

AREA PLAN on AGING and DISABILITY

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

South Central Tennessee Development District
Area Agency on Aging & Disability

Designated Area Agency on Aging and Disability

for the

South Central Tennessee
Planning and Service Area

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

TABLE of CONTENTS

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

Submittal Page

Part A: Area Profile

Part B: Area Service Plan

Part C: Status Report and Goals, Objectives & Strategies

Part D: Staffing and Organization

Part E: Documentation (*Not Required in this Update*)

Part F: Area Plan Public Hearings and Waivers

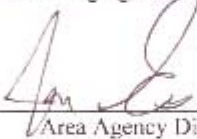
Part G: Financial Plan (*Waiting for Information from TCAD*)

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 South Central Tennessee planning and service area. The South Central Tennessee Development District (SCTDD)/Area Agency on Aging and Disability (AAAD) 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: 
Area Agency Director

Date: 3/9/11

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: 
Chair, Area Agency Advisory Council

Date: 3/9/11

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: 
Director, Grantee Agency

Date: 3-24-11

Signature: 
Chair, Grantee Agency Board

Date: 3-24-11

AREA PLAN UPDATE 2011 – 2012

This document is an update of the South Central Tennessee Development District/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) 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:

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Part A: AREA PROFILE

Older Americans Act
Section 305(a) *ORGANIZATION*
(1) the State shall, in accordance with regulations of the Assistant Secretary, designate a State agency as the sole State agency to—

(E) divide the State into distinct planning and service areas...in accordance with guidelines issued by the Assistant Secretary, after considering the geographical distribution of older individuals in the State, the incidence of the need for supportive services, nutrition services, multipurpose senior centers, and legal assistance, the distribution of older individuals who have greatest economic need...residing in such areas, the distribution of older individuals who have greatest social need...residing in such areas, the distribution of older individuals who are Indians residing in such areas, the distribution of resources available to provide such services or centers, the boundaries of existing areas within the State which were drawn for the planning or administration of supportive services programs, the location of units of general purpose local government within the State, and any other relevant factors....

Section 306(a) *AREA PLAN*
(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....

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
A-1	Designated Planning and Service Area <i>(no changes)</i>
A-2	Area Profile <i>(no changes)</i>
A-3	2000 Census Data <i>(no changes)</i>
A-4	Focal Points <i>(no changes)</i>
A-5	Methods Used to Determine Service Needs
A-6	Summary of Service Needs <i>(no changes)</i>

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

Methods Used to Determine Service Needs

1. Describe below how the Area Agency assessed the needs of older persons and adults with disabilities residing in the planning and service area.

(No Changes)

2. Which home and community based services have all slots filled and how many individuals are on wait lists as of October 1, 2010?

All slots were filled for services funded through the Older Americans Act Title III Program, state-funded OPTIONS for Community Living Program and National Family Caregiver Support Program. Services with waiting lists include homemaker, personal care and home-delivered meals. The waiting list of potential consumers who have been screened is 814, as of October 1, 2010.

With the economic downturn and expected state budget cuts, it is not likely that the AAAD will be able to serve the number of persons on the waiting lists in a timely manner, or be able to provide state and/or federally funded Home and Community Based Services (HCBS) to new persons who call in to the AAAD in need of in-home services. Some people have been on the waiting list for over a year.

The Long Term Care Community CHOICES Act of 2008, funded through the Bureau of TennCare, had 9,500 slots available when the CHOICES Program began March 1, 2010, which helped to alleviate the other HCBS waiting lists for those who qualify for the CHOICES Program. As of December 31, 2010, the CHOICES Program had used 7,094 of the available slots in the CHOICES Program, leaving approximately 2,400 slots.

As determined by the data above, there is a great need for additional funding to support in-home HCBS programs that will adequately serve those seniors and adults with physical disabilities that have been identified to be eligible for such programs.

3. Have any new needs emerged in the planning and services area since the 2011 – 2014 Area Plan on Aging and Disability was submitted? Has there been a change in the priority of needs? If the answer to either of these questions is yes, please explain.

No new needs have emerged and the priority of needs remain the same, as there continues to be a need for more funding and resources across all programs in order to adequately serve the seniors and adults with physical disabilities in south central Tennessee.

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

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

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, legal services, Long Term Care Ombudsman Program, and the National Family Caregiver Support Program.

Using Older Americans Act funding the Area Agency served approximately:

Persons Served	2009	2010	2011*	2012*	2013*
Personal Care	7	5			
Homemaker	130	146			
Nutrition Services:					
Home-Delivered Meals	405	440			
Congregate Meals	2,600	2,728			
Education	1,092	1,164			
Outreach	41	969			
Screening	503	882			
Case Management	737	709			
Health Promotion at Senior Centers:					
Health Education	1,588	1,741			
Health Screening	1,901	1,870			
Physical Fitness	1,565	1,626			
Legal Assistance	106	225			
Information & Assistance:					

AAAD	1,747	2,095			
Senior Centers	2,658	2,564			
Family Caregiver: Support Services	97	137			
Case Management	127	155			
LTC Ombudsman: Cases	17	58			
Consultations	87	80			
Outreach (Senior Centers)	2,069	2,551			
Medication Management	54	19			
Units of Service					
Personal Care	470	443			
Homemaker	5,561	7,081			
Nutrition Services: Home-Delivered Meals	66,054	71,288			
Congregate Meals	96,424	98,431			
Education	221	44			
Outreach	159	1,147			
Screening	508	892			
Case Management	1,202	1,407			
Health Promotion at Senior Centers: Health Education	11,405	11,490			
Health Screening	17,992	18,395			
Physical Fitness	43,093	48,816			
Legal Assistance	1,058	1,302			
Information & Assistance: AAAD	2,037	2,621			
Senior Centers	5,099	4,436			
Family Caregiver: Support Services	10,603	16,070			
Case Management	250	330			
Ombudsman: Cases	204	696			
Consultations	131	120			
Outreach (Senior Centers)	3,725	3,987			
Medication Management	54	22			

* 2011-2013 data will be completed in future Area Plan Updates.

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	223	188			
Units of Service	28,134	29,031			

Long-Term Care Community CHOICES Act of 2008

Tennessee implemented the Long Term Care Community Choices Act of 2008 in the middle Tennessee region in March 2010. The State Medicaid Agency, the Bureau of TennCare, converted from a 1915(c) Statewide Home and Community Based Medicaid Waiver for Elderly and Disabled to a 1115 Waiver. The State's nine Area Agencies on Aging and Disability serve as the Single Point of Entry for the Choices Program.

The Choices Program 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 Choices 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 Choices funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Persons Served	298	288			
Units of Service	409,651	223,649			
Intake of Person	n/a	370			
Persons Assessed	n/a	230			
Persons Enrolled	n/a	162			

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:

	2009	2010	2011	2012	2013
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Individuals Provided SHIP Counseling	925	1,808			
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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:

	2009	2010	2011	2012	2013
Persons Served	55	52			
Units of Service	2,640	2,467			

Other State Appropriations

The State of Tennessee also appropriates funds to distribute among the area agencies to support multipurpose senior citizen centers. 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:

Persons Served	2009	2010	2011	2012	2013
Senior Centers:					
Education/Training	2,364	2,699			
Recreation	6,849	6,754			
Telephone Reassurance	461	714			
Friendly Visitation	1,074	1,327			
Units of Service					
Senior Centers:					
Education/Training	19,123	20,267			
Recreation	289,907	281,407			
Telephone Reassurance	27,733	30,262			
Friendly Visitation	24,519	25,776			

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

Service Delivery in the Planning and Service Area

1. Describe how the following ACCESS SERVICES and related activities are coordinated and/or delivered in the planning and service area.

Information and Assistance: The AAAD employs a full-time, certified Information & Assistance (I&A) Specialist to answer the toll-free hotline and screen consumers and their caregivers for services and available resources to meet their needs. During this fiscal year, the AAAD made some staffing changes and now has a full-time Information & Assistance Support Coordinator that serves as the backup staff person for the I&A Specialist and assists with functions of the Single Point of Entry (SPOE) and Choices Program. The AAAD also contracts with 13 focal point senior centers to provide information, assistance and referrals to consumers in their local community.

Single Point of Entry: The AAAD serves as SPOE for all programs and services, including long term care, for older adults and adults with physical disabilities. The I&A Specialist is the initial point of contact for SPOE, with an additional I&A Support Coordinator on staff to facilitate the information, assistance and screening for the Choices Program. The AAAD will continue to incorporate concepts and functions for a fully functioning Aging & Disability Resource Center and provide the necessary staff, resources and equipment needed to serve as a SPOE for the full range of long-term care support options and all other services for older adults and adults with physical disabilities.

Website and Resource Directory Development: The AAAD is in the process of developing a new webpage with its own website address (www.sctaaad.org), which will also link directly with the existing website of the AAAD's administrative agency, the South Central Tennessee Development District (www.sctdd.org). The new website will be more consumer-friendly and include interactive forms, such as basic information screening forms for HCBS program and the State Health Insurance Assistance Program, as well as an interactive volunteer form for all AAAD programs.

The I&A Specialist maintains a district-wide resource database and updates resource information at least annually. The AAAD also partners with the Columbia Daily Herald newspaper each year to provide a Senior Resource Guide tabloid section for subscribers in and around the Maury County area, which is our region's highest populated county.

Marketing the Area Agency: The AAAD is working with TCAD to develop marketing strategies and materials statewide to promote the AAAD's as Aging and Disability Resource

Centers and the Single Point of Entry for services for older adults and adults with physical disabilities. In addition, the AAAD is developing new materials, such as letterhead, business cards, envelopes, brochures and signage, to incorporate the new statewide-recognized “AAAD” logo. The AAAD staff participates in health fairs, speaks to civic clubs/organizations and provider agencies, as requested. The AAAD sponsors and participates in the planning of the annual Senior Expo, the district’s Tennessee Senior Olympics and the annual Adult Abuse Coalition conference. The SHIP/SMP Coordinator has effectively used op-ed articles in local media to educate and identify the needs of low-income elderly and disabled community members, as well as maintain the ability of the AAAD to accommodate those needs.

