

AREA PLAN on AGING and DISABILITY UPDATE

July 1, 2011 – June 30, 2012

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

**SOUTHEAST TENNESSEE AREA AGENCY ON
ON AGING AND DISABILITY**

**for the
10 Counties of the Southeast Tennessee
Development District**

AREA PLAN UPDATE 2011 – 2012

This document is an update of the Southeast Tennessee 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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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

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SUBMITTAL PAGE

() 4-Year Plan for July 1, 2010 – June 30, 2014

(X) Plan Update for FY 2012

() Amendment (Date): _____

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

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

Signature: Stephen S. Witt Date: 3-21-2011
Area Agency Director

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

Signature: Betty J. Haveryn Date: 3-21-2011
Chair, Area Agency Advisory Council

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

Signature: Beth Jones Date: 3-28-2011
Executive Director, Grantee Agency

Signature: _____ Date: _____
Chair, Grantee Agency Board

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....

Exhibit Number

Title of Exhibit

A-3

2000 Census Data

A-5

Methods Used to Determine Service Needs

A-6

Summary of Service Needs

**Area Profile
 South East**

Population By Age Categories		Grandparenting	
All Ages	566255	Grandparents 60+ Responsible for Grandchildren	1820
60-64	25865	Grandparents 60+ Living with Grandchildren	2,280
65-69	22685	Grandparents <60 Responsible for Grandchildren	4,900
70-74	19115	Grandparents <60 Living with Grandchildren	3,190
75-79	15430		
80-84	10000		
85+	8490		
60+	101585		
By Race/Ethnicity (60+)		Educational Attainment	
White Alone	91315	< 5th Grade	4225
African American	8980	5th - 8th Grade	18120
American Indian	119	9th-12th No Diploma	19220
Asian	344	High School Diploma	29090
Other Minorities	830	Some College	18040
<i>Ethnicity</i>		Bachelors	7720
Non Hispanic	101128	Master/Professional/Doctorate	5165
Hispanic	450		
By Gender (60+)		Medical Facility Beds	
Male	42410	Skilled Nursing Facilities - Remaining Counties	2001
Female	59180	Skilled Nursing Facilities - Hamilton Hospitals	1894
		General -Remaining Counties	875
		Hamilton	1589
		Mental Health VA	
Living Situation (60+)		Disability Status	
Male Alone	6470	Self Care < 60	7605
Female Alone	19930	Self Care 60+	9048
Living alone	26400		
Financial Status (60+)		Elder Housing	
Below Poverty Level	12770	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	325
Minorities below Poverty Level	2565	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	540
		Homes for the Aged	16
		Assisted Living Facilities	16
Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	8.9%		
Number of Elderly (60+) Householders with Housing Expense (>40% Income)	9020		

PSA: Southeast Tennessee
 Plan Period: FY 2011 – FY 2014

() Original, Dated:
 (X) Update, Dated: March 31, 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 were made in how the agency assesses the needs.

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

HCBS Services With All Slots Filled	Wait Lists
Home Delivered Meals	266
Title III Homemaker Service	957
Options for Community Living	1,452
National Family Caregiver Support Program	988

3. Have any new needs emerged in the planning and services area since the 2010 – 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.

Through requests for additional arthritis exercise classes (provided by an Arthritis Association Certified Trainer) and through positive reaction to the Chronic Disease Self Management Program we see a need for an increase in evidence based health promotions.

PSA: Southeast
Plan Period: FY 2011 – FY 2014

() Original, Dated:
(X) Update, Dated: March 31, 2011

Service Needs

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

- 1) Additional options for transportation (non-TennCare)
- 2) Caregiver-directed respite care
- 3) Prescription assistance
- 4) Increase in funds for respite services
- 5) Home repairs and modifications
- 6) Chore service (yard work, etc)
- 7) Overnight attendant to stay in consumer's home
- 8) Increase in evidence based health promotions programs

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

1) Additional options for transportation

Currently we have no additional funding to offer additional options for transportation as a Title III Service throughout the region. However, one of our partner agencies, the Southeast Tennessee Human Resource Agency, has developed regular bus routes in one city and is planning to offer this service in other parts of the Southeast region.

