

# **AREA PLAN on AGING and DISABILITY**

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

Aging Commission of the Mid-South  

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Designated Area Agency on Aging and Disability

for the

9  

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Planning and Service Area  
+

**in TENNESSEE for  
July 1, 2011 – June 30, 2012**

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## **Older Americans Act**

### Section 306 *AREA PLANS*

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

### Section 307 *STATE PLANS*

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

(a)(1) The plan shall—

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

Link to OAA: [http://www.aoa.gov/AoAroot/AoA\\_Programs/OAA/oa\\_full.asp](http://www.aoa.gov/AoAroot/AoA_Programs/OAA/oa_full.asp)

## **Submittal Page**

**Part A: Area Profile**

**Part B: Area Service Plan**

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**Part F: Area Plan Public Hearings and Waivers**

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## SUBMITTAL PAGE

- ( ) 4-Year Plan for July 1, 2010 – June 30, 2014
- ( X ) Plan Update for July 1, 2011 – June 30, 2012
- ( ) Amendment (Date): \_\_\_\_\_

This Area Plan for Programs on Aging and Disability is hereby submitted for the PSA 9 planning and service area. The Aging Commission of the Mid-South Area Agency on Aging and Disability assumes full responsibility for implementation of this plan in accordance with all requirements of the Older Americans Act and Regulations; laws and rules of the State of Tennessee; and policies and procedures of the Tennessee Commission on Aging and Disability.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Area Agency Director

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director, Grantee Agency

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chair, Grantee Agency Board

## **AREA PLAN UPDATE 2011 – 2012**

This document is an update of the Aging Commission of the Mid-South Area Agency on Aging and Disability **2010 – 2014 Area Plan on Aging and Disability** that was approved by the Tennessee Commission on Aging and Disability on May 11, 2010. The complete plan may be accessed through the Tennessee Commission on Aging and Disability website ([www.tn.gov/comaging](http://www.tn.gov/comaging)) and each Area Agency on Aging and Disability will also have a copy of their plan. This document contains only those exhibits from the **2010 – 2014 Area Plan on Aging and Disability** that require updating or new information.

For more information about this update or the complete **2010 – 2014 Area Plan on Aging and Disability**, contact:

Name: Dora Ivey, Executive Director

AAAD: Aging Commission of the Mid-South

Address: 2670 Union Avenue Extended, Suite 1000 Memphis, TN 38112

Phone: 901 – 324-6333

Date: March 2011

Exhibit A - 3

Plan Update: July 1,  
2011 – June 30, 2012

## Area Profile Aging Commission of Mid South

Population By Age Categories		Grandparenting	
All Ages	1004650	Grandparents 60+ Responsible for Grandchildren	3,570
60-64	33450	Grandparents 60+ Living with Grandchildren	5,690
65-69	29015	Grandparents <60 Responsible for Grandchildren	10,030
70-74	25400	Grandparents <60 Living with Grandchildren	8,860
75-79	22230		
80-84	13250		
85+	11530		
60+	134875		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	86635	< 5th Grade	6475
African American	46065	5th - 8th Grade	18525
American Indian	195	9th-12th No Diploma	26240
Asian	935	High School Diploma	38285
Other Minorities	1049	Some College	25050
<i>Ethnicity</i>		Bachelors	11285
Non Hispanic	134178	Master/Professional/Doctorate	9035
Hispanic	705		
By Gender (60+)		Medical Facility Beds	
Male	53395	Skilled Nursing Facilities	1246
Female	81485	Remaining Counties	
		Skilled Nursing Facilities - Shelby Hospitals	4352
		General - Remaining Counties	216
		Shelby	5106
		Mental Health	
		VA	
Living Situation (60+)			
Male Alone	8885		
Female Alone	26760		
Living alone	35645		

Financial Status (60+)		Disability Status	
Below Poverty Level	17790	Self Care <60	12566
Minorities below Poverty Level	11570	Self Care 60+	13266

**Elder Housing**

Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	12.32	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	590
Number of Elderly (60+) Householders with Housing Expense (>40% Income)	16615	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	325
		Home for the Aged	84
		Assisted Living Facilities	17

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Exhibit A-6

PSA: 9

Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:

( X) Update, Dated: March, 2011

## Service Needs

1. Based on the information reported in Exhibit A-5, Methods Used to Determine Service Needs, **list** the prevalent service needs of older persons and adults with disabilities in the planning and service area.

No Change

2. Based on the **list** of needs identified in question #1, briefly describe how the Area Agency will address the top 5 identified needs? This is an overview, details are more specific in Part C of this plan in the Goals, Objectives and Strategies section.

No Change

**Part B: AREA SERVICE PLAN**

**Older Americans Act**

Section 306 *AREA PLANS*

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area....

Each such plan shall—

(a)(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan,

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

**Exhibit Number**

**Title of Exhibit**

B-1

System of Aging and Disability Services

B-2

Service Delivery in the Planning and Service Area

B-3

AAAD Budget Summary

## Statewide Aging and Disability Programs

### Introduction

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

### Older Americans Act

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

Using Older Americans Act funding the Area Agency served approximately:

<b>Persons Served</b>	<b>2009</b>	<b>2010</b>	<b>2011*</b>	<b>2012*</b>	<b>2013*</b>
Personal Care	225	186			
Homemaker	467	387			
Nutrition Services	3213	3236			
Case Management	1753	2490			
Transportation	1315	1127			
Legal Assistance	469	716			
Information & Assistance	10,548	12,571			
Family Caregiver	653	516			
Ombudsman	2000	1697			
<b>Units of Service</b>					
Personal Care	13,306	13,821			
Homemaker	40,184	43,760			
Nutrition Services	838,818	814,738			
Case Management	15,877	6922			
Transportation	74,723	70,045			
Legal Assistance	4057	4032			

Information & Assistance	12,152	15,185			
Family Caregiver	38,448	32,712			
Ombudsman	2025	2622			

### Options for Community Living

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

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

	2009	2010	2011	2012	2013
Persons Served	1209*	545			
Units of Service	59,805	86,825			

\* The number of individuals screened was included in 2009 number and omitted from the 2010 count.

### Statewide Medicaid Home and Community Based Waiver Services for Elderly and Disabled (Waiver)

Tennessee is in the process of implementing the Long Term Care Community Choices Act of 2008. The State Medicaid Agency, the Bureau of TennCare, is converting from a 1915(c) Statewide Home and Community Based Medicaid Waiver for Elderly and Disabled to a 1115 Waiver. The planned start date for the transition is expected to begin in 2010 and phased in over an eighteen month period. The State's nine Area Agencies on Aging and Disability will act as the single points of entry for the CHOICES Program.

The Statewide Home and Community Based Services Waiver is intended to provide a community-based, cost-effective alternative to institutional nursing facility care for eligible individuals. The program is administered by the Tennessee Department of Finance and Administration, Bureau of TennCare. This Medicaid Waiver program provides a variety of home and community-based services to low-income older persons and adults with disabilities who are frail, functionally impaired, and at-risk of nursing home placement. Funding for this program comes from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid.

Using Waiver funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Persons Served	1217	1325			
Units of Service	1,541,581	2,014,220			

**State Health Insurance Assistance Program (SHIP)**

SHIP is funded by the Centers for Medicare and Medicaid in the U.S. Department of Health and Human Services. The SHIP program is mandated by Congress to provide *free and objective* information, counseling and assistance to consumers, their adult children, caregivers, health care providers and other advocates about Medicare and all other related health insurance. Currently, an important aspect of the program is to provide information and assistance with enrollment in Medicare Part D and target outreach to low-income Medicare beneficiaries eligible for the Medicare Part D Low-Income Subsidy and Medicare Savings Programs. The Centers for Medicare and Medicaid Services (CMS) funds the nationwide program. The statewide Tennessee SHIP operates through a small, but highly trained, paid and volunteer staff. In addition to counseling, program staff performs community education and outreach on Medicare and current related issues.

Using SHIP funding the Area Agency served approximately:

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Individuals Provided SHIP Counseling	1656	2775			

**Public Guardianship for the Elderly Program**

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

Using Public Guardianship funding the Area Agency served approximately:

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Persons Served	67	51			

**Other State Appropriations**

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

Using State Appropriations the Area Agency served approximately:

<b>Persons Served</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Senior Centers	1090	954			
Meals	63	61			
Homemaker Services	479*	15			

<b>Units of Service</b>					
Senior Centers	38,730	56,762			
Meals	15,093	14,574			
Homemaker Services	32,702*	3015			

\* In 2009 Options was included in this number, Options was not included in 2010 number.