2. Describe how the following HOME & COMMUNITY BASED SERVICES and related activities are coordinated and/or delivered in the planning and service area.

Service Coordination/Case Management: The Home and Community Based Services (HCBS) currently has one support services manager, three service coordinators and one support clerk to efficiently serve our PSA. The AAAD contracts with two home-delivered meal providers and nine homemaker and/or personal care providers.

Family Caregiver Support: The HCBS service coordinators perform caregiver and care receiver assessments and use in-house referrals to the Family Caregiver Coordinator to report identified caregiver needs relating to training and counseling. The AAAD employs a Registered Nurse to serve as the National Family Caregiver Support Program Coordinator. The AAAD contracts with one durable medical equipment supplier and two medical supply companies to meet medical equipment and supply needs; nine in-home service providers for personal care, homemaker, and respite sitter services; two home-delivered meal providers; and six Personal Emergency Response System providers. Twelve focal point senior centers participate in the Medical Equipment Recycling Program. The AAAD is working to recruit volunteers and licensed counselors to expand services to include caregiver counseling, caregiver training, and caregiver support groups.

Homemaker: The AAAD contracts with nine service providers to provide homemaker services in the PSA.

Exhibit B-3

PSA: South Central
Plan Period: 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

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
OLDER AMERICANS ACT				
Area Plan Administration	\$226,500	\$75,500	\$0	\$302,000
Coordination/Service Development	\$29,000	\$3,223	\$0	\$32,223
STATE FUNDS				
Options for Community Living	\$70,308	\$0	\$0	\$70,308
MEDICAID				
Elderly & Disabled Waiver			\$161,186	\$161,186
LOCAL FUNDS				
TOTAL	\$325,808	\$78,723	\$161,186	\$565,717

B: Total Resources to Be Used For Service Delivery:

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
OLDER AMERICANS ACT				
Title IIIB Supportive Services	\$572,084	\$63,600	\$80,700	\$716,384
Title IIIC1 Nutrition Services	\$463,178	\$51,464	\$140,000	\$654,642
Title IIIC2 Nutrition Services	\$378,149	\$42,017	\$100,000	\$520,166
Title IIID Disease Prevention & Health Promotion	\$25,000	\$2,778	\$0	\$27,778
Title IIID Medication Management	\$8,800	\$978	\$0	\$9,778
Title IIIE Family Caregiver	\$205,715	\$34,300	\$2,000	\$242,015
Title VII Elder Rights	\$34,118	\$3,791	\$0	\$37,909
STATE FUNDS				
Senior Centers	\$125,700	\$125,700	\$0	\$251,400
Nutrition (Home Delivered)	\$49,100	\$5,456	\$0	\$54,556
Homemaker	\$26,900	\$2,989	\$0	\$29,889
Guardianship	\$106,700	\$0	\$48,000	\$154,700
Title III Match	\$37,700	\$0	\$0	\$37,700
Options for Community Living	\$557,592	\$0	\$3,000	\$560,592
OTHER				
Elderly & Disabled Waiver			\$481,609	\$481,609
NSIP	\$127,326	\$0	\$0	\$127,326
SHIP/SMP/PPACA	\$152,448	\$0	\$0	\$152,448
TOTAL	\$2,870,510	\$333,073	\$855,309	\$4,058,892

*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: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

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

Objective 1: By mid-year, the Information & Assistance (I&A) Specialist handled approximately 1,247 calls through the toll-free telephone line, meeting 62% of the 2,200 projected.

Objective 2: By mid-year, the focal point senior centers provided I&A services to 1,183 persons, meeting 56% of the projected 2,100; and provided Outreach services to 1,040 persons meeting 52% of the 2,000 persons projected.

Objective 3: At beginning of this fiscal year, the AAAD significantly reduced the amount of Nutrition Outreach services to be conducted by the congregate meal service provider due to lack of capacity of the nutrition program to add additional congregate meal participants due to caps in place because of budget constraints and due to the long waiting lists for the home-delivered meals. At mid-year, Nutrition Outreach has been provided to 255 persons.

Goal 2: Home and Community Based & Long-Term Care Services

Objectives 1-5: At mid-year, the AAAD has provided in-home services through the Older American Act Title III Program, OPTIONS, and National Family Caregiver Support Program to 675 older adults and adult with physical disabilities. Also at mid-year, the AAAD has provided intake for 182 persons, assessments for 154 consumers to determine eligibility for the Choices Program and enrolled 95 consumers in the Choices Program. Together, these HCBS programs have provided services to 857 of the 1,000 unduplicated persons projected.

Goal 3: Community Services / Health Promotion

Objective 1: At mid-year, the Medication Management program has been provided services to 14 senior adults, which represents 28 % of the 50 projected.

Objective 2: At mid-year, 1,447 senior adults have received a congregate meal, which is 72% of the 2,000 projected.

Objective 3: At mid-year, 399 eligible consumers have received home-delivered meals, which is 99% of the 400 projected.

Objective 4: At mid-year, SHIP/SMP provided individual federal and state health insurance program counseling to 1,440 Medicare beneficiaries, exceeding the 1,000 projected.

Objective 5: At mid-year, SHIP/SMP completed 76 outreach activities, exceeding the 65 projected.

Objective 6: At mid-year, SHIP staff and volunteers assisted with 163 low-income subsidy applications, exceeding the 50 projected.

Objective 7: At mid-year, SHIP/SMP established 3 of 4 new partnerships.

Objective 8: At mid-year, SHIP maintained 100% on-time reporting with TCAD, UCDD and CMS.

Objective 9: At mid-year, 8 of 12 new SHIP volunteers were recruited and trained.

Objective 10: At mid-year, focal point senior centers provided health screening activities for 1,450 of the 1,700 projected (85%), health education to 1,253 of the 1,300 projected (96%), and physical fitness to 1,124 of 1,200 (94%) senior projected.

Objective 11: At mid-year, focal point senior centers provided education/training to 1,659 persons of the 2,200 projected (75%), recreational activities to 4,695 persons of the 7,000 projected (67%), telephone reassurance to 439 persons of the 450 projected (98%), and friendly visitation to 659 persons of the 800 projected (82%).

Goal 4: Elder Rights

Objective 1: At mid-year, legal services has been provided to 124 consumers age 60 and older, which is nearly 100% of the 125 projected.

Objective 2: At mid-year, approximately 63 persons in long-term care facilities were provided direct services and/or resources through the Ombudsman Program, reaching approximately 63% of the projected 100.

Objective 3: At mid-year, the Public Guardian Program has served 49 clients, exceeding the minimum of 30 projected.

Objective 4: At mid-year, the Public Guardian Volunteer Coordinator has recruited 12 new volunteers, exceeding the 5 projected.

Objective 5: At mid-year, the Adult Abuse Coalition has provided information and education to over 300 seniors through presentations at senior centers and to other groups, meeting 60% of the projected 500.

Goal 5: Management Practices

Objective 1: The AAAD has continued to monitor spending and obtain best pricing possible for services in order to maintain services to existing clients.

Objective 2: The AAAD has increased staff efficiency by making some changes to staff job titles and responsibilities to provide for more efficient work flow and accountability, and will continue to increase staff efficiency in the coming months as the new AAAD offices will be complete and the entire AAAD staff will be located in the same building.

Other AAAD Highlights:

The AAAD will be breaking ground in the coming fiscal year on a new facility that will provide adequate workspace, convenient parking, easier accessibility for persons with disabilities and areas for consumer consultations.

The AAAD, through coordination of its Family Caregiver Program, has a Medical Equipment Recycling Program that is housed in 11 of the 13 focal point senior centers in our service area. This free program provides the opportunity for people in the community to donate or borrow used walkers, wheelchairs, shower chairs, bedside commodes, etc., for elderly persons and persons with physical disabilities that are in need of such equipment.

The AAAD has started an Emergency Assistance for the Elderly Program that is for low-income seniors, age 60 and older, who have an immediate health and/or safety need. The funds for this program are raised through the annual South Central Tennessee Development District Golf Classic held in June each year.

In partnership with the Tennessee Department of Transportation, Department of Safety (Tennessee Highway Patrol), AARP, AAA and the American Occupational Therapy Association, the AAAD is organizing a new safety program for senior drivers called CarFit. CarFit is a program of offer senior adults the opportunity to check how their personal cars “fit” them by driving through a 12-point checklist with their vehicle, receive recommendations for car adjustments and adaptations, and offer community specific resources and activities that could make their cars “fit” better to enhance their safety. The AAAD currently has two certified CarFit Technicians with events scheduled April 18 in Lawrenceburg and September 16 in Shelbyville.

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

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

The AAAD will continue to provide community services, benefits counseling, and health promotion activities that promote independence and healthy aging for senior and disabled adults in the PSA.

Objective 1: The AAAD will maintain contacts at current levels through a comprehensive telephone Information and Assistance (I&A) service and continue to handle calls from the elderly, disabled and their caregivers in the PSA, both formal and informal.

Strategy 1.1: The I&A Specialist will continue to offer screenings for agency programs, make referrals to other agencies, and provide general information.

Strategy 1.2: The AAAD will promote the toll-free number to interested individuals by marketing the number in different genres, such as at senior centers, meal sites, in-home and institutional service providers, as well as include it in free sections of area newspapers, on the AAAD website and in electronic newsletter.

Strategy 1.2: The AAAD will maintain relationships with other agencies and advocates, such as Legal Aid Society, Department of Human Services, Adult Protective Services, Social Security Administration, health care agencies, area hospitals, senior centers, etc., while also establishing new relationships with new agencies and service providers, in order to keep the I&A toll-free number and the professional I&A services offered accessible to those working in various arenas frequented by the aging and physically disabled population,.

Strategy 1.3: The AAAD will provide an I&A Support Coordinator as an additional I&A staff person to serve as backup for the I&A Specialist in handling calls and eligibility screening for the HCBS programs.