We are providing transportation for a limited number of National Family Caregiver Program care receivers as an aid for caregivers in meeting their responsibilities.

2) Caregiver-directed respite care

We participated in an Alzheimer's Innovation Grant that included consumer-directed care by family caregivers. *Our National Family Caregiver Support Program (NFCSP) Coordinator is participating in the TCAD study group that is considering adding a caregiver self-directed respite component to the NFCSP.*

The CHOICES Program also offers self-directed care which can be used for caregiver respite.

3) Prescription Assistance

We will continue to serve individuals in need through the State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act (MIPPA).

4) Increase funds for respite services

We will increase availability of both in-home and institutional respite services through the National Family Caregiver Support Program when additional federal and state funding makes this possible.

In-Home and Institutional respite services are available through the CHOICES program. The service is available to more CHOICES caregivers because the cap for the number of enrollees has increased from 6,000 to 9,500.

5) Home Repairs and Modifications

We currently offer Home Modifications as a National Family Caregiver Support Program supplemental service.

The CHOICES program also provides this service. It is available to more people because CHOICES has expanded the number of enrollees that can be served.

Through our grantee agency Planning Division we will continue to refer individuals for emergency home repairs.

We are referring individuals to one of our partner agencies, the Southeast Tennessee Human Resource Agency, for weatherization aid.

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: Southeast
Plan Period: FY 2011 - 2014

() Original, Dated:
(X) Update, Dated: March 31, 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, transportation, legal services, Long Term Care Ombudsman Program, and the National Family Caregiver Support Program.

Using Older Americans Act funding the Area Agency served approximately:

Persons Served	2009	2010	2011*	2012*	2013*
Personal Care	106	83			
Homemaker	541	469			
Nutrition Services	2,245	2,271			
Case Management	1,596	1,796			
Transportation	329	193			
Legal Assistance	859	617			
Information & Assistance	7,037	7,327			
Family Caregiver	1,342	661			
Ombudsman	358	393			

Units of Service	2009	2010	2011*	2012*	2013*
Personal Care	5,946	5,248			
Homemaker	36,790	34,530			
Nutrition Services	225,304	230,995			
Case Management	8,541	10,041			
Transportation	14,638	22,254			
Legal Assistance	2,020	1,618			
Information & Assistance	9,794	7,327			
Family Caregiver	21,287	33,254			
Ombudsman	358	393			

* 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	307	258			
Units of Service	66,135	53,367			

CHOICES Program/ Statewide Medicaid Home and Community Based Waiver Services for Elderly and Disabled (Waiver)

Tennessee is in the process of implementing the Long Term Care Community Choices Act of 2008. The State Medicaid Agency, the Bureau of [TennCare](#) has converted from a 1915(c) Statewide Home and Community Based Medicaid Waiver for Elderly and Disabled to an 1115 Waiver. [The start date for CHOICES in Southeast Tennessee \(1115 Waiver\) was August 1, 2010.](#) The State's nine Area Agencies on Aging and Disability [are acting as the Single Point of Entry for the CHOICES Program.](#)

The [CHOICES Program/Waiver 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.

The CHOICES Program/Waiver Program provides a variety of home and community-based services to low-income older persons and adults with disabilities who are frail, functionally impaired, and at-risk of nursing home placement. Funding for this program comes from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid.

Using Waiver funding the Area Agency served approximately:

	2009	2010	2011	2012	2013
Persons Served	1,001	1,384			
Units of Service	939,996	923,233			

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
Individuals Provided SHIP Counseling	1,331	1,158			

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, able or suitable 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	78	68			

Other State Appropriations

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

Using State Appropriations the Area Agency served approximately:

Persons Served	2009	2010	2011	2012	2013
Senior Centers	4,074	5,139			
Meals	75	46			
Homemaker Services	18	20			
Units of Service					
Senior Centers	291,800	229,782			
Meals	19,568	12,048			
Homemaker Services	1,830	1,908			

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

() Original, Dated:
(X) Update, Dated: March 31, 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.

