons, Service Provider for Older Persons, Business Community, Other Health Care Provider
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
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.

### 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**
Davidson	0	4
Dickson	0	11
Houston	1	1
Robertson	0	1
Rutherford	1	2
Stewart	2	2
Not Indicated	0	4
<b>Total # Advisory Council Members in column 2</b>	4	
<b>Total Attendance*</b>		25

\* Do not include AAAD staff in Public Hearing attendance

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

C. Agenda & Announcements - Attach a copy of the agenda. 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.

See **Attachment E-2\_C2.PDF** for additional public hearing documentation.

Notices of the public hearing were sent to GNRC’s contracted provider and senior center network as well as GNRC’s advisory council members and supporters. GNRC’s provider and senior center network covers all areas of the region, including rural populations. Senior Centers were asked to share the notice with those who attend their center including minority and low-income populations, which are target groups for all Senior Centers. GNRC’s Advisory Council members and supporters were provided with multiple copies of notices to be posted in their area. Nearly 30% of current Advisory Council members and supporters reside in a rural area, and one-third of current Advisory Council members and supporters self-identify as individuals of racial minority.

A notice was also posted in the Tennessean, which is available throughout the region.

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

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

See **Attachment E-2\_D2.PDF** for the packet provided to public hearing attendees.

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

At the Public Hearing, attendees asked questions regarding Tennessee’s Supplemental Nutrition Assistance Program (SNAP) eligibility requirements and about the AAAD Advisory Council membership. No comments were made that directly related to the Greater Nashville AAAD’s FY 2019-2022 Area Plan. GNRC gave one week from the Public Hearing for attendees and others to share feedback and comments, but no feedback was received. As a result, no changes were made to the Area Plan.

### **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 5<sup>th</sup> 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.)

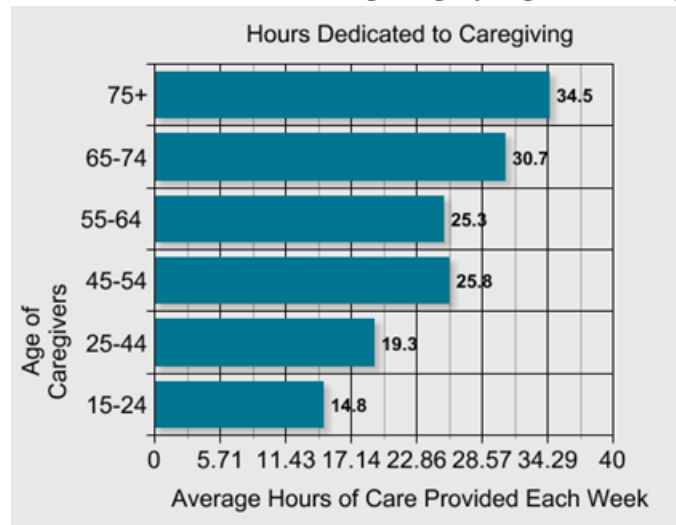
1. List all agencies in the PSA that provide this service to elderly persons.

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.

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#### **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  
Marilyn Wade, AAAD Interim Director

3-27-18  
Date

my  
Michael Skipper, GNRC Executive Director

3/21/18  
Date

Raul Hernandez  
Raul Hernandez, Advisory Council Chairperson

3/20/18  
Date

## 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

3-27-18  
Date

  
Michael Skipper, GNRC Executive Director

3/21/18  
Date

  
Raul Hernandez, Advisory Council Chairperson

3/20/18  
Date

PSA	County	PSA	County	PSA	County
1	Greene	4	DeKalb	6	Marshall
1	Hancock	4	Fentress	6	Moore
1	Johnson	4	Jackson	6	Perry
1	Uncoi	4	Macon	6	Wayne
2	Campbell	4	Overton	7	Benton
2	Claiborne	4	Pickett	7	Carroll
2	Cocke	4	Smith	7	Crockett
2	Grainger	4	Van Buren	7	Dyer
2	Monroe	4	Warren	7	Gibson
2	Morgan	4	White	7	Henry
2	Scott	5	Cheatham	7	Lake
2	Union	5	Dickson	7	Obion
3	Bledsoe	5	Houston	7	Weakley
3	Grundy	5	Humphreys	8	Chester
3	Marion	5	Stewart	8	Decatur
3	McMinn	5	Trousdale	8	Hardeman
3	Meigs	6	Coffee	8	Hardin
3	Polk	6	Franklin	8	Haywood
3	Rhea	6	Giles	8	Henderson
3	Sequatchie	6	Hickman	8	McNairy
4	Cannon	6	Lawrence	9	Fayette
4	Clay	6	Lewis	9	Lauderdale
4	Cumberland	6	Lincoln	9	Tipton