Performance Measure: A minimum of 2,200 persons will be served through I&A services as recorded in the SAMS. Information on agency resources will be kept current in the Beacon/SAMS IR database and reviewed at least annually.

Objective 2: The AAAD will contract with focal point senior centers in each of the 13 counties to ensure access to services and programs through an effective I&A and Outreach service at the local community level.

Strategy 2.1: The AAAD will assess each senior center's progress in meeting annual contract projections for I&A and Outreach service units and persons served, at least quarterly.

Strategy 2.2: The AAAD will conduct an annual on-site assessment to review I&A and Outreach documentation to identify weaknesses in the provision of services and to provide technical assistance, as needed.

Performance Measure: A minimum of 2,200 persons will be provided I&A service from their local senior center, and a minimum of 1,800 senior adults will be contacted by their local senior center through outreach services, as recorded in the SAMS database.

Objective 3: The AAAD will continue to ensure that the congregate meal service provider maintains Nutrition Outreach services to senior adults, in hopes to link them to a congregate meal site or to provide information about home-delivered meals.

Strategy 3.1: Using monthly outreach reports, the AAAD will assess each meal site's progress in meeting the annual projections for units of nutrition outreach, as required by contract.

Strategy 3.2: The AAAD will continue to require that each of the 21 nutrition meal sites maintain a log of outreach contacts in an attempt to recruit seniors to participate in the Nutrition Program.

Performance Measure: A minimum of 50 senior adults will be contacted through Nutrition Outreach services, as recorded in the SAMS database.

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

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

The AAAD will continue to provide Home and Community Based Services (HCBS) to eligible consumers through the Older Americans Act Title III-B and Title III-C funds, the National Family Caregiver Support Program, the state-funded OPTIONS program, and the Long Term Care Community CHOICES Program.

Objective 1: The AAAD will strive to maintain the number of consumers receiving services in federal and state funded programs, despite the proposed cuts to state funds.

Strategy 1.1: AAAD staff will continue to conduct in-home assessments for all federal and state-funded HCBS programs.

Strategy 1.2: AAAD staff will continue to network in the community and participate in health fairs to maintain continuous HCBS awareness.

Performance Measure: A minimum of 600 unduplicated persons will receive HCBS In-home services through Older Americans Act Title III, OPTIONS, and the National Family Caregiver Support Program, as recorded in the SAMS database.

Objective 2: The AAAD will continue to provide case management services to all new consumers in all federal and state funded HCBS programs.

Strategy 2.1: AAAD staff will continue to conduct telephone screenings on eligible consumers.

Strategy 2.2: HCBS staff trainings will be conducted at least quarterly with emphasis on program issues for Caregiver, Options and Title III programs.

Strategy 2.3: AAAD staff will continue to conduct in-home assessments, at least annually, on consumers receiving in-home services and on consumers approved and waiting to receive services.

Strategy 2.4: Continue to publicize HCBS program information, with emphasis on caregiver information, in the quarterly electronic newsletter.

Performance Measure: Case management services will be provided to a minimum of 600 unduplicated persons receiving HCBS In-home services through Older Americans Act Title III, OPTIONS, and the National Family Caregiver Support Program, as recorded in the SAMS database.

Objective 3: The AAAD will provide technical support to all in-home HCBS service providers.

Strategy 3.1: Quality Assurance staff will provide orientation training for any new service providers in the PSA.

Strategy 3.2: Quality Assurance staff will continue to conduct semi-annual training meetings for all HCBS in-home service providers.

Strategy 3.3: The AAAD staff will continue to recruit new service providers for all HCBS in-home services, as needed.

Strategy 3.4: The AAAD will advertise for volunteers and licensed counselors to expand caregiver support services.

Performance Measure: The number of training sessions and service provider staff in attendance at trainings will be recorded by the Quality Assurance Coordinator.

Objective 4: The AAAD will continue to identify individuals in need of services provided by the CHOICES Program.

Strategy 4.1: Continue to provide intake for individuals who are in need of home and community based services through the CHOICES program, who are currently living in the home or seeking to transfer home after a stay at a long-term care nursing facility.

Strategy 4.2: Continue to conduct in-home assessments for individuals who are eligible for the CHOICES Program.

Performance Measure: The AAAD will provide intake and in-home assessments for a minimum of 300 potentially eligible consumers, and enroll a minimum of 200 eligible consumers in the Choices Program.

Objective 5: The AAAD will continue marketing and outreach in the 13 county region for the CHOICES Program.

Strategy 5.1: Continue to provide in-home services for communities to inform individuals and families of the CHOICES program.

Strategy 5.2: Continue to build relationships and educate hospital social workers and discharge planners, nursing homes, home health agencies, etc., to recognize potential eligible individuals for the CHOICES Program.

Performance Measure: The AAAD Choices Manager will document and keep on file a record of all marketing and outreach activities held on behalf of the Choices Program.

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

Community Services, Health Promotion & 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

The AAAD will continue to provide community services, benefits counseling, and health promotion activities that promote independence and healthy aging for senior and disabled adults in the PSA.

Objective 1: The AAAD Registered Nurse (RN) will develop and maintain partnerships to provide Medication Management to senior adults and caregivers in the PSA.

Strategy 1.1: The RN will partner with senior centers to promote Medication Management activities.

Strategy 1.2: The RN will network with local pharmacists to provide senior center Medication Management programs.

Strategy 1.3: The RN will provide Medication Management program information at community health fairs.

Performance Measure: A minimum of 50 consumers will receive Medication Management services, as tracked in the SAMS database.

Objective 2: AAAD will maintain and ensure that congregate meals are provided in a social setting at the focal point senior centers or satellite meal sites.

Strategy 2.1: The AAAD will continue to contract with the South Central Human Resource Agency (SCHRA) to provide congregate meals to meet the needs of our consumers.

Strategy 2.2: The AAAD Contracts Monitor will consistently monitor each of the 21 meal sites and two central kitchens where the meals are prepared, using the standardized statewide monitoring tool.

Strategy 2.3: SCHRA nutrition staff will continue to conduct a nutrition screening on all participants eating a congregate meal to evaluate their nutritional health.

Strategy 2.4: SCHRA Nutrition staff will continue to conduct nutrition education to all participants eating a congregate meal, assessing them on upon receiving their first meal and annually thereafter.

Strategy 2.5: SCHRA Nutrition Director will continue to have quarterly training sessions with all 21 meal site managers and two central kitchen managers.

Strategy 2.6: The AAAD Contracts Monitor will provide an annual training session for all nutrition staff.

Performance Measure: A minimum of 2,000 senior adults will receive a congregate meal, as recorded in the SAMS database.

Objective 3: AAAD will maintain and ensure that home-delivered meals are provided to eligible consumers, as determined by the AAAD service coordinators.

Strategy 3.1: The AAAD will continue to contract with meal providers to provide home-delivered meals to eligible individuals.

Strategy 3.2: The AAAD's service coordinators will continue to conduct a nutrition screening on all home-delivered meal participants during the initial assessment or re-assessment process.

Strategy 3.3: SCHRA nutrition staff will continue to send nutrition education to all home-delivered meal participants monthly.

Performance Measure: A minimum of 400 eligible consumers will receive home-delivered meals, as recorded in SAMS database.

Objective 4: SHIP/SMP will continue to provide individual federal and state health insurance program counseling to Medicare beneficiaries.

Strategy 4.1: SHIP/SMP will continue to provide in depth, complex one-on-one counseling to Medicare beneficiaries by conducting counseling services via the toll-free SHIP/SMP telephone line, at AAAD offices and at host sites throughout the PSA.

Strategy 4.2: SHIP/SMP program will increase the number of Medicare beneficiaries served by increasing the number of trained volunteers and counseling sites.

Performance Measure: The total number of Medicare beneficiaries served by the SHIP/SMP program will increase by 25% from previous year.

Objective 5: SHIP/SMP will continue to conduct outreach activities to the general population of Medicare beneficiaries.

Strategy 5.1: The SHIP/SMP Coordinator will conduct outreach activities at senior centers, civic groups, health councils, public housing projects, churches, retiree organizations and community centers.

Performance Measure: A minimum of 70 outreach activities will be conducted, as recorded in SHIPTALK.

Objective 6: SHIP/SMP will provide educational information regarding the impact of health care reform on Medicare beneficiaries.

Strategy 6.1: The SHIP/SMP program will disseminate information about new disease prevention and wellness care benefits available to Medicare beneficiaries through the Patient Protections and Affordable Care Act (PPACA) of 2010.

Strategy 6.2: The SHIP/SMP program will continue to educate Medicare beneficiaries about methods to protect themselves from health care related fraud and abuse. SCTDD will obtain relevant information from the PPACA as well as SMP leadership from UCDD.

Performance Measureable: A minimum of 8 outreach activities highlighting new disease prevention, wellness care benefits and/or fraud and abuse will be conducted, as recorded in SHIPTALK.

Objective 7: The SHIP/SMP Program will continue to assist low income Medicare beneficiaries apply for financial assistance through Medicare Savings Program and the Part D Low Income Subsidy.

Strategy 7.1: The SHIP/SMP Program will schedule outreach activities, including MSP/LIS screening events, at locations where low-income beneficiaries congregate such as low-income housing facilities, food banks, health clinics and neighborhood service centers. Resource centers displaying general Medicare information as well as MSP/LIS eligibility requirements will be permanently established in these areas. Special attention will be focused on those areas identified as Tier 1 zip codes by CMS.

Performance Measure: SHIP volunteers and staff will provide assistance with filling out 368 applications for Medicare Savings Programs and Part D Low Income Subsidy, as recorded in SHIPTALK.

Objective 8: The SHIP/SMP will increase the number of new partnerships with service providers and businesses in the PSA.

Strategy 8.1: The SHIP/SMP Coordinator will recruit additional partners by targeting organizations that also serve elderly and disabled adults, such as rural and federally qualified health centers, faith based organizations and community centers.