Single Point of Entry:

The AAAD has been designated to serve as a Single Point of Entry into Tennessee's Long-Term Care System. The AAAD Information and [Referral](#) staff, [Title III and Options Service Coordinators](#) and the [CHOICES program](#) staff offer many services including:

- Services listed below under *Information and [Referral](#)*
- Providing In-Home Assessment for those individuals who have been referred to available Title III and state-funded services
- Providing Facilitated Enrollment into the [CHOICES Program](#)
- Providing information to persons who need help in obtaining private pay services and long-term care planning

Information and [Referral](#):

- Information and [Referral](#) is one component of the Single Point of Entry. The AAAD uses both the statewide toll-free I & R number as well as a local telephone number. In addition to screening inquirers for AAAD services, the staff members are available to assist callers with locating community resources and services [along with counsel regarding long term care planning](#). [Callers are directed](#) by "soft transfer" to other services and resources.
- Every effort is made to answer calls as they come in. [A new telephone system has been installed which allows several staff members to serve callers on the Information and Referral Queue](#). If call volume is especially high, callers may leave a message and call-back number. Calls are returned the day messages are received or the next business day.

Website and Resource Directory Development:

- The staff has updated the AAAD website to provide a link on the home page to the Information and Assistance page which houses an [Interactive Referral Form](#).

- The agency publishes an updated resource directory for distribution throughout the region. Information from the directory is used to update the Website Resource Directory.

Marketing the Area Agency

- The media (newspapers, radio and television) are utilized to announce events, workshops, conferences [and to share information about services](#) that may be of benefit to seniors and younger disabled adults or their caregivers.
- The agency sets up a booth at health fairs and other community events to disseminate information about services.
- Presentations about services are provided for local community groups, churches and senior centers.
- In marketing the [CHOICES program](#), presentations are made for hospital discharge planners, nursing home staff, dialysis clinic staff, hospice staff, home health agencies and any other public agencies with clients needing access to services. Presentations are often made for caregiver workshops and larger conferences.

Outreach:

We realize that many people do not know the AAAD is the Single Point of Entry into Tennessee's Long-Term Care System. Many methods of reaching out to both the minority and rural populations have been listed under Exhibit B-2 (1).

- Newspapers in the rural counties have been very helpful in printing articles about services along with giving the AAAD Single Point of Entry contact information.
- Radio stations in both rural and urban areas have been open to sharing information about services. In Chattanooga two radio stations with a primarily minority audience have been very helpful in getting news out about services along with AAAD contact information.
- The SHIP program has provided a seven-month series of weekly radio programs on a station that reaches a primarily minority audience. This program was well received and will be offered again during FY 2012.
- Each year Chattanooga hosts a large Minority Health Fair that has provided a good venue for reaching this target audience.
- We have been successful in placing news about services in a Chattanooga newspaper that primarily reaches a minority audience.

- Two of the three network television stations in Chattanooga as well as one cable station in a rural area have been helpful by granting interviews that reach a wide audience with information about services and how to contact the AAAD.
- Additional Outreach information can be found in Sections 9, 10 and 11 of Exhibit B-2.

Transportation:

- The Southeast Tennessee Human Resource Agency provides transportation to fourteen Congregate Nutrition sites in the ten counties. Transportation for other purposes is provided by SETHRA for a nominal fare.

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

Service Coordination/Case Management:

- AAAD Service Coordinators perform an in-home assessment for consumers during which [eligibility and](#) needs are determined prior to initiation of services.
- Following authorizing, arranging and coordinating services, additional follow up and reassessment by AAAD Service Coordinators [are](#) provided as indicated by the consumer's individual situation.

Service Provider Network Support:

- The AAAD staff provides quarterly training for all service providers.
- The AAAD staff also provides ongoing technical assistance for service providers as well as Senior Center directors and Nutrition Program personnel. Technical assistance is provided by telephone, email, through face-to-face meetings at provider request, conference calls as well as through scheduled provider service and fiscal monitoring.

National Family Caregiver Support Program

- The NFCSP in Southeast Tennessee is based on consumer choice. After in-home assessment of the caregiver and care receiver by AAAD Service Coordinators, caregivers may use \$2,000.00 worth of respite services each year they are enrolled in the program. Respite services, offered by service providers with which the AAAD contracts, include Personal Care, Short-Term In-Home Respite, Homemaker, [Adult Day Care](#) and Overnight

Respite. Caregivers may choose which services they want to use and which service provider(s) they prefer.