PSA: 9  
 Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
 ( X ) Update, Dated: March, 2011

## AAAD Budget Summary

Operating Budget for FY 2012\*

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

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
<b>OLDER AMERICANS ACT</b>				
Area Plan Administration	261,700	99,243	177,684	538,627
Coordination/Service Development				
<b>STATE FUNDS</b>				
Options for Community Living	109,245			109,245
<b>MEDICAID</b>				
Elderly & Disabled Waiver			344,556	344,556
<b>LOCAL FUNDS</b>				
<b>TOTAL</b>	<b>370,945</b>	<b>99,243</b>	<b>522,240</b>	<b>992,428</b>

B: Total Resources to Be Used For Service Delivery:

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
<b>OLDER AMERICANS ACT</b>				
Title IIIB Supportive Services	1,366,100	114,774	338,340	1,819,214
Title IIIC1 Nutrition Services	880,800	97,867	409,018	1,387,685
Title IIIC2 Nutrition Services	650,000	72,222	278,860	1,001,082
Title IIID Disease Prevention & Health Promotion	49,300	5,479		54,779
Title IIID Medication Management	17,500	1,944		19,444
Title IIIE Family Caregiver	404,700	56,401		461,101
Title VII Elder Rights	66,600			66,600
<b>STATE FUNDS</b>				
Senior Centers	133,600	133,600		267,200
Nutrition (Home Delivered)	92,100	10,233		102,333
Homemaker	51,000	5,666		56,666
Guardianship	123,700	2,430	91,840	217,970
Title III Match	76,900			76,900
Options for Community Living	1,336,555			1,336,555
<b>OTHER</b>				
Elderly & Disabled Waiver			716,408	716,408
NSIP	317,200			317,200
SHIP & MIPPA	147,654			147,654
<b>TOTAL</b>	<b>5,713,709</b>	<b>500,616</b>	<b>1,834,466</b>	<b>8,048,791</b>

\*Allocations are estimates. Funding allocations for FY 2012 have not yet been approved by the State Legislature.

## Part C: GOALS, OBJECTIVES AND STRATEGIES

### **Older Americans Act**

#### Section 306 *AREA PLANS*

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

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

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

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

(a)(4)(B) provide assurances that the area agency on aging will use outreach efforts that will—

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement

### **Exhibit Number**

### **Title of Exhibit**

C-1	Annual Status Report and Highlights
C-2	Access Services
C-3	Home and Community Based Services
C-4	Health Promotion and Disease Prevention
C-5	Elder Rights
C-6	Management Practices
C-7	Targeting Status Report
C-8	Targeting Plan

PSA: 9  
Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
(X) Update, Dated: March, 2011

## **Annual Status Report and Highlights**

For each of the goals listed in the 2010 - 2014 Area Plan on Aging and Disability, provide a status update that reflects the progress and accomplishments toward meeting the goals. Briefly describe any other agency highlights.

### **GOAL 1: ACCESS SERVICES**

By June 30, 2010 information and Assistance units delivered to the public about aging and disability services and programs, related community services and Medicare will equal 26,500 units, which include the Senior Information Handbook and the ACMS website.

#### **STATUS**

The Aging Commission of the Mid-South (ACMS) provided **26,547** units of service to educate the public on aging and disability services and programs, related community services and Medicare. Along with the development and implementation of the Single Point of Entry, ACMS continues to increase its visibility in the community.

### **GOAL 2: COMMUNITY SERVICES/HEALTH PROMOTION**

By June 30, 2010 serve a minimum of 8,000 community members through community services, nutrition education services, and health promotion/physical fitness programs  
**By STATUS:**

A total of **8094** community members received services through the Health Screening, Nutrition Education, Physical Fitness/ Exercise, Medication Management, recreation, Retired Senior Volunteer Program (RSVP), Senior Companion, Telephone Reassurance, Transportation and Visiting programs. We enhance the well-being of our four county area by offering innovative programs to meet the identified needs of the communities.

### **GOAL 3: HOME AND COMMUNITY BASED, LONG-TERM CARE**

By June 30, 2010 transition from the Medicaid Waiver to the CHOICES Program, serve a minimum of 4,350 individuals through the state-funded Options program, and the Older Americans Act programs (including home delivered meals) and provide information to 25,000 individuals on community based programs utilizing support groups, group information, caregiver training, and the media.

#### **STATUS:**

In-home services were provided to **4319** individuals through Older Americans Act, Family Caregiver, and the OPTIONS Program. Community based services were extended to 516 caregivers, 104 persons attended a caregiver conference, group information was provided to 402 individuals and the *Best Times* monthly news magazine containing valuable information about available services reached a circulation of 25,000. Total recipients of information services equaled **26,022**.

#### **GOAL 4: ELDER RIGHTS**

By June 30, 2010 increase the participation of seniors and the public in programs that provide information or assistance in protecting the rights of seniors to approximately 25,780 persons.

#### **STATUS:**

Participation in programs that safeguard senior rights reached 2680 individuals, including public guardianship, Ombudsman and Memphis Area Legal Services. ACMS partnered with the Elder Support and Protection Resources (ESPR) Taskforce to assess and enhance capacity in PSA 9. On World Elder Abuse Awareness Day, more than 200 people attended an informational event which featured presentations by the County Mayor and Police Chief. Public information on the prevention of senior abuse and neglect reached a circulation of 25,000 through the *Best Times* monthly news magazine. Total participation equaled **27,880**.

#### **GOAL 5: MANAGEMENT PRACTICES**

Ensure that every level of service provided is focused upon the well-being and satisfaction of the service recipient, focusing on our effectiveness and efficiency.

#### **STATUS:**

The Executive Director, Chief Operations Officer, Chief Development Officer and Chief Financial Officer meet weekly to monitor agency efficiency, timeliness and progress toward meeting measurable goals. The results of a client satisfaction survey conducted in September 2010 indicated that 89% of respondents were usually or always satisfied with the services from ACMS. The survey is included with this exhibit. Internal and external audits were positive.

#### **Other AAAD Highlights:**

##### **Public Education/Awareness**

- The Aging Commission of the Mid-South (ACMS) officially began operating as the Single Point of Entry (SPOE) for the CHOICES program August 1, 2010. Prior to the implementation of the CHOICES program in West Tennessee, ACMS was designated as the SPOE for all programs and services for the elderly and disabled populations. ACMS has participated in multiple public education events and health fairs, as well as has published several news articles, to provide information to the public about the CHOICES program. In addition, since August 1, ACMS Information and Assistance has made 371 referrals to the CHOICES program.
- The Public Guardian Program held two events to increase public education and awareness about the Public Guardian program. The first event was a “Meet and Greet” luncheon which was attended by approximately 40 guests who were interested in learning about guardianship and conservatorship. The second event was a volunteer

recognition and appreciation event where 28 adult volunteers and four student volunteers received certificates of appreciation for their work in the Public Guardian Program. Since July 1, we have employed a part-time volunteer coordinator who is instrumental in recruiting, training, and retaining volunteers for the program.

### **Training/Education**

- The SHIP (State Health Insurance Assistance Program) program of the Aging Commission of the Mid-South has successfully educated Medicare beneficiaries about Medicare savings plans and the low-income subsidy available to assist with the payment of the Medicare D Prescription Drug benefit. Staff and volunteers have targeted the residents of zip codes shown to be most in need of these benefits, but not yet enrolled for them. Through the fifth quarter of eight fiscal quarters funded through a CMS grant, the ACMS program has achieved 81% of its target goal for the whole grant period.

### **Resource Development**

- ACMS has facilitated the enrollment for Non-Medicaid Elderly and Disabled individuals since the implementation of TennCare CHOICES going live in West Tennessee on August 1, 2010. ACMS has helped to streamline the process and assist in making the transition smooth for over 156 people since August 2010. ACMS has also upgraded its technical equipment by using compact portable scanners during the enrollment process. This has allowed consumers to have their documents copied during the home assessment, if they have not already prepared copies. This helps fulfill our contractual obligation to TennCare for “facilitated enrollment” for consumers.
- The dedication and commitment of the Advisory Council of the Aging Commission of the Mid-South is a true highlight of the agency. The input of the Council enhances services and programs on every level and builds our capacity to accomplish our mission. The sixteen Council members and two provider representatives act as the eyes and ears of the community that we serve. The regular bi-monthly Council meetings are well-attended by this diverse group of knowledgeable, results-oriented advocates for seniors and adults with disabilities. Much of the success of the agency is attributable to our active and engaged Advisory Council.

PSA: 9  
Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
(X) Update, Dated: March, 2011

## Access Services

**AoA Goal:** Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

**TCAD Goal:** Increase the number of individuals who access aging and disability services and benefits through a comprehensive, reliable, unbiased and easily accessible information, counseling and referral system.

### AAAD GOAL

Serve as the Single Point of Entry (SPOE) for Home and Community-Based Services, as well as provide the community with information and assistance regarding aging and disability programs and services.

MEASURABLE Objective 1: By June 30, 2012, Information and Assistance units delivered to the public about aging and disability services will equal 17,000 units.

#### Strategy 1

By a dedicated phone line provide information, counseling, assistance and telephone screening on all appropriate referrals for programs as well as refer inquirers to community services within three working days after a referral or inquiry call has been received.

#### Strategy 2

Through the State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP) program, provide Medicare insurance information, counseling, and assistance by a dedicated telephone line, and train and equip SHIP and SMP volunteers to provide comprehensive information and assist individuals with Medicare problems in a rapidly changing counseling environment. Utilize television, radio and print media to inform the public about Medicare issues and raise awareness of SHIP and SMP programs.

#### Strategy 3

Co-sponsor and/or participate in at least five health fairs or other community information events, at least three of which will be conducted in rural counties to share information about aging and disability services and programs to inform

about Medicare issues, and present programs as requested by local community groups to increase public awareness of the Area Agency on Aging and Disability programs and services.

Performance Measure: Method for Measurement.

- 1) Maintain a record of all Information and Assistance calls in SAMS database.
- 2) Maintain event and attendance records for all health fairs and other community events. Record and document outreach through all media outlets and number of individuals receiving this information.
- 3) Document all calls, counselor training and results, and all outreach, media and enrollment events in accordance with SHIP/SMP directives.