Strategy 8.2: SHIP/SMP staff and volunteers will conduct outreach activities and evaluate partnership opportunities with Medicare beneficiaries in any and all of the following categories: under the age of 65; homeless; limited English proficiency; Native American; mentally disabled (special emphasis on “dual eligibles” with mental disabilities).

Performance Measure: At least six new partnerships will be established, as recorded in SHIPTALK.

Objective 9: The SHIP/SMP Program will increase the number of trained SHIP/SMP volunteers.

Strategy 9.1: The SHIP/SMP Coordinator and Volunteer Coordinator will work together to recruit volunteer counselors through advertisements in local newspapers, partnerships with faith-based organizations and distribution of flyers throughout the PSA.

Strategy 9.2: The AAAD will require all persons performing SHIP/SMP counseling activities to demonstrate proficiency on the subject matter through post-training examinations.

Performance Measure: A minimum of 12 new volunteers will be recruited and trained, as recorded in SHIPTALK.

Objective 10: The AAAD will contract with the focal point senior center in each of the 13 counties in the PSA to provide, at minimum, three health promotion services of health screening, health education and physical fitness, which promote healthy lifestyles and independence among senior adults in their communities.

Strategy 10.1: The senior centers will coordinate with local health care providers, such as home health agencies, doctor’s offices, hospitals, etc. to provide free health screenings and health education activities to seniors.

Strategy 10.2: The senior center will coordinate with local parks and recreation departments, fitness centers, private fitness instructors, the Arthritis Foundation, and other available resources to provide structured physical fitness activities.

Strategy 10.3: The AAAD will monitor senior centers progress on meeting contract goals for health promotion programs through quarterly progress reports and on-site annual monitoring.

Performance Measure: Combined, the senior centers will provide health screening to a minimum of 1,700 seniors, health education to a minimum of 1,300 seniors and physical fitness to at least 1,200 seniors, as recorded in the SAMS database.

Objective 11: The AAAD will contract with the focal point senior center in each of the 13 counties in the PSA to provide community services of education/training, recreation, telephone reassurance and friendly visitation, in order to promote socialization and educational opportunities.

Strategy 11.1: The senior centers will partner with local agencies to provide speakers on educational topics and offer educational activities such as arts, computer classes, music lessons, and other activities that teach life-long skills.

Strategy 11.2: The senior center will provide daily recreational activities on site at the senior center to promote interaction and socialization among senior members in the community, therefore reducing the risk of isolation and loss of independence.

Strategy 11.3: Each senior center will provide telephone reassurance service on a regularly scheduled basis (at least three times per week) to homebound and socially isolated senior adults in order to make sure they are safe in their homes and that their needs are being met.

Strategy 11.4: Each senior center (with exception of Level I centers not being required) will provide friendly visitation services to senior adults who are homebound and socially isolated by providing visits at least weekly.

Strategy 11.5: The AAAD will monitor senior centers progress on meeting contract goals for education/training, recreation, telephone reassurance and friendly visitation through quarterly progress reports and on-site annual monitoring.

Performance Measure: Combined, the senior centers will provide education/training to a minimum of 2,200 seniors, recreational activities to a minimum of 7,000 seniors, telephone reassurance to a minimum of 450 seniors and friendly visitation to at least 800 seniors across the PSA, as recorded in the SAMS database.

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

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

The AAAD will continue to provide education and awareness activities on the prevention of elder abuse, neglect and exploitation to persons in the PSA through the various elder rights services and programs available.

Objective 1: To provide a seamless flow of legal assistance, resources and services for elder rights and protection in the 13-county PSA.

Strategy 1.1: The AAAD will continue to contract with Legal Aid Society of Middle Tennessee and the Cumberlandds to meet the legal needs of older adults in the PSA.

Strategy 1.2: The AAAD's Contracts Monitor will continue to consistently monitor the Title III Legal Services provider using the statewide standardized assessment tool.

Strategy 1.3: Legal Aid Society will continue to coordinate with focal point senior centers in the PSA to provide monthly education and one-on-one counseling.

Strategy 1.4: Legal Aid Society will coordinate with other service and resource agencies, such as Department of Human Services, Adult Protective Services, Public Guardian Program, Long-Term Care Ombudsman program, Adult Abuse Coalition of South Central Tennessee, etc.

Performance Measure: A minimum of 125 consumers will receive legal services, as tracked through quarterly reports submitted by Legal Aid Society and as recorded in the SAMS database.

Objective 2: The Long Term Care (LTC) Ombudsman will strive to maintain the number of unduplicated LTC residents receiving resources and services in the PSA and maintain the number of annual LTC facility visits.

Strategy 2.1: The AAAD will contract with the South Central Tennessee Development District to provide the services of a qualified LTC Ombudsman to meet the needs of the elderly consumers in long-term care facilities in the PSA.

Strategy 2.2: The LTC Ombudsman will complete at least an annual facility visit for all long term care facilities in the 13 county PSA. During these visits, program information and education will be shared with the residents and family members to increase awareness of the Ombudsman Program and the services available.

Strategy 2.3: The LTC Ombudsman will continue to work with other elder rights and advocacy agencies such as, DHS, APS, Public Guardian, Alzheimer's Association, Legal Aid Society, and others, by consulting with appropriate agencies as issues arise relative to long-term care residents. The LTC Ombudsman will serve on the area adult abuse coalition, the state vulnerable adult coalition, and attend other meetings and conferences with these resource agencies.

Strategy 2.4: The LTC Ombudsman will strengthen the Volunteer Ombudsman Representative (VOR) program through ongoing recruitment of volunteers. Recruitment efforts will include media releases, speaking engagements, and distributing brochures about the VOR program. The program will provide on-going training, recognition and retention of VORs.

Strategy 2.5: The LTC Ombudsman will submit quarterly reports to the office of the State LTC Ombudsman, using data compiled by the National Ombudsman Reporting System.

Performance Measure: A minimum of 100 persons will receive LTC Ombudsman services and the Ombudsman will conduct over 60 annual LTC facility visits, as reported in Ombudsmanager and the quarterly NORS report.

Objective 3: The Public Guardian Program will continue to serve any and all clients that are appointed to the program during FY 2011-2014 unless the program reaches a number that does not allow us to meet the clients' needs. At that point, a request would be made to the state office for cap. We will continue to provide management of person and/or property, as well as power of attorney in some cases, for all clients appointed to the program by the courts.

Strategy 3.1: The Public Guardian will continue to respond to all referrals in the 13-county PSA.

Strategy 3.2: The Public Guardian and/or staff will continue to raise public awareness through speaking engagements, distributing brochures, education to area judges, attorneys, court staff, and staff of long-term care facilities.

Strategy 3.3: The AAAD will continue to advocate for adequate funding to meet the needs of the Public Guardian Program by supporting any efforts made by TCAD, CAT or the Area Agency on Aging & Disability to increase, or at least maintain, current funding for the Public Guardian Program; and by researching possible "Item D" payment of court ordered fees through the Department of Human Services.

Performance Measure: The Public Guardian will provide services to a minimum of 35 persons, as recorded in the SAMS database.

Objective 4: The Public Guardian Program will continue to recruit volunteers and strive to maintain the volunteer component of the program, in hopes to expand in the future.

Strategy 4.1: The Public Guardian and/or staff will continue volunteer recruitment efforts through speaking engagements and distributing brochures specific to the volunteer program.

Strategy 4.2: The Public Guardian and/or staff will contact clients previous support groups such as church members or neighbors that have been assisting the client to encourage participation in the Guardian Volunteer Program.

Strategy 4.3: The AAAD will advocate for adequate funding to, at minimum, maintain the volunteer component of the Guardian Program, and possibly expand the volunteer program in the future to better meet the needs of all Guardian clients.

Performance Measure: A minimum of five new volunteers will be recruited for the Public Guardian Program, as recorded in the SAMS database.

Objective 5: Through new member recruitment and participation at annual events that focus on adult abuse, neglect and exploitation, the Adult Abuse Coalition of South Central Tennessee (Coalition) will continue its mission to protect the interests of the senior and disabled population against the perpetration of fraudulent, abusive, negligent, or exploitation criminal acts through outreach and education.

Strategy 5.1: Continue quarterly meetings of the Coalition membership.

Strategy 5.2: The Coalition will continue to publish and distribute Coalition brochures and the Community Services Directory.

Strategy 5.3: The Coalition Membership Committee will promote efforts to recruit new members from appropriate agencies to support Coalition activities.

Strategy 5.4: The Coalition will continue to recognize the month of October as Fraud and Financial Abuse Awareness Month with educational presentations at area senior centers and proclamations signed by local county/city officials.

Strategy 5.5: The Coalition's Conference Committee will hold the annual conference in May, which provides training for service providers, law enforcement, attorneys/paralegals, senior citizens, caregivers, adults with disabilities, social service workers and health care facility staff.

Strategy 5.6: The Coalition will utilize the local radio and newspaper media in all 13 counties and the AAAD and TVAC websites to advertise Coalition activities.

Performance Measure: A minimum of 500 persons will be reached through elder abuse prevention activities, as tracked on sign in sheets, membership rosters, event reports and flyers.

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

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 AAAD will responsibly manage the financial resources in order to serve the most consumers in the PSA and will utilize available staff in a way to maximize their time and energy.

Objective 1: The AAAD will strive to continue services to existing consumers.

Strategy 1.1: The AAAD will review budget reports more frequently to ensure as much funding as possible is going to services to meet the needs of eligible consumers.

Strategy 1.2: The AAAD will continue to review the adequacy of the provider network and continue working toward increasing the number of providers in order to increase competition.

Objective 2: The AAAD will strive to improve the efficiency of AAAD staff.

Strategy 2.1: The AAAD anticipates moving to new offices by September 2011, which will increase efficiency and provide for better communication as all AAAD staff will be together in one location.

Strategy 2.2: The AAAD will continue to conduct cross-trainings of employees and evaluate procedures to streamline processes.

Performance Measure: Periodic review of budget and financial statements, service provider contracts and assessment of staff.