- Caregiver training for caregivers of elders as well as caregivers of minors is one of the strengths of this program, reaching several hundred caregivers each year. The AAAD Director, Program Development Director and NFCSP Coordinator partner with other agencies, businesses, churches, etc. to plan and provide training. AAAD staff members also coordinate several support groups for Caregivers of Minors throughout the region. [The NFCSP is partnering with Mt. Canaan Baptist Church \(a predominately African American congregation\) in providing a support group for caregivers of elders.](#)
- [The AAAD partnered with TCAD and the Mid-South Chapter of the Alzheimer's Association in services provided through an Alzheimer's Innovation Grant. One purpose of the grant was to offer one large *Alzheimer's and the African American Church* regional conference and smaller workshops in four \(4\) predominantly African American churches. The purpose of the conference and workshops was to discuss the basics of Alzheimer's disease and the role of the church in ministering to persons with Alzheimer's and their caregivers. The regional conference was excellent with 126 participants including 32 clergypersons. The four parish workshops were scheduled during FY 2010 and were all well attended.](#)
- [Our National Family Caregiver Support Program \(NFCSP\) Coordinator is participating in the TCAD study group that is considering adding a caregiver self-directed respite component to the NFCSP.](#)

Homemaker:

- [The Area Agency contracts with twenty-nine \(29\) Homemaker providers to offer services through Title III Homemaker and the Options for Community Living Program.](#)
- [Thirty \(30\) Homemaker providers](#) are under contract with the AAAD to provide services for NFCSP clients.
- [Currently, there are forty-seven \(47\) CHOICES Homemaker Service providers.](#)

Personal Care:

- [Forty-six \(46\) companies and agencies provide Personal Care through the CHOICES program.](#)
- [The Options for Community Living Program has contracts with twenty-five \(25\) providers and the NFCSP with eighteen \(18\) providers.](#)

Respite:

- CHOICES In-Home Respite provides 216 hours per year of respite services through thirty-seven (37) In-Home respite waiver providers.
- When a caregiver needs a break, Institutional Respite provides care for CHOICES enrollees in a nursing home for up to 9 days per year. There are eight (8) institutional respite providers for the CHOICES program.
- As part of the NFCSP In-Home Respite is offered by eighteen (18) providers and Over-Night Respite is provided by seven (7) nursing homes and assisted living facilities.

Home Modifications:

- CHOICES Minor Home Modification Providers install certain mobility aids (wheelchair ramps and roll-in showers, etc) in homes of enrollees to enhance safety and improve daily life. There are eleven (11) CHOICES home modification providers.
- Minor Home Modifications are also offered on a limited basis as a Supplemental Service through the NFCSP by eight (8) providers.

Personal Emergency Response Systems (PERS):

- Fifteen (15) PERS providers offer service through the CHOICES program.
- The Options for Community Living uses one (1) PERS provider as does the National Family Caregiver Support Program.

Assistive Technology (AT):

- AT providers for the CHOICES program provide enrollees with assistive devices which enable an enrollee to increase the ability to perform activities of daily living or to perceive or control their environment. There are seven (7) AT providers.
- The NFCSP uses one (1) provider to offer Assistive Technology as a Supplemental Service.

Pest Control:

- The seven (7) CHOICES Pest Control providers are used to make the home environment safer for frail elderly or disabled enrollees.
- The National Family Caregiver Program also offers Pest Control as a Supplemental Service through three (3) providers.

Adult Day Care:

- **CHOICES** Adult Daycare providers are community-based group programs of care lasting more than 3 hours per day but less than 24 hours per day. There are ten (10) adult daycare **CHOICES** providers.
- Caregivers enrolled in the NFCSP have a choice of six (6) Adult Day Care providers as a primary respite service.

Assisted Care Living:

- Currently there are eight (8) licensed Assisted Care Living Facilities providing services for the **CHOICES** program.

Personal Care Attendant (PCA):

- There are thirty-three (33) PCA **CHOICES** providers offering direct assistance with activities such as toileting, bathing, dressing, personal hygiene, meal preparation, budget management, attending appointments, and interpersonal and social skill building to enable enrollees to live in a community setting.