MEASURABLE Objective 2: : By June 30, 2012, provide a printed resource guide and electronic information on the Aging Commission of the Mid-South website with information on services available to older and disabled adults and their families to 7,000 persons.

Strategy 1

Revise, and populate with paid advertisements The Senior Information Handbook.

Strategy 2

Maintain an electronic copy of The Senior Information Handbook on the website for download by interested individuals.

Performance Measure: Method for Measurement

- 1) Distribute as many copies of the Senior Information Handbook throughout the region to older persons and adults with disabilities and their families as funding will allow.
- 2) Maintain an electronic version of The Senior Handbook on the Aging Commission of the Mid-South website and maintain a record of the number of visitors to this site.

PSA: 9  
Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
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## Home and Community Based Services

**AoA Goal:** Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

**TCAD Goal:** Assist older individuals and adults with disabilities who are at risk of losing their independence the choice of remaining in their homes or communities thus delaying institutionalization in long term care facilities.

### AAAD GOAL

Utilize Federal, State and Local resources to provide an array of in-home services for eligible seniors and adults with disabilities to enhance their quality of life and assist them to remain in their homes or communities for as long they choose to do so.

MEASURABLE Objective 1: By June 30, 2012 facilitate enrollment of 500 individuals into the CHOICES Program,

#### Strategy 1

Promote the CHOICES program through community networking, health fairs, media outlets and other events related to the disability/aging community.

#### Strategy 2

Expedite consumer enrollment in CHOICES by gathering all documents as directed by TennCare and the Department of Human Services (DHS).

#### Strategy 3

Partner with designated Managed Care Organizations (MCO) to ensure the success of the CHOICES program.

Performance Measure: Method for Measurement.

- 1) Maintain and analyze a record of active enrollees in the SAMS database to monitor progress toward enrollment goals.
- 2) Maintain a record of contact with the MCOs including conference calls and meetings.

MEASURABLE Objective 2: June 30, 2012 serve a minimum of 500 individuals through the Options for Independent Living Program providing services that will assist consumers in remaining independent as long as possible

Strategy 1

Provide a comprehensive plan of services utilizing community resources to assist consumers to stay at home for as long as possible. Provide information and referral to Options consumers regarding available community services.

Strategy 2

Receive referrals into the HCBS department from the SPOE on an on-going basis.

Strategy 3

Provide technical assistance and training to providers to increase the quality of services.

Performance Measure: Method for Measurement.

- 1) Maintain and analyze a record of consumers receiving services in the SAMS database to monitor progress in meeting the enrollment goal.
- 2) Case notes, narratives, and service plans will be used to monitor the referral and provision of available services to meet the identified needs.
- 3) Document requests for information and training offered to providers through quarterly meetings and technical assistance.

MEASURABLE Objective 3: By June 30, 2012, serve approximately 3200 consumers, based on availability of funding, through Title III Congregate, Home Delivered Meals and Homemaker Programs and other in-home care and supplemental services.

Strategy 1

Conduct community outreach to build awareness of Title III services.

Strategy 2

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

Strategy 3

Collaborate with service providers and consumers to monitor quality of services.

Strategy 4

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

Performance Measure: Method for Measurement.

- 1) Maintain record of consumers participating in the nutrition and non-Waiver/Options in-home services programs to monitor progress toward goal.
- 2) Review assessments to establish eligibility for services.
- 3) Monitor complaint logs and missed visit reports to identify potential customer service issues.
- 4) Document quarterly training and technical assistance offered to service providers.

MEASURABLE Objective 4: By June 30, 2012, Serve 26,000 caregivers of seniors with quality services to support them in their care giving roles. Services include information, counseling and assistance, support through caregiver training, group information, support groups and individual counseling. Caregiver information will be provided by a targeted newsletter and through a monthly caregiver page in the *Best Times* Newspaper.

Strategy 1

Facilitate access to community services for individual caregivers through the SPOE and networking with community agencies.

Strategy 2

Provide a newsletter distributed to 400 caregivers and offer information to community groups and through the media regarding caregiver needs and services. Utilize full-page article in *Best Times*, which has a circulation of 25,000 newspapers monthly.

Strategy 3

Provide caregiver training, support groups, and individual counseling to assist caregivers in making decisions and solving problems related to their roles as caregivers.

Strategy 4

Provide respite services for caregivers of older adults through contracts with local service providers.

Strategy 5

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

Performance Measure: Method for Measurement.

- 1) Maintain a record in the SAMS database, of all Information and Assistance calls by caregivers.
- 2) Maintain copies of articles published in the *Best Times*.

- 3) Maintain attendance records for all community programs, caregiver workshops and conferences.
- 4) Service plans, assessments, and case notes of caregiver contacts will be used to monitor quality and quantity of service provided.
- 5) A record of participation in support groups and caregiver training will be used to monitor progress toward the annual goal.

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Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:

(X) Update, Dated: March, 2011

## Health Promotion and Disease Prevention

**AoA Goal:** Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

**TCAD Goal:** Provide community services and benefits counseling for older individuals that promote healthy aging through a variety of preventive services and enrollment in Medicare and other insurance options.

### AAAD GOAL

Provide older adults and adults with disabilities with the information, resources, and programs to assist them in making healthy choices and promote a full understanding of available benefits including Medicare.

MEASURABLE Objective 1: By June 30, 2012, provide a minimum of 8000 Health Promotion and Disease Prevention units of service.

#### Strategy 1

Provide Medication Management Workshops in senior centers and other community locations in Fayette, Lauderdale, Shelby and Tipton County.

#### Strategy 2

Collaborate with Fayette County Commission on Aging, Lauderdale County Commission on Aging, Tipton County Commission on Aging, Meritan and MIFA to provide health promotion, screening and education activities in senior centers and congregate meal sites.

#### Strategy 3

Collaborate with the Retired Senior Volunteer Program (RSVP) and the Senior Companion program to promote healthy, active aging and community service.

Performance Measure: Method for Measurement.

- 1) Maintain event and attendance records in SAMS for Medication Management, physical fitness, nutrition education and other community services events to measure progress toward the goal.
- 2) Analyze monthly program reports for progress toward meeting the objective.
- 3) Review participation records for RSVP and Senior Companion programs.

PSA: 9  
Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
(X) Update, Dated: March, 2011

## Elder Rights

**AoA Goal:** Ensure the rights of older people and prevent their abuse, neglect and exploitation.

**TCAD Goal:** Develop, strengthen, and enhance elder rights services in the state that prevent elder abuse, neglect, and exploitation.

### AAAD GOAL

Increase awareness of elder abuse and strengthen the programs that provide information, assistance, and services to protect the rights of older adults and adults with disabilities

MEASURABLE Objective: 1: By June 30, 2012, serve 60 elderly persons through the Public Guardianship for the Elderly Program in all four counties.

#### Strategy 1

Protect disabled persons, age 60 or older, through care and management of person and/or property as appointed through the court system, and recover assets, when possible, when an elderly person has been financially exploited.

#### Strategy 2

Recruit and train three new volunteers who will visit wards under the supervision of the Public Guardian. Provide annual training for all current volunteers to assure that they do the best job possible of meeting the needs of Public Guardian wards.

#### Strategy 3

Conduct outreach activities in all four counties including local Adult Protective Services office and Long Term Care Facilities for program referrals.

Performance Measure: Method for Measurement.

- 1) Review the record of total persons served monthly to monitor progress toward goal.
- 2) Maintain a record of volunteers attending training with the agenda of the Annual Update Training.
- 3) Maintain a record of all outreach activities to assure that under-served counties are aware of available services.

MEASURABLE Objective 2: By June 30, 2012, ensure 500 elderly individuals' legal issues are addressed through the Memphis Area Legal Services Program (MALS).

Strategy 1

MALS will provide outreach programs for seniors throughout the community, utilizing senior centers and community centers.

Strategy 2

MALS will intervene to safeguard seniors in the legal system in the legal and court systems on various abuse, neglect or exploitation issues.

Performance Measure: Method for Measurement.

- 1) On a quarterly basis review the record of persons served by MALS by outreach.
- 2) On a quarterly basis review the total number of persons served by MALS through legal intervention to ensure that we are on target to reach our goal.

MEASURABLE Objective 3: By June 30, 2012, reach at least 2000 individuals in need of Ombudsman services in long-term care facilities.

Strategy 1

Share information about the program with long-term care facility's resident council and appropriate community agencies.

Strategy 2

Recruit and train five new volunteers to assist the Ombudsman and provide annual training for all current volunteers in an effort to ensure that they are well-prepared to meet the needs of the Ombudsman Program.

Performance Measure: Method for Measurement.

- 1) On a quarterly basis review the record of total individuals served by the Ombudsman Program to ensure that we are on target to reach our goal.
- 2) Maintain a record of all new volunteers recruited, current volunteers and number of trainings provided.

MEASURABLE Objective 4: By June 30, 2012, Reach 25,000 people with information regarding elder rights and elder abuse.

Strategy 1

Utilize a full-page article in the *Best Times*, which has a monthly circulation of over 25,000 newspapers, to address elder abuse, neglect and exploitation issues.

Performance Measure: Method for Measurement.

- 1) Maintain a copy of the article published in the *Best Times*.