PSA: South Central Tennessee
 Plan Period: FY 2011-2014

() Original, Dated:
 (X) Update, Dated: 2/11/2011

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 (use 2000 Census population data)	1,115
b. Number of older individuals residing in rural areas in the planning and service area (use 2000 Census population data)	70,920
c. Number of older individuals who speak English less than very well (use 2000 Census population data)	380
d. Number of low-income minority older individuals served (use State Reporting Tool data)	125
e. Number of individuals residing in rural areas served (use State Reporting Tool data)	2,360

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
Require focal point senior centers to target outreach efforts to older adults with greatest economic and social need, with particular emphasis on low-income minorities.	Set target goals for outreach, low-income, and low-income minority in senior center contracts and monitored through quarterly reports and annual monitoring. Senior Centers provided outreach to a total of 2,551 persons, served 839 low-income persons, 557 minority persons, 164 low-income minority persons and 1,071 persons with disabilities. Most senior centers met their contract projections with other coming very close to meeting projections.
Develop partnerships with other agencies who serve targeted groups in order to better reach and meet the needs of the target groups.	Ongoing. Various AAAD staff, such as the Assistant Director, Public Guardian, SHIP Coordinator and HCBS staff, have distributed brochures and other materials and made presentations to community organizations and agencies, such as DHS, SSA, health dept, housing authorities, minority churches, medical centers, county health councils, etc. to promote the toll free number for referrals of their consumers

Support local events and activities that specifically identify and reach minority and low-income minority persons.	Ongoing. AAAD staff have participated in 8 health/community fair events that target seniors, including one at a minority church.
Target Nutrition Outreach for congregate meals to older adults with greatest economic and social need, with particular emphasis on low-income minority individuals.	In progress. Included in Nutrition contract. Progress monitored quarterly and annually. The Title III C-1 nutrition outreach goals were achieved.
The AAAD will utilize translation services to communicate with non-English speaking minorities	On-going. SCTDD has contract with Open Communications, Inc. for translation services; resource provided to all service providers and AAAD staff. Limited English Proficiency Policies and Procedures Training held annually. No translation services were requested.
The AAAD will conduct outreach efforts to Hispanic and Latino persons to educate them on services and programs available	On-going. The AAAD has distributed AAAD program material in Spanish at housing authorities and DHS offices in counties that have a significant Hispanic/Latino population.

* Last complete 12-month period.

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

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?

The AAAD staff distributes program and service information to minority churches, at area housing authority meetings, and special events that target minority throughout the PSA, such as Black History Month and Martin Luther King, Jr. celebrations and activities. The AAAD requires service providers to outreach to minority populations at their local level in the community. The AAAD also requires each focal point senior center to provide at least two minority activities each year. Through those efforts, great partnerships have been established, such as in Perry County where a volunteer, who is also a retired RN, attends the local AME Church once a month to provide health education and health screenings to minority church members after the service. The AAAD partnered with the Seventh-day Adventist Church, which hosted a Wellness Program, for the SHIP Coordinator and volunteers to provide Medicare information and counseling and the AAAD's Registered Nurse to provide Medication Management, as well as give information on all other AAAD programs available. The AAAD will also be participating in a community health fair at the Friendship Missionary Baptist Church in partnership with the Columbia Housing Authority. The AAAD utilizes the full extent of the aging network and its partners to outreach to minority persons.

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

The AAAD requires service providers to offer programming to target minority populations. The AAAD has one minority staff person, who has been with the AAAD for 13 years, and two minority members who serve on the Advisory Council. The AAAD contracts with one minority-owned service provider agency and continues to recruit minority service providers as often as possible. The grantee agencies governing board consists of four minority members, which includes the Bedford County Mayor and three designated minority representatives.

- 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 AAAD Quality Assurance staff monitors senior center and nutrition program documentation of outreach and required annual minority activities. In addition to the service/activity documentation, the AAAD staff also monitors progress on serving minority population through the SAMS database and in quarterly progress reports that show the percentage of the contract projections met. Other AAAD supported activities are documented by AAAD staff according to their specific program requirements and through news releases, meeting sign-in sheets, flyers, etc

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
Develop partnerships with other agencies who serve targeted groups in order to better reach and meet the needs of the target groups.	<p>Distribute brochures and other materials to agencies serving the targeted groups (i.e. DHS, SSA, health dept., housing authority, minority churches, grocery stores, medical centers, etc.)</p> <p>Conduct outreach activities and evaluate partnership opportunities with underserved populations identified by CMS.</p>	<p>SHIP Coordinator Assistant Director HCBS Staff</p> <p>SHIP Coordinator</p>
Target Nutrition Outreach for congregate meals to older	Require through contract that nutrition provider conducts	Quality Assurance Coordinator

adults with greatest economic and social need, with particular emphasis on low-income minority individuals.	Outreach to target groups	
Support local events/activities that specifically identify and reach minority and low-income minority persons.	Partner with resource agencies, minority churches etc. in community education and health fairs.	SHIP Coordinator Assistant Director
Require focal point senior centers to target outreach efforts to older adults with greatest economic and social need, with particular emphasis on low-income minorities.	Include contract projections for the number of minority, low-income, low-income minority and disabled seniors to be served in senior center contracts.	Quality Assurance Coordinator
The AAAD will utilize translation services to communicate with limited and/or non-English speaking minorities	SCTDD/AAAD will continue to contract with Open Communications, Inc. for translation services and use the "I Speak" flash cards. The AAAD extends the availability of this translation services to the focal point senior centers in each county. AAAD staff provides annual training and ongoing technical assistance to all service providers on Title VI Civil Rights and Limited English Proficiency Policies & Procedures.	Assistant Director Assistant Director
The AAAD will conduct outreach efforts to Hispanic and Latino persons to educate them on services and program available	The AAAD will distribute pamphlets on services and programs that are printed in Spanish and distribute them in areas with the highest Hispanic population.	Assistant Director SHIP Coordinator

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: South Central Tennessee
 Plan Period: FY 2011-2014

() Original, Dated:
 (X) Update, Dated: 2/11/2011

Exhibit D-1

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
Older Americans Act (OAA)			
<i>Joe Evans</i> Director	1 FTE 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. Bachelor's Degree in a related field and seven years of related experience may be substituted for the Master's Degree	1 FTE Bachelor's Degree in Political Science & 17 Years Experience as Director of Housing and 2+ years in Aging & Disability
<i>Gloria Bennett</i> Fiscal Manager	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	1 FTE Bachelor's Degree in Accounting & AAAD Accountant 20+ years
<i>Robin Rochelle</i> Assistant Director	.05 – 1 FTE Assist Director in program planning; coordination with agencies, marketing of all programs, event planning, etc.	Bachelor's Degree in social work or related field and minimum of 2 years experience in Social Service Program implementation	1FTE Bachelor's Degree in Management & Human Relations 10+ Years in Aging Program Administration

<p><i>Emma Phillips</i> Management Information Specialist</p>	<p>1 FTE</p> <p>Manage databases; Compile reports; Maintain resource directory; SRT; Analyze data</p>	<p>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</p>	<p>1 FTE</p> <p>Associate's Degree in Computer Information Systems; Bachelor's Degree in Computer Science; Master's in Business Administration; Certified in Microsoft; 35 years experience in management and computers; 30 years bookkeeping; 10+ years experience in aging field</p>
<p>Data Entry</p> <p><i>Theresa Miller</i> Data Entry Clerk</p>	<p>0.5 – 1 FTE As deemed necessary</p> <p>Client data for all HCBS programs, care plans entered into SAMS 2000; develop/run rosters</p>	<p>Computer Skills; Minimum of High School education, preferably post-secondary training</p>	<p>1 FTE</p> <p>High School Diploma; Proficient in computer use; 10+ years experience in aging field</p>
<p>Quality Assurance</p> <p><i>*Katrina Crisp</i> Quality Assurance Coordinator</p>	<p>1 FTE</p> <p>Provide technical assistance to service providers; Develop district QA Plan; Monitoring service providers, Approve Plans of Correction</p>	<p>RN, BSN or Bachelor's Degree in social work, gerontology, psychology, sociology, counseling or related field.</p>	<p>1 FTE</p> <p>Bachelor's Degree in Management & Human Relations; 10+ years experience in working with elderly in long term care field</p>
<p>Support Staff</p> <p><i>Do Not Staff This Position</i></p>	<p>Full-time or part-time as deemed necessary</p> <p>Assist AAAD program staff (Letters, faxes, telephone, meeting</p>	<p>Computer skills; Verbal and written skills; Ability to organize files; Faxing; Minimum of High School Educ with emphasis in business, preferably clerical skills training</p>	

	coordinator, etc.)		
Home & Community Based Services Staff (OAA, Options & Family Caregiver Programs Combined)			
I&A Specialist <i>Andrea Morrow</i> Information & Assistance Specialist	1 dedicated FTE Disseminate information and make referrals; Telephone screening; Telephone counseling; Maintains, updates, and enters data into SAMS I/R database; collect and verify information for resource database; assist in case file development	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	1 FTE Bachelor’s Degree in Social Science; several years experience in Social Work field; 10+ years experience as I&A Specialist; AIRS certified
<i>Nancy Cobb, RN</i> Family Caregiver Coordinator	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.	Bachelor’s Degree in social work or related field, or RN	.5 - 1 FTE Registered Nurse since 1994; Associates Degree in Nursing; 10+ years experience in aging
Service Coordinators <i>Kim Miller</i> HCBS Support Services Manager <i>1. Brenda Barnes</i> HCBS Support Services Coordinator	1 FTE; Plus additional FTEs as deemed necessary by caseload All duties described below for service coordinators in addition to management of staff and Support Services program requirements. In-home assessments; Development and management of Care Plans; Referral and arrange services; Re-assessment In-home assessments;	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 field of social work or related field	4 FTE Bachelor’s Degree in Social Work, Minor in Gerontology; 10+ years in aging Associates Degree in Business with 20+ years experience in aging field