CHOICES Home Delivered Meals

- Eight (8) providers are available to provide **CHOICES** enrollees with nutritionally well-balanced meals that provide at least one-third but no more than two-thirds of the current daily recommended dietary allowance and are served in the enrollee's home (up to 7 meals per week).

3. Describe how the following DISEASE PREVENTION and HEALTH PROMOTION services and related activities are coordinated and/or delivered in the planning and service area.

Health Promotion:

- [Chronic Disease Self Management Program](#)
As a result of an Administration on Aging grant received through TCAD, the AAAD is developing the Chronic Disease Self Management Program (CDSMP) throughout the ten-county region. The CDSMP promotes awareness and self management skills through an interactive setting. Through the term of the grant a minimum of 234 enrollees will complete the CDSMP workshops. Workshops include six 2.5-hour weekly sessions. The program is targeting low-income older individuals including low-income minority and individuals residing in rural areas of the region.

The current grant covers service through March, 2012. Program development involves the following actions.

- Building partnerships to provide sites for “Living Well with Chronic Conditions” workshops, persons to be trained to lead workshops, help with publicizing workshops and recruiting participants. Partnerships are being developed with:
 - a) The University of Tennessee Extension Service
 - b) The Chattanooga/Hamilton County Health Department
 - c) The Southeast Regional Health Office, Tennessee Department of Health
 - d) County health departments
 - e) Hospitals and other health service providers
 - f) Senior centers
- Providing “Living Well with Chronic Conditions” workshops in each county served.
- Providing certification training for volunteers.

- Projects with Senior Centers

Four thousand dollar grants were awarded to two of the region’s senior centers to promote healthy living and encourage participation at the centers. The centers developed a plan to provide presentations on *Healthy Aging* topics for community residents, health screenings, chronic disease management programs, as well as information helpful to caregivers and families of seniors with health challenges.

- Tai Chi

The AAAD is partnering with Dr. Zibin Guo, a UC Foundation Professor of Anthropology at the University of Tennessee at Chattanooga, in applying for a grant to produce a series of 13 television programs through which viewers will be able to participate in Seated Tai Chi. If the grant is awarded, the programs will be aired over WTCI, a local Public Television station which can be viewed throughout Southeast Tennessee. Seated Tai Chi contributes to the improvement of mental and physical wellbeing of persons affected by depression, fibromyalgia, lower-limb injuries, multiple sclerosis, rheumatoid arthritis as well as those recovering from a stroke.

- Arthritis Exercise

The AAAD continues to sponsor eight-week Arthritis Exercise Classes in three rural senior centers. Classes are led by a certified Arthritis Association instructor. The instructor brings resources to share with participants pertaining to arthritis and overall healthy living. Classes are offered twice weekly.

- Wii
Several of the region's senior centers utilize the Wii game station several times during the week.
- Memory Screening Clinics
The AAAD continues a partnership with a neuropsychologist who specializes in memory challenges. Memory Screening Clinics are currently scheduled in 4 counties. Medicare and other insurances pay for this testing. Participants who exhibit memory deficits are referred on for additional testing or medical care. The first screening establishes a baseline. Persons who have been screened are notified each year of screening dates so they have the opportunity to be checked against their baseline.
- In-Home Nurse Visits
Through a Memorandum of Understanding the Community Nurse for the Jewish Federation of Greater Chattanooga's provides in-home and in-hospital visits. The nurse communicates with physicians. She also provides health screenings.
- Active Living and Transportation Network
The Active Living and Transportation Network has been selected as a demonstration site for the delivery of the National Highway Traffic Safety Administration's *Pedestrian Safety Workshop: A Focus on Older Adults*. This three hour workshop will be conducted four times over the next eight months. The goal is to improve safety for older pedestrians in demonstration communities. The AAAD is partnering with the Active Living and Transportation Network in this project.

Medication Management:

- Through the Memorandum of Understanding with the Jewish Community Federation of Greater Chattanooga a Community Nurse goes to the home of persons in need of help with managing medications. She sets up medications for daily use and will be in contact with a client's physician if problems with medications are indicated.
- Medication Management workshops are offered as part of caregiver conferences, etc. Medication Management is also discussed as part of the Chronic Disease Self Management workshops. Additionally, medication management aids are distributed through health fairs, etc.