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( ) Original, Dated:  
(X) Update, Dated: March, 2011

## Management Practices

**AoA Goal:** Maintain effective and responsive management.

**TCAD Goal:** Utilize practices that promote effective and responsible management of financial and human resources.

### AAAD GOAL

The management team will effectively lead the Aging Commission of the Mid-South in a fiscally responsible and consumer responsive manner, in order to positively impact the quality of life of older adults and adults with disabilities by advocating on their behalf and ensuring that systems are in place to assist them.

**MEASUREABLE Objective:** On a quarterly basis the management team will analyze relevant data and review progress toward accomplishing the area plan goals, incorporating consumer input.

#### Strategy 1

Utilize Satisfaction Surveys to determine effectiveness of AAAD services.

#### Strategy 2

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

#### Strategy 3

Participate in annual program and fiscal audits to determine effectiveness of management practices.

**Performance Measure:** Method for Measurement.

- 1) Results of Satisfaction Surveys will be shared with the ACMS Board of Directors and the ACMS Advisory Council.
- 2) Review and respond to the recommendations included in the Annual Quality Assurance Assessment by TCAD.
- 3) Results of audits will be shared with Board, Advisory Council, and staff as appropriate.

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 Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
 (X) Update, Dated: March, 2011

## Targeting Status Report

Report on activities during the preceding year.

1. PSA Demographics and Individuals Served in Older Americans Act programs:

a. Number of low-income minority older individuals in the planning and service area ( 2000 Census population data)	47,990
b. Number of older individuals residing in rural areas in the planning and service area ( 2000 Census population data)	15,540
c. Number of older individuals who speak English less than very well ( 2000 Census population data)	1000
d. Number of low-income minority older individuals served (use State Reporting Tool data)	1,584
e. Number of individuals residing in rural areas served (use State Reporting Tool data)	739

2. Provide information on the extent to which the Area Agency met its Targeting objectives **for all programs** in the FY 2010 Area Plan Update.

2010* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Assure that OAA funded services are targeted to seniors in <b>greatest economic need</b> (100% of poverty level); for area wide programs the target shall be established at 50%.	All Cost Reimbursement grant holders set Title VI goals, these were reviewed for compliance with our objective and a process is in place for performance data analysis.
Assure that OAA funded services are targeted to seniors who are <b>low income minorities</b> (100% of poverty level); for area wide programs the target shall be established at 50%	All Cost Reimbursement programs developed outreach plans to reach seniors in greatest economic needs and low-income minorities.
Targeted outreach activities to reach seniors in greatest economic needs and low-income minorities.	ACMS has a fulltime Outreach and Education Coordinator who participates in rural health fairs and other events to increase awareness of available resources.
Assure that AAAD service providers have contracted targets for Older Americans Act (OAA) service delivery.	All cost reimbursement contracts are reviewed to ensure that they have appropriate demographic targets for OAA service delivery.

<p>Increase service delivery to the disability community by enhancing outreach and awareness efforts.</p>	<p>Representatives of the disability community are represented in planning and outreach efforts. The current chairman of the ACMS Advisory Council is a board member of the Memphis Center for Independent Living, an advocacy organization for adults with disabilities.</p> <p>In addition, the distribution of outreach materials are targeted to events that will reach disabled adults who would benefit from AAAD services.</p>
<p>Increase service delivery to Hispanic population through partnerships with community-based organizations geared toward these populations, such as Latino Memphis.</p>	<p>ACMS staff research and secure bilingual materials to make available at outreach events.</p> <p>Targeted distribution of outreach materials takes place at events that will adults who do not use English as a first language</p>
<p>Under the Medicare Improvements for Patients and Providers Act (MIPPA) increase access for low-income minorities to State Health Insurance Counseling and Assistance Program (SHIP) services including utilization of Qualified Medicare Beneficiary (QMB) and Special Low Income Medicare Beneficiary (SLMB) programs.</p>	<p>ACMS Provided outreach activities to individuals living in “first tier” zip codes where there is a large percentage of low-income minorities who would benefit from participation in these programs. A part-time Volunteer Coordinator has been utilized to assist in conducting these targeted outreach activities.</p>

\* Last complete 12-month period.

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( ) Original, Dated:  
(X) Update, Dated: March, 2011

## Targeting Plan

### 1. Civil Rights Act of 1964, Title VI Targeting Activities

- a. Describe how the Area Agency plans and coordinates activities to disseminate information about services and programs to minority populations in the planning and service area?

In order to eliminate barriers to services and programs to minority populations in PSA 9, the Aging Commission of the Mid-South is strongly committed to disseminating information about services and programs to minority populations, with special attention to low income minority individuals.

In the past, minority populations have not been encouraged to seek or expect help from the system, because of a history of discrimination and social inequity. With the passage of Title VI of the Civil Rights Acts of 1964, minority populations have the right to participate fully in public services and programs.

In order to reach minority populations, the Aging Commission of the Mid-South plans and coordinates activities in PSA9. These activities include requiring each funded service provider to have a Title VI plan for their business. This plan shall target service delivery to minority individuals and those individuals in the greatest need. The Aging Commission of the Mid-South will confirm the plans in reviewing proposals for funding and in conducting quality assurance visits to provider agencies. The Aging Commission of the Mid-South will analyze how effective providers are in targeting services, help providers understand barriers to effective service if they exist, assist providers in developing strategies to improve performance, and monitor providers and provide technical assistance

The Information and Assistance help line that provides information to the public is 80% minority staffed. The SHIP help line is 50% minority staffed. In addition, our outreach staff maintains contact with area churches whose memberships are primarily minority. All activities and notices are distributed to the visual and printed media, including newspapers whose readership is predominately minority. Barriers can be eliminated or at least diminished with proactive planning and effort

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

The agency has a diverse staff, 79% of whom meet a definition of minority status; including 50% of executive staff. We have a multicultural staff with individuals from Korea, Iran, England, and Canada, including staff proficient in Spanish, Arabic and Farsi. Approximately 69% of individuals receiving AAAD services meet a definition of minority status. Of the service provider agencies currently funded through OAA, FCP and Options programs 29% are minority owned. The AAAD Board of Directors has 33% minority participation. The AAAD Advisory Council has 17% minority participation.

- c. What documentation or process is used by the Area Agency to document activities focused on increasing the representation and/or participation of minority populations in programs and services?

The Aging Commission of the Mid-South confirms the Title VI plans in reviewing proposals for funding and in conducting quality assurance visits to provider agencies. The Aging Commission of the Mid-South conducts an analysis of provider performance in targeting services, helps providers to understand barriers to effective service if they exist, assists providers in developing strategies to improve performance, and monitors providers and provides technical assistance. In addition, the AAAD completes an annual Title VI Compliance Survey for Shelby County Government.

## 2. Older Americans Act Required Targeting Activities

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

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

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
Assure that OAA funded services are targeted to seniors in <b>greatest economic need</b> (100% of poverty level); for area wide programs the target shall be established at 50%	Review Cost Reimbursement RFP Title VI goals for appropriate target goals and analyze performance data.  Targeted outreach activities	Title VI Coordinator, SPOE, QA, Budget Analyst, Program Development/ Grants Specialist, QA

Assure that OAA funded services are targeted to seniors who are <b>low income minorities</b> (100% of poverty level); for area wide programs the target shall be established at 50%	to reach seniors in greatest economic needs and low-income minorities.  Partnerships with organizations and the faith community to promote available AAAD programs	CDO, SPOE, Outreach and Education Coordinator
Targeted outreach activities to reach seniors in greatest economic needs and low-income minorities	Outreach and Education Coordinator participates in rural health fairs and other events to increase awareness of available resources	Outreach and Education Coordinator, SPOE
Assure that AAAD service providers have contracted targets for Older Americans Act (OAA) service delivery	Review all cost reimbursement contracts to ensure that they have appropriate demographic targets for OAA service delivery.	Title VI Coordinator, QA, Program Development/Grants Specialist
Increase service delivery to the disability community by enhancing outreach and awareness efforts	Include representatives of the disability community in planning and outreach efforts.  Targeted distribution of outreach materials at events that will reach disabled adults who would benefit from AAAD services.	AAAD Leadership Team, SPOE and Outreach and Education Coordinator
Under the Medicare Improvements for Patients and Providers Act (MIPPA) increase access for low-income minorities to State Health Insurance Counseling and Assistance Program (SHIP) services including utilization of Qualified Medicare Beneficiary (QMB) and Special Low Income Medicare Beneficiary (SLMB) programs	Provide outreach activities to individuals living in “first tier” zip codes where there is a large percentage of low-income minorities who would benefit from participation in these programs. A part-time Volunteer Coordinator has been hired to assist in conducting these targeted outreach activities.	SHIP Coordinator, SHIP Volunteer Coordinator, SPOE

**Part D: STAFFING AND ORGANIZATION**

**TCAD Policies and Procedures**

*5-4-.03 AAAD STAFFING REQUIREMENTS*

(1) The AAAD must develop and implement a staffing plan consistent with federal and state requirements which sets forth the number and type of personnel employed and the timetable for hiring staff to carry out the functions of the AAAD. The AAAD is responsible for:

(a) recruiting and employing adequate numbers of staff members to develop and administer the area plan, and

(b) carrying out the functions and responsibilities prescribed by the OAA and other state and federally funded programs addressing the needs of older persons and other adults with disabilities, and its accompanying regulations and these policies.