PSA	County	PSA	County
1	Carter	3	Hamilton
1	Hawkins	4	Putnam
1	Sullivan	5	Davidson
1	Washington	5	Montgomery
2	Anderson	5	Robertson
2	Blount	5	Rutherford
2	Hamblen	5	Sumner
2	Jefferson	5	Williamson
2	Knox	5	Wilson
2	Loudon	6	Bedford
2	Roane	6	Maury
2	Sevier	8	Madison

**Request for Waiver for FY 2019 - 2022**  
**REQUIRED MINIMUM EXPENDITURES FOR PRIORITY SERVICE**

*Required minimums:*

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

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

**SIGNATURES**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Request for Waiver FY 2019 - 2022  
COST SHARE REQUIREMENT**

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

**SIGNATURES**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**Request for Waiver for FY 2019 - 2022  
TCAD POLICY REQUIREMENT**

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

SIGNATURES:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## ASSURANCES

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

#### *Section. 306. AREA PLANS*

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

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

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

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

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

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

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

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

- (4) (A) (i) (I) provide **assurances** that the area agency on aging will—
- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
  - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
- (ii) **provide assurances** that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
  - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
  - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
- (I) identify the number of low-income minority older individuals in the planning and service area;
  - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
  - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);
- (B) **provide assurances** that the area agency on aging will use outreach efforts that will—
- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
    - (I) older individuals residing in rural areas;
    - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
    - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
    - (IV) older individuals with severe disabilities;
    - (V) older individuals with limited English proficiency;
    - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
    - (VII) older individuals at risk for institutional placement; and
  - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

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

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

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

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

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

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

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

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

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

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

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

- (F) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations; (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
  - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
    - (i) respond to the needs and preferences of older individuals and family caregivers;
    - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
    - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
  - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
  - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
    - (i) the need to plan in advance for long-term care; and
    - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
  - (B) be coordinated with services described in subparagraph (A); and
  - (C) be provided by a public agency or a nonprofit private agency that—
    - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
    - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
    - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
    - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

- (9) **provide assurances** that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) **provide information and assurances** concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, **an assurance** that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - (B) **an assurance** that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
  - (C) **an assurance** that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) **provide assurances** that the area agency on aging will—
- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
  - (B) disclose to the Assistant Secretary and the State agency—
    - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
    - (ii) the nature of such contract or such relationship;
  - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
  - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
  - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) **provide assurances** that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) **provide assurances** that funds received under this title will be used—
- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
  - (B) in compliance with the **assurances** specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; and

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

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

(2) Such assessment may include—

- (A) the projected change in the number of older individuals in the planning and service area;
- (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
- (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

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

area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness; and
- (K) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

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

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for

older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

- (e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
- (f) (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.  
(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.  
(B) At a minimum, such procedures shall include procedures for—
  - (i) providing notice of an action to withhold funds;
  - (ii) providing documentation of the need for such action; and
  - (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.
- (3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).  
(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

**Section. 374. MAINTENANCE OF EFFORT**

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

**Certification by Authorized Agency Official**

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

**SIGNATURES**

  
\_\_\_\_\_  
Marilyn Wade, AAAD Interim Director

Date 3-27-18

  
\_\_\_\_\_  
Michael Skipper, GNRC Executive Director

Date 3/21/18



## Availability of Documents

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

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

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

**Certification by Authorized Agency Official**

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

**SIGNATURES**

  
\_\_\_\_\_  
Marilyn Wade, AAAD Interim Director

Date 3-27-18

  
\_\_\_\_\_  
Michael Skipper, GNRC Executive Director

Date 3/21/18

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

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

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

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

Prohibited practices include:

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

The Greater Nashville Area Agency on Aging and Disability shall appoint a Title VI coordinator to ensure that the Area Agency on Aging and Disability and all service providers comply with the provision of Title VI. Whenever a planning or advisory body, such as a board or a committee is an integral part of the Area Agency on Aging and Disability or service provider program, the

Area Agency on Aging and Disability will take such steps as are necessary to ensure that minorities are notified of the existence of such bodies and are provided equal opportunity to participate as members. Where members of a board or committee are appointed by the area agency or service provider agency, minorities shall be represented at least in proportion to their presence in the general population of the service area.

**SIGNATURES**

  
\_\_\_\_\_  
Marilyn Wade, AAAD Interim Director

Date 3-27-18

  
\_\_\_\_\_  
Michael Skipper, GNRC Executive Director

Date 3/21/18

**ADDITIONAL DOCUMENTS** (*Attached*)

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