<p><i>2.Tracy Ardry</i> HCBS Support Services Coordinator</p> <p><i>3.Melanie Kupfer</i> HCBS Support Services Coordinator</p>	<p>Development and management of Care Plans; Referral and arrange services; Re-assessment</p>		<p>Bachelor's Degree in Social Work, Minor in Sociology; 5+ years in aging</p> <p>Bachelor's Degree in Psychology; 5+ years in aging</p>
<p>Support Staff</p> <p><i>Amye Humphrey</i> HCBS Support Clerk</p>	<p>1 FTE As deemed necessary</p> <p>Assist service coordinators with duties as assigned</p>	<p>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</p>	<p>1 FTE</p> <p>High School Diploma; 15+ years experience in LTC insurance and office procedures</p>
State Health Insurance Assistance Program (SHIP)			
<p>SHIP Coordinator</p> <p><i>Jan Graves</i> SHIP Coordinator</p>	<p>1 dedicated FTE</p> <p>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</p>	<p>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.</p>	<p>1 FTE</p> <p>Bachelor's Degree in Human Service Management; Bachelor's Degree in Industrial Administration; Master's Degree in Operations Management; 5+ years experience in advocacy for elderly and disabled</p>
<p><i>Laura Dial</i> SHIP Volunteer Coordinator</p>	<p>.5 dedicated FTE</p> <p>Recruit and train new volunteers, arrange volunteer trainings, maintain regular support contact with volunteers; schedule</p>	<p>High School education; Good communication skills, computer skills, ability to work with community agencies to develop partnerships</p>	<p>1 FTE</p> <p>Associates Degree in Education; extensive experience in coordinating and scheduling activities; Completion of SHIP training.</p>

	volunteers at host sites. Assist SHIP Coord.		
<i>*David Mitzel</i> SHIP Benefits Counselor	.5 FTE Perform one-on-one counseling; assist with development of new host sites and partnerships; assist with volunteer training and community outreach. Assist SHIP Coordinator & Volunteer Coordinator as assigned.	Good communication skills, computer skills, ability to work with community agencies to develop partnerships.	.5 FTE Master's Degree in Intercultural Human Service Management; Extensive non- profit NGO experience; Completion of SHIP training
Guardianship for the Elderly			

Guardian <i>Christy Warren</i> Public Guardian	1 dedicated FTE Manage Guardianship Program	See the Guardianship for the Elderly Chapter in this Policy Manual	1 FTE Bachelor's Degree in Criminal Justice and Sociology; National certified Guardian through NGA since Oct 2002; 10+ years experience as Public Guardian
 <i>Pauline Moore</i> Guardian Specialist	 Provide assistance to Public Guardian in daily duties and maintain client financial records; submit reports	 High school diploma, emphasis in business preferred with minimum 3 years bookkeeping experience	 1 FTE 15+ years experience as Guardian Specialist; Some college accounting
 <i>*Cathy Bindl</i> Guardian Volunteer Coordinator & Adult Abuse Coalition Secretary	 Coordinate the Volunteer Program and provide clerical support for the Adult Abuse Coalition, including submitting reports, filing, faxing and light typing for both.	 High school diploma or equivalent; good phone etiquette, good people skills, administrative office experience	 0.5 FTE High School Diploma. Retired. Previous experience as Volunteer for Guardian Program

Long Term Care Community CHOICES Program

 <i>Jamie Canady</i> CHOICES Program Manager	 Program Oversight; Marketing; Policies and Procedures Compliance; Data Analysis of Performance; Reporting; Contact for MCO's. Staff supervision as assigned by AAAD Director	 Preferably Master's Degree in Social Work or a Registered Nurse (Subject to CHOICES requirements) Minimum of 2 years in management or supervision, preferably working with older adults and/or adults with disabilities	 1 FTE Bachelor's Degree in Management and Human Relations, Bachelor's Degree in Social Work, Currently working toward Master's in Healthcare Administration
 <i>A. Megan Johnston</i>	 Conducts in-home assessments; assists consumers with	 Bachelor's Degree in social work, psychology, sociology or related field	 3 FTE Bachelor's Degree in Human Science

<p>CHOICES Assessment Specialist</p> <p><i>*2. Jenny Prince</i> CHOICES Assessment Specialist</p> <p><i>*3. Stephanie Cook</i> CHOICES Assessment Specialist</p>	<p>application process for the CHOICES program; develops PAE's</p>	<p>plus 4 years experience in social services program (Subject to CHOICES requirements)</p>	<p>Associates Degree in Occupational Therapy Assistant; Bachelor's Degree in Business Admin in Business Finance; 10+ years experience in aging field</p> <p>Bachelor's Degree in Psychology w/minor in Social Work and Criminal Justice; 15+ yrs exp in social work and health care</p>
<p><i>Kim Waldrum</i> CHOICES Enrollment Specialist</p>	<p>Arrange and complete in-home assessments; Develop PAE; Compile information to submit to DHS for financial eligibility; Coordinate getting consumer medical history; Submit paperwork for enrollment</p>	<p>Preferably a Bachelor's Degree in Social Work, or a related field and one year of supervised social services experience, with experience in geriatrics or service planning and delivery for the disabled.</p>	<p>1 FTE</p> <p>High School Diploma; 10+ years experience in long-term care services and geriatric field</p>
<p><i>Rebecca May</i> Information & Assistance Support Coordinator</p>	<p>Provide Long-Term Care CHOICES information; serve as back up to I&A Specialist; make referrals; provide live telephone transfers and screenings; maintains, updates, and enters data into SAMS database; assist in case file development</p>	<p>Minimum of high school education and 2 years training or experience in the field of Accounting</p>	<p>1 FTE</p> <p>High School Diploma; office and computer skills</p>

<p><i>Glenda Porterfield</i> CHOICES Support Clerk</p>	<p>Assist with case file development, filing, clerical duties; submit electronic PAE's; Assist CHOICES staff with duties as assigned</p>	<p>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</p>	<p>1 FTE High School Diploma; office skills</p>
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TABLE 2.

Name	Age 60+?	Female?	Minority?	Disability?
Joe Evans	No	No	No	No
Robin Rochelle	No	Yes	No	No
Gloria Bennett	No	Yes	No	No
Nancy Cobb	Yes	Yes	No	No
Katrina Crisp	No	Yes	No	No
Andrea Morrow	No	Yes	No	No
Jamie Canady	No	Yes	No	No
Jenny Prince	No	Yes	No	No
Megan Johnston	No	Yes	No	No
Kim Waldrum	No	Yes	No	No
Rebecca May	No	Yes	No	No

Glenda Porterfield	No	Yes	No	No
Stephanie Cook	No	Yes	No	No
Emma Phillips	No	Yes	Yes	No
Theresa Miller	No	Yes	No	No
Kim Miller	No	Yes	No	No
Amye Humphrey	No	Yes	No	No
Brenda Barnes	Yes	Yes	No	No
Tracy Ardry	No	Yes	No	No
Melanie Kupfer	No	Yes	No	No
Christy Warren	No	Yes	No	No
Pauline Moore	Yes	Yes	No	No
Cathy Bindl	No	Yes	No	No
Jan Graves	No	Yes	No	No
Laura Dial	No	Yes	No	No
David Mitzel	Yes	No	No	No
Total	4	24	1	0

Supervision

The director of the Area Agency on Aging and Disability is directly supervised by Jerry Mansfield, Executive Director of South Central Tennessee Development District.

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

Training and Staff Development Plan

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	SCTDD/ AAAD Staff	Service Providers or Partners	Volunteers	
Southeastern Association of Area Agencies on Aging (SE4A) Annual Conference	15	15	5	Sept 2011
Title VI Civil Rights & Limited English Proficiency	25	20-25		Jan 2012
Senior Center Directors: Annual Training Retreat	2	13		Spring 2012
Senior Center Director Association Meetings <i>(Specific Topics to be Determined)</i>	2	13		Bi-Monthly 2011-2012
HCBS Support Services Staff Training <i>(Specific Topics to be determined)</i>	5			Quarterly
HCBS In-Home Service Provider Training	6-8	8-10		Sept 2010 March 2011
Nutrition Service Providers' Meal Site Managers Quarterly Training Meetings	1	25-30		Sept 2011 Dec 2011 March 2012 June 2012
SAMS Next Generation: What is New!		25		Aug 2011
HIPAA: What If?	20	11		July 2011
Adult Abuse Coalition of South Central TN Annual Conference	20	80	10	May 2012
Elder Abuse Institute	2	1		May 2011
Choices Program Staff	7			June 2012
Guardian/Conservator Training by TCAD & CAT	1			Fall 2011 Spring 2012
National SHIP Director's Conference	2			June 2011
Region IV SHIP Training by CMS	3			Sept 2011

SHIP/SMP Bi-Annual Training	3			April 2011 Sept 2011
SHIP/SMP Volunteer Quarterly Training Sessions	3		20	Feb 2011 May 2011 Aug 2011 Oct 2011
Level I SHIP Volunteer Training		13 SCHRA Neighborhood Service Centers		April 2011
Volunteer Ombudsman Representative In-Service	1		5-10	Aug 2011 Nov 2011 Feb 2012 May 2012
New Volunteer Ombudsman Representative Orientation	1		3	Sept 2011 Mar 2012
District LTC Ombudsman Training By TCAD	1			Fall 2011 Spring 2012
LTC Facility Staff Training by LTC Ombudsman	1	20		July 2011 Oct 2011 Jan 2012 Apr 2012
LTC Resident Council Training	1		10 LTC residents	Feb 2012 May 2012 Aug 2012 Nov2012

PSA: South Central Tennessee
 Plan Period: FY 2011-2014

() Original, Dated:
 (X) Update, Dated: 2/11/2011

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
Martha Shepherd	a, b, d, f, m
Jack Snoddy	a, d, f, m
Wanda Andrews	a, d, f, m
Betty Robinette	a, d, f, m
Winston Maxwell	a, d, f, m
Sarah Matlock	a, d, f, m
Priscilla McNairy	a, b, d, f, m
Hattie McCoy	a, d, f, m
Lonnie Garrett	a, d, f, m
Diane Garrett	a, d, f, m
Jim Jaco	a, d, f, m
Hazel Violet	a, d, f, m
Betty Collins	a, d, f, m
Roylyn Barber	a, d, f, m
Mattie Lou Smith	a, d, f, m
Peggy Cobb	a, d, f, m
Beverly Little	a, d, f, m
Janis Endsley	a, d, f, m

Bob Bohrman	a, d, f, m
Raymond Cockerham	a, d, f, m
Dianna Milner	a, d, f, m
Wilma Kane	a, d, f, m
Lynn Tate	a, d, f, m
Joyce Smith	a, d, f, m
Lillie Brewer	a, d, f, h, m
Cindy Duren	a, d, f, j, m
Phillip Garner	h, i
Kay Cagle	h, i, n
Deborah Madison	g, j
Renee Bouchillon	d, f, g
Pamela Morris	d, f, g, j
Christy McKee (*passed away Feb 2011)	d, f, g, h, i, j
Pattye Fort	h, i, j
Kerri White	d, f, g, j

B. SCHEDULE OF ADVIORY COUNCIL MEETINGS

All regular quarterly meetings of the Advisory Council on Aging & Disability are held at 10:00 am, on the second Wednesday of the last (3rd) month of each quarter.