(8) The AAAD shall submit in the area plan a Training and Staff Development Plan for staff and service providers. The plan should include conferences, meetings and in-service training organized for staff or service providers....

**Older Americans Act Regulations**

Section 1321.55 Organization and staffing of the area agency.

(b) The area agency, once designated, is responsible for providing for adequate and qualified staff to perform all of the functions prescribed in this part.

**Older Americans Act**

Section 306 *AREA PLANS*

(a)(6)(c)(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services....

**Exhibit Number**

**Title of Exhibit**

D-1

Staff Resources

D-2

Training and Staff Development Plan

D-3

Advisory Council

D-4

Advisory Council Bylaws

PSA: 9  
Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
( X ) Update, Dated: March, 2011

## AAAD STAFFING

**TABLE 1.**

Staff Positions & Name of AAAD Staff Person & Job Title	Minimum Full-Time Equivalent (FTE) & Responsibilities	Required Qualifications	AAAD Staff FTEs & Qualifications
<b>Older Americans Act</b>			
Executive Director Dora Ivey (1 FTE)	The executive staff has Oversight of AAAD operation; Planning and development of Area Plan; Management and operation of all program and fiscal aspects	Master's Degree and five years experience in supervision or management in field of gerontology, aging programs or related field of social work.	MSW and > 30 years of related experience and SW licensure
Chief Operations Officer – Gloria Lynch Collins (HCBS & NFCSP) (1 FTE)		Bachelor's Degree in a related field and seven years of related experience may be substituted for the Master's Degree	MPA and > 30 years of related experience
Chief Development Officer – Kathryn Coulter (SPOE) (1 FTE)			Bachelors Degree with additional graduate credits and > 30 years of related experience
Chief Financial Officer – Kathy Williams (Fiscal) (1 FTE)			B.S. in Business Administration with 10 graduate courses and > 15 years of related experience
Accountant/Contracts Analyst – Linda King (1 FTE)	1 FTE Fiscal functions of AAAD; Financial accounting; Budgeting; Technical assistance to service providers and Financial monitoring	B.S. Degree in Accounting or related degree in an area of financial management and minimum of 2 years experience requiring financial expertise	B.A. and > 13 years of related experience
Admin & Finance Coordinator Linda Owens (1 FTE)			1 year of post secondary education and > 35 years of relevant experience
Quality Assurance Manager – Anitra	1 FTE Provide technical	RN, BSN or Bachelor's RN, BSN or Bachelor's	MSW and > 6 years of related experience

Rogers (1 FTE)	assistance to service providers; Develop district Q&A Plan; Monitoring service providers, Approve Plans of Correction	Degree in social work, gerontology, psychology, sociology, counseling or related field	
Program Development Grants Specialist – Elaine Graf (1 FTE)	.05 – 1 FTE  Duties as assigned by Director	Bachelor’s Degree in social work or related field and minimum of 2 years experience in Social Service Program implementation	MPA and > 30 years related experience
IT Manager – Thomas Powell (1 FTE)  Lead MIS/IT Support Specialist – Chan Park (1 FTE)	1 FTE  Manage databases; Compile reports; Maintain resource directory; SRT; Analyze data	Proven familiarity with software and hardware installation and customization; Ability to provide help desk support on hardware, software, communications; Ability to develop and conduct training; Oral and written skills; Working knowledge of software packages; Programming experience; BS Degree, preferably in Computer Science, or other computer-related field with data-base experience, hardware experience, and/or 5 year’s relative experience	B.B.A. and > 25 years related experience.  B.S. and > 5 years of related experience
Information and Assistance Service Coordinators (2)  Vicki Green(1 FTE)	A designated coordinator, full-time or part-time as deemed necessary  Disseminate caregiver information; Organize support groups; Maintain records; Compile reports; Oversee caregiver needs assessments; Arrange for caregiver services; Assist with Area Agency functions as assigned by the AAAD Director	Bachelor’s Degree in social work or related field, or RN	BSW and > 20 years of related experience
Support Staff	Full-time or part-time	Computer skills; Verbal	1 year of post

Clerical Specialist B Laura Pounder (1 FTE)	as deemed necessary  Assist AAAD program staff (Letters, faxes, documents, telephone, meeting coordinator, etc.)	and written skills; Ability to organize files; Correspondence; Faxing; Minimum of High School Education with emphasis in business, preferably post secondary clerical skills training	secondary education and > 10 years of relevant experience
<b>Other Staff</b>			
Outreach Coordinator Larry Turner (1 FTE)	Represent the agency, to offer information about the many services and programs and coordinate activities with local churches, senior centers, home health agencies, residential facilities and professional organizations	Qualifications will be developed in keeping with responsibilities assigned to the position	B.S. and > 30 years of related experience
RSVP Coordinator Joanne Lowe (1 FTE)			MBA and > 10 years of relevant experience
Clerical Specialist B Bessie Christian (1 FTE)			2 years of post secondary education and > 20 years of experience
<b>SHIP</b>			
SHIP Coordinator Vickie Thompson (1 FTE)	1 dedicated FTE  Cooperate with CMS requests to recruit/train volunteers; Maintain current knowledge of Medicare and Medicaid and other health insurance; Telephone counseling to beneficiaries; Compile reports; Communication skills; Work with media; computer skills	Preferably a Bachelor's Degree and 2 years experience in advocacy or information and assistance. A high school education and 4 years experience in advocacy or information and assistance may be substituted.	M.S. and >12 years of related experience
<b>Guardianship for the Elderly</b>			
Conservator Peggy Dobbins (1 FTE)	1 dedicated FTE  Manage Guardianship Program	See the Guardianship for the Elderly Chapter in this Policy Manual	MSW and > 30 years of related experience.
Guardianship Specialists (3)  Annette Matthews			B.A. and > 10 years of related experience

(1 FTE)  Jacqueline Webb (.66 FTE)  Mohamad Rahsepass (.66 FTE)			MBA and > 20 years of relevant experience  Ph D and > 12 years of related experience
<b>CHOICES Program</b>			
CHOICES Manager Pamela Dotson (1 FTE)	1 FTE  Financial & Program Oversight; Marketing; Policies and Procedures Compliance; Data Analysis of Performance; Reporting; Contact for Case Management Provider; Recruitment/Relations; Grievances/Appeals; Staff supervision as assigned by AAAD Director	Preferably Master's Degree in Social Work or a Registered Nurse (subject to Waiver requirements). Minimum of 2 years in management or supervision, preferably working with older adults and/or adults with disabilities.	MBA and > 15 years of related experience
Information & Assistance Specialist  Precilla Bobo (1 FTE)	1 – 2 FTE As deemed necessary  Telephone Information Assistance and Referral; Comprehensive telephone screening; Assist with appointments for in- home assessment visits; Assistance with case file development	AIRS Certified Information and Referral Specialist – Aging, according to AIRS Standards within 2 years of employment; Written/Verbal communications skills; Minimum of completion of grade 12, preferred at least 2 years college and minimum of 2 years employment in field of social work.	B.S. Educational Psychology and Counseling and > 14 years of experience
America Quinn, LPN(1 FTE)  John Westbrook,	2 – 4 FTE As deemed necessary  Arrange and complete in-home assessments; Develop PAE; Develop initial Plan of Care;	Preferably a Master's Degree in Social Work, Psychology, Sociology, or a related field from an accredited college or university and one year of supervised social services	2 years post secondary education (LPN) and > 10 years of experience.  Assoc. Degree

<p>LPN (1 FTE)</p> <p>Giselle Lewis, LPN (1 FTE)</p> <p>Chauna Grisby, LPN (temp) (1 FTE)</p> <p>Louise Sterling *, LPN (temp) (1 FTE)</p>	<p>Compile information to submit to DHS for financial eligibility; Coordinate getting physician's orders; Submit paperwork to TCAD for enrollment</p>	<p>experience, with experience in geriatrics or service planning and delivery for the disabled. Bachelor's Degree in Social Work, Psychology, Sociology, or other field related to social work with 2 years of supervised work experience in a social services program, with experience in geriatric or service planning and delivery for the disabled preferred. The Bachelor's level Social Worker must work under the supervision of a Social Worker with a Master's Degree or an RN.</p>	<p>(LPN) and &gt; 25 years of related experience.</p> <p>3 years of post secondary education (LPN) and &gt; 28 years of related experience.</p> <p>2 years of post secondary education (LPN) and &gt; 5 years</p> <p>2 years of post secondary education (LPN)</p>
<p>Quality Assurance Specialist – Jennifer Lowe (1 FTE)</p> <p>QA/Recertification Specialist (temp) Parris Smith* (1 FTE)</p>	<p>1 FTE</p> <p>Provider Recruitment; Training / Provider Meetings; Problem solving w/consumers and providers; Complaint Resolution; Missed Visits / Trends / QI; Plan of Correction; Medicaid Recertification for the CHOICES Program</p>	<p>Bachelor's Degree in social services or related field or nursing degree (RN or LPN)</p>	<p>B.S. degree and &gt; 15 years of related experience.</p> <p>Some college and Medical Billing and Coding experience.</p>
<p>Data Entry Specialists (2) Jannie Fryson(1 FTE)</p> <p>Nicole Carter (1 FTE)</p>	<p>0.5 – 1 FTE As deemed necessary</p> <p>Waiver Client Data / Care Plan entered in SAMS 2000; Invoice / Billing Data entered in SAMS 2000; Develop and Run Rosters for Providers</p>	<p>Computer Skills; Minimum of High School education, preferably post-secondary training</p>	<p>3 years post secondary education and &gt; 20 years of related experience.</p> <p>1 year of post secondary education and &gt; 10 years of related experience</p>
<p>Assistant Fiscal Staff</p> <p>Budget Analyst/Assist CFO Cinder Jones (1 FTE)</p>	<p>0.5-1 FTE As deemed necessary</p> <p>Assist AAAD Financial Specialist with duties as assigned; Assist with Billing; TCAD contact</p>	<p>Minimum of high school education and 2 years training or experience in the field of Accounting</p>	<p>B.S. and &gt; 20 years of related experience</p>