Public Guardian for the Elderly:

- This program, required by Tennessee law, is designed to aid persons age 60 or older who have been declared by the court to lack capacity to handle

their own affairs and who have no family member, friend, bank or corporation willing, able and suitable to take this responsibility.

- The AAAD employs one Public Guardian and an Assistant to the Public Guardianship Program. The Development District Fiscal Department handles bank accounts of program clients. Six (6) volunteers are appointed by the court to serve as Conservator of Person. These individuals are trained by and report to the Public Guardian. Two (2) additional volunteers are trained and serve as friendly visitors to programs clients.

6. Describe how SENIOR CENTER activities are coordinated and/or delivered in the planning and service area.

- a) Senior centers, by contract with the AAAD, are located in all ten counties of Southeast Tennessee.
- b) McMinn County has two senior centers – one in Etowah and one in Athens.
- c) Hamilton County has three funded senior centers – one in Soddy Daisy and two in the City of Chattanooga.
- d) A variety of services is offered for participants 60 years old or better: congregate meals, recreation, friendly visits, outreach, health promotion, exercise, games, computer classes, etc.
- e) In rural counties home-delivered meals are delivered from area senior centers to local home-bound seniors.
- f) Senior centers also refer inquirers to both AAAD and community resources.
- g) The AAAD monitors senior centers on an annual basis. The AAAD provides quarterly training for senior center directors and other staff members. [Additionally the AAAD has provided senior center directors the opportunity to attend annual statewide training.](#)
- h) [The Program Development Manager schedules either monthly conference calls or one-on-one calls with senior center directors to provide programming information and to hear concerns being experienced by the individual sites.](#)
- i) Throughout the year technical assistance is offered to senior center directors and staff members as requested.

7. Describe how SHIP, SMP and MIPPA services are coordinated and/or delivered in the planning and service area.

- a) The AAAD provides a Coordinator to plan and implement the State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol (SMP), and the Medicare Improvements for Patients and Providers Act (MIPPA) services throughout the Southeast Tennessee region.
- b) A **full-time** Volunteer Coordinator recruits and nurtures volunteers who are trained to offer Medicare counseling, etc.
- c) Trained volunteers provide Medicare counseling and assist with community information events.
- d) SHIP staff persons participate in meetings of various community organizations where they are able to inform others of program benefits. They develop strong relationships with multiple community partners interested in SHIP activities. These partners also provide Medicare counseling and/or referrals.
- e) SHIP Host Sites, which offer Medicare counseling, are being developed in all ten counties. The immediate goal is to maintain a minimum of **three sites in each county. Memorandums of Understanding are being obtained between the AAAD and each host site.**
- f) **Ship staff members utilize the CMS provided zip code data to reach out to consumers who are eligible but not receiving the Part D Low Income Subsidy. Counseling and assistance with application completion are provided.**
- g) SHIP staff members provide in-service training for many local agencies to educate staff members about the resources/benefits available to Medicare recipients.
- h) Public awareness initiatives are coordinated by the SHIP staff to inform the public of the availability of the program.
- i) **SHIP Volunteers are provided additional training as changes occur within the Medicare system. Volunteer recognition is scheduled on an annual basis.**
- j) Part D enrollment events are held each fall to provide Medicare Part D assistance to beneficiaries.

9. Describe how the Area Agency coordinates with other public, non-profit or private partners to meet the service needs of older persons or adults with disabilities within the planning and service area. Include a summary of emergency/disaster preparedness coordination activities.