September 14, 2011	March 14, 2012
December 14, 2011	June 13, 2012

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Winston Maxwell	Chairperson	12/31/2011
Lillie Brewer	Vice-Chairperson	12/31/2011
Diane Garrett	Secretary	12/31/2011

D. ADVISORY COUNCIL BYLAWS

Attached. See Exhibit D-4 Below.

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

Advisory Council Bylaws

BY-LAWS

SOUTH CENTRAL TENNESSEE ADVISORY COUNCIL ON AGING & DISABILITY

ARTICLE I - NAME

The name of the organization is the South Central Tennessee Advisory Council on Aging & Disability, hereafter referred to as "the Council".

ARTICLE II - PURPOSES

1. The Council will be responsible for aiding the Area Agency on Aging & Disability staff in the following areas:
 - a) Identification of nutritional, social and health needs of the elderly and disabled population;
 - b) Definition of the problems within the target area and establishment of the goals, objectives and priorities for action;
 - c) Determination of resources to meet the identified needs and/or design of the mechanism required for provision of services;
 - d) Identification of gaps in services and recommendations for filling those gaps;
 - e) Determination of a methodology for evaluating the effectiveness of programs, including base line data against which progress of the project can be measured;
 - f) Design and establishment of an effective inter-agency communication system; reviewing and commenting on all community policies and programs affecting elderly and disabled persons;
 - g) Determination and encouragement of effective agency responsibilities for coordinated effort;
 - h) Assistance in the preparation and administration of the Area Plan including identification of mechanisms and alternative solutions to carry out and support the suggested plan; assistance with public hearings on the Area Plan;

- i) To promote services to meet the physical, social, psychological and economic needs of all elderly and disabled persons, which will assist in the maintenance of independent living with meaning and dignity.

ARTICLE III - MEMBERSHIP

1. Composition: Membership on the Council shall consist of a minimum of 36 members made up from the following:
 - a) Twenty-six (26) voting members, made up of two (2) county representatives from each of the thirteen (13) counties in the district, who are at least 60 years of age and selected by the Senior Center Board of Directors;
 - b) Two (2) voting members who represent persons with disabilities that are recommended by representatives of agencies who serve persons with disabilities and approved by the Chairperson of the Advisory Council;
 - c) At least eight (8) agency representatives, who are recommended by the Aging & Disability Program Director and approved by the Chairperson of the Advisory Council, will serve as ex-officio members without voting privileges. Representatives will be selected from the following types of agencies: Social Security, Department of Human Services, Division of Adult Protective Services, Vocational Rehabilitation, Workforce Career Centers, South Central Human Resource Agency, Department of Public Health, Long Term Care Facilities, Home Health Agencies, Public Transportation, AARP, UT Extension Service, and other like agencies;
 - d) Honorary members may be recommended by the Aging & Disability Program Director and/or the Advisory Council Chairperson, as appropriate, and approved by the Council membership. Honorary members do not take the place of the county representatives. To be eligible to serve as an honorary member, one must have exhibited leadership in the aging network for at least twenty (20) years. Honorary members serve in an ex-officio capacity without voting privileges; and
 - e) Tennessee Commission on Aging & Disability (TCAD) Commission Members, who are actively serving to represent the South Central area, shall serve in an ex-officio capacity without voting privileges.
2. Members shall be people whom are willing and able to travel and participate in the quarterly meetings, and be available throughout the year to advise the South Central Area Agency on Aging & Disability.

3. Over 50% of the membership must be at least sixty (60) years of age and a consumer of aging services.
4. The Council shall include low-income and minority persons.
5. Length of term for all voting members is two years and may be re-appointed.
6. Membership on the Council shall be terminated in the case of three consecutive unexcused absences from quarterly business meetings.
7. Vacancies for voting Council members shall be filled as soon as possible and shall be for the unexpired term only.

ARTICLE IV - OFFICERS

1. The Officers of the Council shall be a Chairperson, Vice-Chairperson, Secretary and Past Chairpersons who are current members of the Advisory Council. These officers shall be elected at the Annual meeting in December of each election year, and shall serve a term of two years with a two-term limit.
2. Duties of Officers:
 - a) The Chairperson shall preside at all meetings of the Council and shall have special duties as further prescribed in the Bylaws. Except as otherwise authorized by resolution of the Council, the Chairperson shall submit such recommendations and information as he/she may consider proper concerning the business affairs and policies of the Council. The Chairperson shall be an ex-officio member of all committees, except the Nominating Committee.
 - b) The Vice-Chairperson shall, in the absence of the Chairperson or his/her inability to act, assume the duties of the Chairperson.
 - c) The Secretary shall call roll at all Council meetings, sign approved minutes, and perform such other duties in regard to records as the Council or Chairperson may direct.
 - d) Past Chairpersons, who are current members of the Advisory Council, shall serve as an advisor to the Chairperson, and in the absence of the Chairperson and Vice-Chairperson or their inability to act, assume the duties of the Chairperson.
3. Vacancies in any office shall be filled by election by the Council as soon as possible and shall be for the unexpired term only. However, the Council's Executive Committee may make an interim appointment until such election can be held.

ARTICLE V - MEETINGS

1. The meeting occurring during the month of December is designated as the Annual Meeting of the Council.
2. Regular meetings of the Council will be held the second Wednesday of the last month of the quarter (March, June, September, December), or as special called.
3. Upon the written request of seven (7) members of the Council, or when deemed expedient, the Chairperson shall call a special meeting of the Council for the purpose of transacting any business designated in the call. The call for such special meetings shall be delivered to each member, or may be mailed to each member at such address as he shall have previously designated, not 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.
4. Those present at any meeting of the Council shall constitute a quorum for the purpose of conducting business provided ten (10) days notice in writing has been given to the entire Council.
5. Voting shall be by voice and shall not be recorded by yeas and nays unless a roll call vote is requested by a member of the Council.
6. The rules contained in the last revised edition of Robert's "Rules of Order" shall apply in all meetings of the Council to the extent that such rules are not in conflict with these Bylaws. In the conduct of all business by the Council, the following is set forth in the Bylaws as a guiding principle:
 - a) It is the basic objective of this Council to unite all beliefs and interests in the fulfillment of a sound program for elderly and disabled persons.
 - b) It is the guiding policy of this Council that in all of its group activity every reasonable effort shall be made to attain the closest possible approach to unanimous consent.
7. Minutes of all Council meeting will be recorded, transcribed and sent to all members of the Council for approval at the next regular meeting. After having been approved by the Council membership, minutes shall be signed by the Secretary.

ARTICLE VI - COMMITTEES

1. General

The Chairman shall appoint all committees. Committee may be composed of voting council members and ex-officio agency representatives.

2. Standing Committees

a) Comprehensive Area Plan Committee

Its responsibilities shall be to advise and assist in developing a final Area Plan of Action initiating, expanding and/or improving delivery system for all programs for the elderly and disabled.

b) Nominating Committee

At the designated regular business meeting held in September of each election year, a Nominating Committee consisting of three members shall be appointed by the Chairman. It shall be the duty of this committee to recruit and nominate candidates for the offices to be filled at the annual business meeting or vacancies existing during the year. Before the election to fill any office, additional nominations from the floor shall be permitted.

c) Executive Committee

The Executive Committee may make temporary appointments of any officer position vacancies. The Executive Committee is composed of the Chairperson, Vice-Chairperson, Immediate Past Chairperson and Secretary.

3. Ad Hoc committees will be appointed, as needed, by the Chairperson of the Council.

4. Committees shall submit their findings and recommendations in writing to the Council (through the Chairperson), who may take official action thereon. No findings or recommendations of any committee shall be reported or published until approved by the Council, and no standing or ad hoc committee shall represent the advocacy of, or opposition to, any project without the specific authorization of the Council.

ARTICLE VII - CONFLICT OF INTEREST

If any matter before the Advisory Council involved a project, transaction or relationship in which a member, his relative, or his affiliated business, institution, or agency has a direct financial interest, the member shall make that interest known to the Advisory Council, and, will excuse himself/herself from proceedings on that matter if so directed by a majority vote of the members present.

ARTICLE VIII - AMENDMENT PROCEDURE

These Bylaws may be amended at any regular meeting of the Council by a two-thirds (2/3) vote of those present provided at least ten (10) days notice of the proposed change has been made.