Medicaid Waiver Accounting Clerk Phadria Edmond (1 FTE)	for denials of payment; Provider Relations; Reconcile Care Plans to Provider Invoices; Provide financial monitoring		2 years post secondary education and > 15 years of related experience.
Medicaid Waiver Clerical Specialist Brenda Edwards (1 FTE)	1 – 2.5 FTE As deemed necessary  Assist waiver staff with duties as assigned	Computer skills; Verbal and written communication skills; Ability to organize files; Correspondence; Faxing; Minimum of high school education with emphasis in business, preferably post secondary clerical skills training	High School diploma and > 5 years of related experience
<b>OPTIONS for Community Living</b>			
I&A Specialist  Deloris Walker (1 FTE)  Melissa Williams (1 FTE)	1 dedicated FTE  Disseminate information and make referrals; Telephone screening; Telephone counseling; Enter data into Beacon/SAMS database	AIRS Certified Information and Referral Specialist – Aging, according to AIRS Standards Written/Verbal communications skills. Minimum of completion of grade 12, prefer at least 2 years college and minimum of 2 years employment in field of social work.	B.A. and > 1 year of related experience.  BSW and > 10 years of relevant experience.
Service Coordinator (5)  Ted Tutor (1 FTE)  Gussie Sellers (1 FTE)  Angela Hastings (1 FTE)	1 FTE Plus additional FTEs as deemed necessary by caseload  In-home assessments; Development and management of Care Plans; Referral and arrange services; Re-assessment	BS Degree in social work, psychology, gerontology, sociology, counseling, nursing, or equivalent degree; or Licensed Practical Nurse/Registered Nurse or BS Degree with minimum of 2 years experience working with older persons and/or adults with disabilities; or Minimum of completion of 2 years of accredited college or university and 2 years experience in the	B.S. and > 15 years of relevant experience.  B.A. and > 18 years of relevant experience.  B.S. and > 5 years of relevant experience.  BSW and > 8 years of relevant experience.

LaTarsha Hall (1 FTE)		field of social work or related field	B.S. and > 1 year of relevant experience
Kisha Stewart (temp) (1 FTE)			

**TABLE 2.**

<b>Name</b>	<b>Age 60+?</b>	<b>Female?</b>	<b>Minority?</b>	<b>Disability?</b>
Precilla Bobo		Y	Y	
Nicole Carter		Y	Y	
Bessie Christian		Y	Y	
Kathryn Coulter		Y		
Peggy Dobbins		Y	Y	
Pamela Dotson		Y	Y	
Phadria Edmond		Y	Y	
Brenda Edwards		Y	Y	
Jannie Fryson		Y	Y	
Elaine Graf		Y		
Vicki Green		Y	Y	
Chauna Grisby (temp)		Y	Y	
LaTarsha Hall		Y	Y	
Angela Hastings		Y	Y	
Dora Ivey	Y	Y		
Gloria Jackson		Y	Y	
Cinder Jones		Y	Y	
Linda King		Y	Y	
Gisele Lewis		Y	Y	
Jennifer Lowe		Y		
Joanne Lowe		Y		
Gloria Lynch		Y	Y	
Annette Matthews		Y	Y	
Linda Owens		Y	Y	
Chan Park			Y	
Laura Pounder		Y	Y	
Thomas Powell				
America Quinn		Y	Y	
Mohamad Rahsepass	Y		Y	
Anitra Rogers		Y	Y	
Gussie Sellers		Y	Y	
Parris Smith (temp)		Y	Y	
Louise Sterling (temp)		Y	Y	
Kisha Stewart (temp)		Y	Y	
Vickie Thompson		Y		
Larry Turner	Y			
Ted Tutor	Y			
Deloris Walker		Y	Y	
Jacqueline Webb		Y	Y	
John Westbrook			Y	
Kathy Williams		Y	Y	
Melissa Williams		Y	Y	
<b>Total</b>	4	36	33	0

**Supervision**

The director of the Area Agency on Aging and Disability is directly supervised by: Dottie Jones, Community Services Director, Shelby County Government and the Board of Directors of the Aging Commission of the Mid-South.

PSA: 9  
Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
( X ) Update, Dated: March, 2011

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
AAAD New Staff orientation	TBD			Ongoing
Computer Training	MIS & other staff- 30	Service Providers		Ongoing
Medicare Update: Medicare/ Fraud/Patrol/SHIP Training		Aging Network partners-100		Ongoing
Volunteer Coordinator/ SHIP Volunteer's Training	SHIP staff - 2		SHIP volunteers- 50	Ongoing
Retired Senior Volunteer Program (RSVP) Training	RSVP staff - 1		RSVP Volunteers - 300	TBD
Provider Training: HIPAA and Aging Related Issues		Aging Network Providers - 40		Ongoing
SE4A Annual Training Conference: topics covering the advancement of area agency management and operations and new developments.	Mgmt. and direct service staff. 17			In Memphis September 25-28 2011
SE4A Board Meetings (2)	Executive Director			TBD
AIRS Conference: new development in AIRS functions	I & A staff -2			06/11
TNAIRS Training	I & A staff -3			07/11
Nutrition Services updates to nutrition services programs		Aging Network Providers - 40		TBD
SAMS User Group Conference	MIS staff - 1			07/11
Aging Network Partners technical assistance training on completing grant application documents.		Aging Network Providers - 40		01/12
TCSW Conference	Service Coord and Social Workers -13			03/12
Public Guardianship Annual Training	Public Conservator & 1 staff			TBD

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
SPOE Training	SPOE Mgr & 6 Staff			TBD
Emergency Preparedness	Designated staff - 2	Aging Network Providers - 40		TBD
Information/Technology SAMS Training	Information & Technology Staff – 6			TBD
Quality Assurance Training	QA Mgr & 1 staff			TBD
CHOICES Training	CHOICES Staff			TBD
NGA Annual Conference	Conservator			10/12
Elder Abuse Conference		Aging Network Partners		06/12

PSA: 9  
 Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
 ( X ) Update, Dated: March, 2011

## 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
Bernard Danzig	a, f
Diana L. K. Bedwell	f
Charles Chumley	a, d, f
Constance Graham	c, f
Willie Mae Harmon	a, d, f
Nancy Harris	m
Donald Lefkowitz	a, f
Rosie Lemons	a, d, f
Beauton Matthews	a, d, f
Corky Neale	a, f, j
Louis Patrick	h, i, n
Robert L. Robinson	a, b, f
Dr. Rose M. Rubin	a, e, f
Carl Trimm	a, f
William Weddle	a, f
Edward F. Williams III	a, f
Ruth Williams	a, b, f

Arnetta Macklin (ex officio – non voting)	c, f, g
Joni Cook (ex officio – non-voting)	d., f, g

**B. SCHEDULE OF ADVIORY COUNCIL MEETINGS**

Give Dates and Times of Scheduled Meetings

Every other month, second Thursday, 10:00 a.m.

Meetings are currently scheduled through the end of FY2011 as follows:

April 14, 2011 and June 19, 2011.

**C. OFFICERS & OFFICE**

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Louis Patrick	Chairman	May 2011
Diana Bedwell	Vice Chair	May 2011
Charles Chumley	Secretary	May 2011

**D. ADVISORY COUNCIL BYLAWS**

Attach Bylaws that show date of last review.