- The Silver Life Center (community center for seniors provided by Blue Cross Blue Shield of Tennessee) – partnering to provide Memory Screening Clinics.
- UNUM Insurance Company – Partnering in offering caregiver education for employees during lunchtime workshops.
- Channel 9 (ABC affiliate) – provides interview time on its noon-time program, “This ‘N That,” to discuss aging/disability issues and to announce upcoming workshops, conferences and events.
- Channel 12 (CBS affiliate) – provides interview time regarding upcoming AAAD events on an early morning news program.
- WNOO, a radio station with a predominantly African American audience, provides hour-long interview and call-in opportunities for National Family Caregiver Support Program and SHIP events.
- AAAD programs have been highlighted as part of a caregiver program on WPLZ radio.
- Chattanooga State Technical Community College and the AAAD co-sponsored “Excellence in Elder Care: An Educational & Networking Event for Families and Health Professionals.”
- Sequachee Valley Electric Coop allows the AAAD to be a partner in offering workshops for four (4) annual Senior Expos in rural counties.
- UT Extension Service – partners with the AAAD in providing arthritis exercise classes, diabetes nutrition classes as well as “Put Life Back into Your Life” – Living Well with Chronic Conditions workshops.
- The Partnership for Families, Children and Adults is the lead agency for the SARAH Project (Safety and Resources and Help). AAAD Staff are participating in this three-year Elder Abuse project.
- Chattanooga Police Department – allows the AAAD to be a partner in planning and offering workshops for an annual “Grandparents Are Special” workshop and luncheon for grandparents raising grandchildren. The CPD is also a partner in providing community education regarding seniors avoiding common scams.
- The Mid-South Chapter of the Alzheimer’s Association – partners in offering Alzheimer’s education.

- City of Red Bank Seniors On the Go work with the AAAD in providing Health Education and Caregiver workshops through the city's Senior Center.
- Eastgate Senior Center (under the Chattanooga Parks and Recreation Department) – partners by being a SHIP host site.
- Signal Centers, Inc – partners in education regarding assistive technology for seniors and younger disabled adults.
- Chattanooga/Hamilton County Health Department is now partnering in the provision of “Put Life Back into Your Life” – Living Well with Chronic Conditions workshops.
- Southeast Regional Health Office is now partnering in the provision of “Put Life Back into Your Life” – Living Well with Chronic Conditions workshops.
- University of Tennessee at Chattanooga Social Work Department partnering to provide a regional aging conference for professionals, seniors and family caregivers.
- Cleveland State Community College has requested that the AAAD participate in planning a series of web based caregiver training sessions.
- The Career Center in Chattanooga partners to provide a centralized location for Medicare Part D outreach initiatives on a city-wide bus route.

10. Describe other coordination activities related to advocacy or public education to meet the needs of older persons or adults with disabilities in the planning and service area.

- AARP Tennessee continues to be a partner in advocating for legislation to meet the needs of seniors as well as disabled adults.
- Membership in the Center for Independent Living Research (based in the UT College of Medicine, Chattanooga Unit) has afforded the opportunity to participate in researching needs of seniors to remain independent.
- The AAAD partners with Choose Chattanooga, the University of Tennessee at Chattanooga, Chattanooga State Community Technical College, the Jewish Federation of Greater Chattanooga, BrightStar HealthCare, Leadership Chattanooga, Outdoor Chattanooga, the Chattanooga Mayor's office, the Chattanooga Area Chamber of Commerce, Leadership Chattanooga, etc., in planning “A Livable Community for All Ages” events and projects.

- The AAAD partners with Choose Chattanooga (an organization with the mission of making the Chattanooga region a livable area for retirees along with encouraging retirees to move to the Chattanooga area) in providing the monthly “Leadership/Learning Livable Chattanooga Series” – lunchtime discussions.

11. Describe how the Area Agency provides volunteer opportunities or coordinates with volunteer organizations to meet the service needs of older persons or adults with disabilities within the planning and service area.

- Volunteers are a vital part of the Nutrition Program. Most of the participants in the congregate meal program are also volunteers who help with the day to day activities of the program. The Home Delivered Meals volunteers provide a hot meal as well as a daily contact for homebound consumers.
- The SHIP program recruits, trains and provides ongoing support to volunteer Medicare counselors. Host sites are coordinated throughout the region and are staffed by local volunteers. Training is provided on a quarterly basis and ongoing support from staff is always available. In the fall additional volunteers are utilized to address the demand for Part D counseling. Many community partners who work in area agencies or businesses assist as volunteers during high demand periods.
- The Public Guardian Program recruits, trains and supervises Volunteer Guardians. The Public Guardian Program also has an Advisory Board made up of local professionals who are called upon throughout the year. The Advisory Board includes the Chief Guardian Deputy of the Chancery Court of Hamilton County, a representative of the Social Security Administration, an attorney, the Long-Term Care Ombudsman, several social workers and a Certified Residential Appraiser.