Winston Maxwell
Council Chairperson

Sept 8, 2010
Date Approved

Diane Harrett
ATTEST: Secretary

Sept 8, 2010
Date Approved

Exhibit Number

Title of Exhibit

E-1

OAA Assurances of Compliance (*No Changes*)

E-2

Availability of Documents (*No Changes*)

E-3

Civil Rights Act Compliance (*No Changes*)

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	Public Hearing on Area Plan on Aging (<i>Not Required</i>)
F-2	Advisory Council Participation in the Area Plan Process
F-3	Requests for Waivers – Optional (<i>No Waivers Requested</i>)
F-3.1	Direct Provision of Service
F-3.2	Required Minimum Services
F-3.3	Provision of Priority Services
F-3.4	Nutrition Site
F-3.5	State Rule, Regulation, or Policy Requirement
F-3.6	Cost Share Requirement
Attachment 1	Supporting Documentation for Public Hearing and Advisory Council Participation

PSA: South Central Tennessee
Plan Period: FY 2011-2014

() Original, Dated:
(X) Update, Dated: 2/11/2011

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.

The Area Plan Update was first reviewed by the Area Plan Committee members designated by the Advisory Council on February 16 and February 18, and again on March 9 just prior to the Advisory Council meeting. After the staff met with committee members for an initial review, the Area Plan Update was mailed on February 22, to all Advisory Council members and senior center directors two weeks in advance of the regular meeting on March 9, 2011.

2. Attach an agenda of the Area Plan review meeting or describe the review process.

The Advisory Council meeting agenda is attached (Attachment 1). Legal notice was also placed in the newspaper (Attachment 3). The Area Plan Update was presented to everyone at the Advisory Council meeting, with hard copies available in addition to the PowerPoint presentation. Each page of each exhibit of the plan was reviewed. The Area Plan Update was discussed with all comments recorded as part of the meeting minutes.

3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.

Area Plan Committee members consisted of:
Bob Bohrman, Maury County (middle district)
Lillie Brewer, Wayne County (west district)
Peggy Cobb, Lincoln County (east district)

Advisory Council meeting attendance sheet is attached (Attachment 2) to show Advisory Council members, guests and staff present at the meeting during review and approval of the Area Plan Update.

4. Provide a summary of comments made by advisory council members about the completed plan.

Jim York commented that South Central AAAD has one of the best programs across the state and is proud to represent this area. He thanked Joe Evans and Robin Rochelle, Director and Assistant Director, respectively, for their efforts and dedication to the aging and disability network.

Lillie Brewer, one of the Wayne County representatives, commented that Cindy Duren, who is a newer Wayne County representative, should be added to Exhibit D-3 as an Advisory Council member.

Time was given for other questions and comments; however, no other comments or questions were offered from the group.

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

The only change made to the Area Plan Update after comments was the correction to add Cindy Duren as an Advisory Council member for Wayne County.

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.

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
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G-1	Financial Report File
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South Central Tennessee Advisory Council on Aging and Disability



Columbia City Hall, 2nd Floor, Council Chambers
707 North Main Street, Columbia, TN

MARCH 9, 2011

10:00 A.M.

AGENDA



Call to Order

Winston Maxwell, Chairman

Pledge of Allegiance



Opening Prayer

Roll Call

Diane Garrett, Secretary

Approval of Minutes

Winston Maxwell, Chairman

Senior Center/Agency Reports

Robin Rochelle, SCTDD, Assistant
Director of Aging & Disability Programs

Area Agency Reports

Joe Evans, SCTDD,
Aging & Disability Program Director & Staff

Review & Approval of Area Plan

Joe Evans and Robin Rochelle, SCTDD

Other Business

Adjourn



SOUTH CENTRAL TENNESSEE ADVISORY COUNCIL ON AGING & DISABILITY
 Wednesday, March 9, 2011
 ROLL SHEET
 (PLEASE SIGN)

	NAME	AGENCY
1.	Betty Robinson	Coffee County
2.	Janis Eaddy	Marshall County
3.	Beverly Little	Marshall County
4.	Finney Amdeek	Marshall County
5.	Deane Garrett	Hickman Co.
6.	Lonnie Garrett	"
7.	Winton Maxwell	Franklin Co.
8.	Azrah Mattox	"
9.	Alan Roberts	Coffee Co.
10.	Dwight Cull	Lincoln Co.
11.	Mattie Lou Smith	"
12.	Lillie Brewer	Wayne Co.
13.	Dwight Baker	Janis
14.	Betty Collins	"
15.	Dorinda Milner	Moore
16.	Wilma Kane	Moore
17.	Berhard Yost	SCAD
18.	Sandy Abbott	Lawrence
19.	Hazel Whit	Lawrence
20.	Jim G. G.	Lawrence

SOUTH CENTRAL TENNESSEE ADVISORY COUNCIL ON AGING & DISABILITY
Wednesday, June 9, 2010
ROLL SHEET

(PLEASE SIGN)

	NAME	AGENCY
21.	Kay Cagle	Buffalo River
22.	Tommy Cagle	" " (guest)
23.	Paula M. Jones	South Central HRCIT - Fay
24.	Deborah Madison	SSA
25.	Mary Staggs	Buffalo River Services
26.	Priscilla S. McLean	Coles Co.
27.	Keni White	Crockett Hospital
28.	Jim York - Commissioner	TCAD
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SCTDD STAFF

SOUTH CENTRAL TENNESSEE ADVISORY COUNCIL ON AGING & DISABILITY
Wednesday, March 9, 2011
ROLL SHEET

(PLEASE SIGN)

NAME		NAME	
1.	<u>Katrina [Signature]</u>	16.	<u>Jan [Signature]</u>
2.	<u>Cathy Bindell</u>	17.	<u>Robin Rochelle</u>
3.	<u>Pamela Moore</u>	18.	<u>Himi Miller</u>
4.	<u>Rebecca May</u>	19.	<u>Jan Graves</u>
5.	<u>Nancy Cobb</u>	20.	<u>Laura Dial</u>
6.	<u>Christy Weaver</u>	21.	<u>Gloria Bennett</u>
7.	<u>Sheresa Miller</u>	22.	<u>Keni White</u>
8.	<u>Katie Earnest</u>	23.	<u>Blenda Porterfield</u>
9.	<u>Kim Waldrum</u>	24.	<u>Jim York - Commissioner</u>
10.	<u>Jenny Prince</u>	25.	<u>Amy Humphrey</u>
11.	<u>Tracy Brady</u>	26.	<u>Megan Johnston</u>
12.	<u>[Signature]</u>	27.	<u>_____</u>
13.	<u>Milani [Signature]</u>	28.	<u>_____</u>
14.	<u>Stephanie [Signature]</u>	29.	<u>_____</u>
15.	<u>Janie Canady</u>	30.	<u>_____</u>

820
Homes For Rent

2 AND 3 bedroom doublewides, owner pays all electric and gas, washer and dryer available. No pets. (931)381-5873.

2-BDRM. 1-BTH. STOVE, W/D Hookups. \$580 month, \$400 deposit. Call Duck River Realty (931)381-3384.

2-BEDROOM HOUSE IN Riverside Refrigerator, stove, separate garage for car storage. \$625 monthly + deposit. (931)619-2001.

215 NOWLIN DR., Roomy 3BR, 1.5BA, 2-story duplex. CHA, fridge, stove, DW, W/D hook-ups, paved parking. \$655/ mo., \$550 dep. Pay no rent until 3/1. (931)215-3200.

3-BD. 2-BA HOME. FAMILY room, freshly remodeled. \$900 monthly plus Utilities (615)403-3453. Before 8pm.

3-BD 2-BA, Gar. 1,400 sq. ft. Nice views. \$850 monthly or buy No money down. Bad Credit OK (931)383-2198.

CULLEOKA, DOUBLEWIDE, 3 bdrm, 2 bth, stove, refrigerator, dishwasher, on approx. 5 acres \$800 monthly, \$500 deposit. Call Duck River Realty (931)381-3394.

820
Homes For Rent

CLEAN 9 BED, 1 bath, appliances. No pets. Thompsons Station area. \$600 monthly. (931)490-1815.

HIGHLAND AVE. 2 bedroom, 1 bath, CHA, W/D hookups, \$450 month, \$350 deposit. Call Duck River Realty (931)381-3384.

NEW 3-BEDROOM, 2-BATH brick home on acre lot. 796 Monument Rd., Summertown. 3780 monthly first and deposit. (931)231-5355, (931)231-0624.

NON-SMOKING, NON-DRINKING, ELDERLY couple is looking for a 1-2 bedroom home in Columbia that will accept pets. (931)505-0147.

NOW LEASING 1 & 2 Bedroom Mobile Homes in quiet, security patrolled community. 1 Bd \$90/wk. Call 1 (877)633-3688 option 1. **SPECIAL, NO DEPOSIT REQUIRED.**

Property Management Services Residential, Commercial. DUCK RIVER REALTY. (931)381-9655.

RELISTED. 2 BR house. 116 Jordan Ave. ML Pleasant. Tenant pays utilities. \$400 monthly. (931)379-0835.

820
Homes For Rent

SUMMERTOWN 2 BR, 1 BA Duplex, great location. Stove, refrigerator, lawn care, and garbage included. Washer and dryer hook-ups. \$425 month. \$300 deposit. (931)629-1429.

825
Mobile Homes For Rent

FIRST WEEK FREE
2 & 3 BDR
Doublewides
2 & 3 BDR
Singlewides
Gas & Electric
Furnished
Also with washer & dryer if needed.
NO PETS
Close to Wal-Mart
381-3873

825
Mobile Homes For Rent

2 BEDROOM IN Theta, Santa Fe School. \$100 weekly. No utilities. \$140 weekly with utilities. \$325 security deposit. \$200 utility deposit. No Pets (931)388-4993.

3 BR 2 BA. All utilities, cable, washer, dryer furnished. \$225 week, \$225 deposit. Call Jim. (931)388-1100.

1, 2 & 3 Bedrooms,
with stove and frig.
Washer and dryer
hook-ups. Owner
pays all utilities. We
mow your yard. No
rental references
required. Security
on duty. No Pets.
388-1485

LEGALS

ADVISORY COUNCIL ON AGING & DISABILITY MEETING NOTICE

The South Central Tennessee Advisory Council on Aging and Disability will conduct its quarterly business meeting on Wednesday, March 9, 2011, at 10:00 a.m. at the Columbia City Hall, 2nd Floor, Council Chambers, 707 N. Main Street, Columbia, TN.