PSA: 9

Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:

( X ) Update, Dated: March, 2011

## **Advisory Council Bylaws**

**See Attachment 1**

**Part E: DOCUMENTATION**

<b><u>Exhibit Number</u></b>	<b><u>Title of Exhibit</u></b>
E-1	OAA Assurances of Compliance
E-2	Availability of Documents
E-3	Civil Rights Act Compliance

PSA: 9  
Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
( X ) Update, Dated: March, 2011

## 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**

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

Date \_\_\_\_\_

\_\_\_\_\_  
Grantee Agency Director

Date \_\_\_\_\_

PSA: 9  
Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
( X ) Update, Dated: March, 2011

## **Availability of Documents**

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

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

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

**Certification by Authorized Agency Official**

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

**SIGNATURES**

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

Date \_\_\_\_\_

\_\_\_\_\_  
Grantee Agency Director

Date \_\_\_\_\_

PSA: 9  
Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
( X) Update, Dated: March, 2011

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

The Aging Commission of the Mid-South 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 Aging Commission of the Mid-South 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 Aging Commission of the Mid-South 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**

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

\_\_\_\_\_ Date \_\_\_\_\_  
Grantee Agency Director

**Part F: PUBLIC HEARINGS ON AREA PLAN & WAIVERS**

**Older Americans Act**

Section 306 *AREA PLANS*

(a)(6)(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan

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

**Exhibit Number**

**Title of Exhibit**

F-1

Advisory Council Participation in the Area Plan Process

Attachment 1

Advisory Council Bylaws

Attachment 2

Advisory Council Meeting Agenda

PSA: 9  
Plan Period: July 1, 2010 – June 30, 2014

( ) Original, Dated:  
( X ) Update, Dated: March, 2011

## **Advisory Council Participation in the Area Plan Process**

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

1. Date(s) when the Area Plan was reviewed by the Advisory Council.  
February 17, 2011.
2. Attach an agenda of the Area Plan review meeting or describe the review process.  
A copy of the Area Plan Highlights, Status Report and a Summary of FY'12 Goals were distributed to the Advisory Council members and guests at the Advisory Council Meeting. Dora Ivey, Executive Director and Elaine Graf, Program Development Grant Specialist presented information on the Area Plan. In addition, a brainstorming session was held to develop ideas to build congregational meal attendance in PSA 9 to better equip ACMS in planning for the nutrition program. Attachment 2 is the Advisory Council Meeting Agenda for February 17, 2011.
3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.  
Bernard Danzig  
Robert L. Robinson  
Constance Graham  
Beauton Matthews  
Corky Neale  
Dr. Rose Rubin  
Edward F. Williams III  
Ruth Williams  
Carl Trimm  
Arnetta Macklin  
Joni Cook
4. Provide a summary of comments made by advisory council members about the completed plan.

### Advisory Council Input:

Goal Access Services, Measurable Objective 2: By June 30, 2012, provide a printed resource guide and electronic information on the Aging Commission of the Mid-South website with information on services available to older and disabled adults and their families to 7,000 persons.

The Council brainstormed some ideas for the handbook if funding is reduced:

- Target distribution in a strategic way, for example prioritize who receives the books and charge a small fee to agencies who request more than one copy.
- As only some information changes each year change the format to a binder and only print the updated information.
- Print on a 3 year cycle.
- Make it easier for seniors to find the information that they need from the electronic copy on-line, use a focus group of seniors to help to identify words for a search feature of drop down box.

Area Plan Highlights:

Bernard suggested an additional highlight for the agency to list in the area plan. He said that the ACMS Advisory Council is one of the most active in the state and has frequent meetings. He suggested listing the Advisory Council as a Highlight. There was discussion of how to increase attendance at these open meetings suggestions included publicizing the meeting dates to a wider audience. Generally the Advisory Council meets the 2<sup>nd</sup> Thursday of every other month (6 times yearly).

A discussion question was introduced “What would motivate you to eat at a Congregate Meal Site?” The goal of this brainstorming session was to increase Congregate Meal Site attendance.

The following ideas were shared by Group 1:

- Quality of Food
- Use local hospital which has a reputation for excellent food in one area.
- Transportation
- Friendly Atmosphere.
- Accessibility of Site.
- Ease of getting signed up.
- Better communication between Nutrition Program and congregare sites.
- Market the program and explain what a congregare meal site is for the layperson.
- Disabled adults who attend the centers are not eligible under Older Americans Act funding identified for individuals 60 years of age and older.
- No food available for walk-ins or those who wish to sign up after the morning prior.

The following ideas were shared by Group 2:

- Tap into faith based community and work with congregations.
- Expand into senior housing.
- Have finance discussions at the site.
- Gas, transportation are barriers.
- Need more activities at congregare sites.
- Bring a buddy incentive for introducing new people.
- Ask seniors what they want.
- RSVP could stuff letters at a congregare meal site.
- Recipe contest.
- Expand to assisted living facilities.
- Outreach calls from participants to invite others.
- More attractive environments.
- Birthday recognition.
- Newspaper & newsletter advertising.

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

An additional highlight was written regarding the active participation and contribution of the Advisory Council.

Congregate Meal Sites with attendance concerns will be reviewed and the ideas from the Council meeting will be tried to build attendance and sustainability.

Exhibit F-3.2

## **SIGNATURES**

\_\_\_\_\_  
Area Agency Director

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**ATTACHMENTS:**

- 1) Advisory Council Bylaws
- 2) Agenda, February 17, 2011 Advisory Council Meeting

## **ATTACHMENT 1**

### **BY-LAWS**

#### **AGING COMMISSION OF THE MID-SOUTH ADVISORY COUNCIL AREA AGENCY ON AGING AND DISABILITY**

##### **ARTICLE I NAME**

The name of the organization is the Aging Commission of the Mid-South Advisory Council, Area Agency on Aging and Disability, hereinafter referred to as “The Council.”

##### **ARTICLE II PURPOSES**

The mission of the Aging Commission of the Mid-South Advisory Council, as the eyes and ears of the communities it serves, is to improve services to the seniors and adults with disabilities in the City of Memphis and Shelby, Fayette, Lauderdale and Tipton Counties, by collaboratively advocating for the issues and needs of these populations through educating and effectively communicating with legislators and the community. The vision of the Aging Commission of the Mid-South Advisory Council is to be a collective and diverse group of knowledgeable, results-oriented advocates for seniors and adults with disabilities.

##### **ARTICLE III MEMBERSHIP**

###### **A. MEMBERSHIP**

Membership on the Council shall consist of persons from the City of Memphis, Fayette, Lauderdale, Shelby and Tipton Counties, of whom at least fifty-one percent shall be of the age 60 years or older, including persons representing minority and low income elderly as defined by the regulations promulgated under the Older Americans Act of 1965 as amended. Appointees comprising the other forty-nine percent may include one representative from the Tennessee State Department of Human Services, one representative from the United Way of the Mid-South, one representative from a nonprofit provider of health care with a demonstrated interest in the care of the elderly, one representative from an institution of higher learning and other persons interested in the provision of services for the elderly, such as the American Association of Retired Persons (AARP). The total membership of the Council shall be twenty-one members appointed as follows:

City of Memphis - six persons, two of whom shall be at least 60 years of age; Shelby County - six persons, two of whom shall be at least 60 years of age; Fayette County - three persons, two of whom shall be at least 60 years of age; Lauderdale County - three persons, two of whom shall be at least 60 years of age; and, Tipton County - three persons, two of whom shall be at least 60 years of age.

In addition, two ex-officio members shall be appointed to represent service providers.

Each member of the Council is expected to serve on at least one committee.

## B. TERM

Initially, one-third of the Council members appointed by each member of the Aging Commission shall be designated to serve three years, one-third to serve two years and one-third to serve one year. Thereafter, one-third of the Council members shall be designated each year to serve a term of three years, thus assuring continuity of the Council body. Any vacancy occurring shall be filled for the unexpired term by an appointee from the same geographical category and meeting the same qualifications as the original appointee.

## C. ATTENDANCE

Any Council member who fails to attend three consecutive meetings without being excused from such meetings is subject to being replaced by the appointing authority, after a recommendation by the Executive Committee.

## ARTICLE IV OFFICERS

### A. OFFICERS

The officers shall be a Chairman, a First and Second Vice-Chairman, and a Secretary, who shall be elected at the Annual Meeting of the Council from among the membership, and shall serve for terms of one year, with eligibility for re-election.

### B. DUTIES

The duties of the officers shall be as follows:

1. The Chairman shall preside at all meetings of the Council and the Executive Committee and shall have special duties as further prescribed in the By-Laws, and shall have further authority to preside at any regular or called meetings and preside at any special meeting. Except as otherwise authorized by resolution of the Council, the Chairman shall sign all reports and instruments made by the Council. At each meeting, the Chairman shall submit such recommendations and information as he/she may consider proper concerning the business affairs and policies of the Council. The Chairman shall be an ex-officio member of all committees. The Chairman shall be liaison between the Advisory Council, the Sponsoring Governments and the Area Agency on Aging and Disability.

2. The First Vice-Chairman shall, in the absence of the Chairman or his/her inability to act, assume the duties of the Chairman.

3. The Second Vice-Chairman shall act in the absence or inability to act of the Chairman or First Vice- Chairman.

4. The Secretary shall cause to be kept a record of all minutes and other business transacted by the Council and the Executive Committee; serve notification to all members of all meetings, unless expressly waived, keep and file all official records of the Council or as directed by the Chairman.

#### ARTICLE V EXECUTIVE COMMITTEE OF THE COUNCIL

A. The Executive Committee shall consist of officers of the Council and the Chairman of each of the standing committees. The term of office shall commence immediately upon election. Any vacancy occurring in any office shall be filled by the Council for the unexpired term.

B. The Executive Committee is empowered to act for the Council in intervals between Council meetings, providing a quorum is present. The minutes of the Executive Committee meetings will be sent regularly to the members of the Council. All actions of the Executive Committee shall be subject to ratification by the full membership at the first meeting held thereafter.

#### ARTICLE VI MEETINGS

##### A. THE ANNUAL MEETING

An annual meeting will be held during the month of May for the purpose of electing officers and any other business properly before the Council.

##### B. REGULAR MEETINGS

Regular meetings may be held monthly at a time and location established by the members of the Council which shall be accessible and suitable for the members thereof. Written notice of each meeting shall be mailed or sent via e-mail ten (10) days prior to the meeting and shall include the agenda for said meeting, along with the minutes of the Executive Committee meetings and any actions taken therein.

##### C. EXECUTIVE COMMITTEE MEETINGS

The Executive Committee shall meet at such place and time as it may designate.

Responsibilities of the Executive Committee:

1. With the assistance of the Area Agency staff reviews sub-contractual services of the Area Agency in order to maximize the effective use public and private funding.

2. Annually reviews the Area Agency's estimated allocation and/or any carryover or additional funding and determines the process and format to use in the review of funding requests for the provision of contractual services under the Area Plan.
3. Reviews the specifications of any Request for Proposals (PIP) to be solicited by the Area Agency and develops criteria for reviewing and evaluating proposals and/or any requests for funding submitted to the Area Agency on Aging.
4. Assures representation of a member or members at Public Hearings held by the Area Agency on Aging or other agencies or organizations concerned with the affairs of the elderly whenever matters pertaining to the needs of the elderly are under discussion.

#### D. SPECIAL MEETINGS

Upon written request of seven (7) members of the Council, or when he/she deems it expedient, the Chairman shall call a special meeting of the Council for the purpose of transacting any business designated in the call. The call for such special meeting shall be delivered to each member, or may be mailed or sent via e-mail to each member to such address as he/she shall have previously designated no later than ten (10) days before the meeting. At such special meetings, no business shall be considered other than that which is designated in the call. Special meetings may be held by conference call and telephone or electronic votes may be authorized when needed.

#### E. QUORUM

A majority of members of the Council shall constitute a quorum for the purpose of conducting business, but a smaller number may recess from time to time until a quorum is obtained. When a quorum is present, a majority of those present will decide all issues presented.

#### F. VOTING

Voting shall be by voice and shall not be recorded by yeas and nays, unless requested by a member of the Council. Members of the Council may give voting proxies if received by the Chairman via mail or e-mail at least three (3) days prior to the meeting. Emergency voting can be held via electronic means, either e-mail or telephone conference call.

#### G. RULES - ACTION OF THE COUNCIL

The rules contained in the last revised edition of Robert's "RULES OF ORDER," as published by the Scott Forman Publishing Company, shall apply in all meetings of the Council to the extent that such rules are not in conflict with these By-Laws. In the conduct of all business by the Council, the following is set forth in these By-Laws as a guiding principle:

1. It is the basic objective of this Council to unite all beliefs and interests in the fulfillment of a sound program for aging persons.
2. It is the guiding policy of this Council that in all of its group activities every reasonable effort shall be made to attain the closest possible approach to unanimous consent.

## ARTICLE VII COMMITTEES

### A. GENERAL

The Chairman shall appoint standing committees, as set forth below. The committees may include other persons interested in the provision of services to the elderly with the exception of the Budget and Evaluation Committee which shall be composed only of Council members in good standing. The Chairman shall also appoint such special committees or subcommittees as may be needed, including a By Laws Committee and a Nominating Committee, to advance the interest of the Council and to carry on its work, subject to confirmation by the Executive Committee.

### B. STANDING COMMITTEES

It is intended by this Council that the roles and functions of the first three (3) committees which follow shall be interdependent and therefore activities undertaken and/or recommendations made will dovetail and enhance the effectiveness of the other committees.

#### SERVICE QUALITY IMPROVEMENT/CONSUMER ISSUES COMMITTEE

Responsibilities:

1. Provides recommendations for the development and implementation of the Area Plan.
2. Reviews the Area Agency's progress and/or problems encountered in accomplishing the goals and objectives as established in the Area Plan.
3. With the assistance of the Area Agency staff, collects, develops, studies and disseminates factual data relative to aging to assist in the planning, development, and coordination of services for senior citizens.
4. Determines and prioritizes needs to assist in making recommendations for services for senior citizens, with special consideration for those in social and/or economic need.
5. Coordinates on a continuous basis with all public and private policy makers, planners, and providers of services to senior citizens in the Planning and Service Area with a focus on the development of a climate of productive cooperation, to facilitate community input, minimize duplication of efforts, and discourage unwarranted organizational competition.

6. Strives to keep informed as to potential grants available to provide services to the elderly.
7. Assures representation of a member or members at Public Hearings held by the Area Agency on Aging or other agencies or organizations concerned with the affairs of the elderly whenever matters pertaining to the needs of the elderly are under discussion.

## MARKETING, DEVELOPMENT AND PUBLIC AWARENESS COMMITTEE

### Responsibilities:

1. Advocates with respect to legislation affecting senior citizens and/or the aging network, that is, obtains information, reviews and analyzes such legislation and serves as the designated body for recommending the Council's position on matters of interest and concern to the Aging Commission.
2. Stimulates and promotes increased public awareness of senior citizens by disseminating information regarding the needs of senior citizens and the resources available for older persons within the PSA.
3. Strives to keep apprised of special events involving senior citizens, such as, conferences pertinent to aging, specific days or months honoring senior citizens, specific radio and TV programs focusing on needs, services and information relative to senior citizens, etc., which might provide further opportunities for fostering public education and/or recognizing the value and impact of senior citizens in the community.
4. Assures representation of a member or members at Public Hearings held by the Area Agency on Aging or other agencies or organizations concerned with the affairs of the elderly whenever matters pertaining to the needs of the elderly are under discussion.

## PROVIDER RELATIONS COMMITTEE

### Responsibilities:

1. Visits and regularly communicates with provider agencies to ensure their concerns and issues are addressed.
2. Reviews and recommends best practice models from other Aging Commissions and/or other non-profit, service-delivery organizations providing services for seniors.
3. Communicates information shared at all advisory committee meetings with all provider organizations.

4. Assists in conducting surveys or completing questionnaires regarding provider services and issues.
5. Assures representation of a member or members at Public Hearings held by the Area Agency on Aging or other agencies or organizations concerned with the affairs of the elderly whenever matters pertaining to the needs of the elderly are under discussion.
6. Provides technical support to both the Council and the providers regarding pertinent issues related to elderly services.

#### ARTICLE VIII AMENDMENTS

These By-Laws may be amended upon recommendation of a Special Committee appointed by the Chairman specifically for the purpose of studying the By-Laws as to appropriateness and effectiveness as to the function of the Council. Any such proposed amendments shall not become effective until approved by two-thirds (2/3) vote of the Council provided that ten (10) days notice has been given. A copy of such proposed amendments to the By-Laws shall be forwarded to the Aging Commission of the Mid-South Advisory Council.

#### AMENDMENTS

February 10, 2005

Articles III, VI, VII -- January, 1988

Article VII -- November, 1987

Article III -- September, 1986

Article VII -- November, 1984

Article III -- January, 1982

Articles III, IV, V, VII -- April, 1981

Unanimously Adopted December 18, 1980; Modified from By-Laws of Memphis Delta Advisory Council

**ATTACHMENT 2**

**Advisory Council Agenda  
Thursday February 17, 2011  
10:00 AM  
Aging Network Conference Room  
2670 Union Avenue Extended, Memphis, TN 38112**

**The mission of the Aging Commission of the Mid-South Advisory Council, as the eyes and ears of the communities it serves, is to improve services to the seniors and adults with disabilities in the City of Memphis and Shelby, Fayette, Lauderdale and Tipton Counties, by collaboratively advocating for the issues and needs of these populations through educating and effectively communicating with legislators and the community. The vision of the Aging Commission of the Mid-South Advisory Council is to be a collective and diverse group of knowledgeable, results-oriented advocates for seniors and adults with disabilities.**

Welcome and Introductions Louis Patrick  
Chairman

Approval of December 9, 2010 minutes Louis Patrick

TCAD:

- February Quarterly Meeting Commission Members

Reports:

- Rural Provider Representative Joni Cook
- Urban Provider Representative Arnetta Macklin

Area Plan Elaine Graf

- Advisory Council Input
- Brainstorming Session to Build Congregate Meal Site Attendance

Announcements:

- SE4A Conference Dora Ivey

Next meeting:

Thursday, April 14, 2011 @ 10:00 AM

Adjourn Louis

## Part G: FINANCIAL PLAN

### Older Americans Act

(NOTE: This summary does not include ALL financial or allotment references in the OAA)

#### Section 306 *AREA PLANS*

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

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

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

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

#### Section 315 *CONSUMER CONTRIBUTIONS*

(a)(5) (Cost Sharing) **REQUIREMENTS**.—If a State permits the cost sharing described in paragraph (1), such State shall require each area agency on aging in the State to ensure that each service provider involved, and the area agency on aging, will—

(a)(5)(B) establish appropriate procedures to safeguard and account for cost share payments;

(a)(5)(C) use each collected cost share payment to expand the service for which such payment was given;

(b)(4) (Voluntary Contributions) **REQUIRED ACTS**.—The area agency on aging shall ensure that each service provider will—

(A) provide each recipient with an opportunity to voluntarily contribute to the cost of the service;

(B) clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;

(C) protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution;

(D) establish appropriate procedures to safeguard and account for all contributions; and

(E) use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under this Act.

#### Section. 721. *PREVENTION OF ELDER ABUSE, NEGLECT, AND EXPLOITATION*

(a) **ESTABLISHMENT**.—In order to be eligible to receive an allotment under section 703 from funds appropriated under section 702 and made available to carry out this chapter, a State agency shall, in accordance with this section, and in consultation with area agencies on aging, develop and enhance programs to address elder abuse, neglect, and exploitation.

**Exhibit Number**

**Title of Exhibit**

G-1

Financial Report File