12. Describe any grant activities or pilot projects being conducted in the planning and service area to meet the needs of older persons, adults with disabilities and their caregivers.

- As a result of an Administration on Aging grant received through TCAD, the AAAD is developing the Chronic Disease Self Management Program (CDSMP) throughout the ten-county region. The CDSMP promotes awareness and self management skills through an interactive setting. The program targets low-income older individuals including low-income minority persons and individuals residing in rural areas of the region. The

CDSMP helps strengthen the overall work of the AAAD as it involves developing community partners as well as recruiting and training volunteer workshop leaders.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

() Original, Dated:
(X) Update, Dated: March 31, 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	247,500.00			247,500.00
Coordination/Service Development	444,134.00			444,134.00
STATE FUNDS				
Options for Community Living	178,900.00			178,900.00
MEDICAID				
Elderly & Disabled Waiver				
LOCAL FUNDS				
TOTAL	870,534.00			870,534.00

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	572,266.00			572,266.00
Title IIIC1 Nutrition Services	463,400.00			463,400.00
Title IIIC2 Nutrition Services	486,700.00			486,700.00
Title IIID Disease Prevention & Health Promotion	32,200.00			32,200.00
Title IIID Medication Management	11,400.00			11,400.00
Title IIIE Family Caregiver	154,800.00			154,800.00
Title VII Elder Rights	43,600.00			43,600.00
STATE FUNDS				
Senior Centers	133,500.00			133,500.00
Nutrition (Home Delivered)	72,400.00			72,400.00
Homemaker	39,000.00			39,000.00
Guardianship	137,900.00			137,900.00
Title III Match	39,300.00			39,300.00
Options for Community Living	770,900.00			770,900.00
OTHER				
Elderly & Disabled Waiver				
NSIP	133,600.00			133,600.00
SHIP	72,000.00			72,000.00
MIPPA	68,580.00			68,580.00
TOTAL	3,231,546.00			3,231,546.00

*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

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
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
C-9	Minority Service Providers

PSA: Southeast
Plan Period: FY 2011 - 2014

() Original, Dated:
(X) Update, Dated: March 31, 2011

Annual Status Report and Highlights

For each of the goals listed in the July 2010 – June 2014 Area Plan provide a status update that reflects the progress and accomplishments toward meeting the goals. Briefly describe any other agency highlights.

Goal 1: Access Services

- **The Information and Referral Help Line** received **7,327 calls** during FY 2010. We have received **6,443 calls** in the first seven months of FY 2011 which is 101% of our goal of reaching a total of 6,400 persons during FY 2011 with outreach as well as through the Help Line.
- Because it is a top AAAD priority for callers to be answered by an Information and Referral Specialist rather than voicemail, the AAAD installed a new telephone system which allows several persons to be on the Information and Referral queue. In addition to providing better service for consumers, this system makes it possible for managers to listen in to calls, facilitating better Quality Assurance and identification of staff training needs. The system provides numerous reports that can be used to build a more effective Information and Referral program. Each of these steps of progress is vital to the success of the Single Point of Entry.
- The AAAD website has been updated to provide a link on the home page to the Information and Assistance page which houses an interactive referral form.

Goal 2: Community Services / Health Promotion

- **Arthritis Exercise Classes.** In addition to continuing to partner with the University of Tennessee Extension Service to provide traditional Arthritis Management Exercise classes and Tai Chi for persons with arthritis, the AAAD contracts with a certified Arthritis Foundation instructor to provide arthritis exercise programs at senior centers in three of the region's rural counties.
- **Disaster Preparedness.** Prior to June 1, 2010 seven of the region's thirteen senior centers organized a *Disaster Preparedness Community Forum*. Prior to June 2011 all of the regions senior centers will promote and host a forum.

- **Chronic Disease Self-Management Program.** The AAAD contracted with the Tennessee Commission on Aging and Disability to use Administration on Aging funding to initiate the Chronic Disease Self Management Program (CDSMP) throughout the ten counties of Southeast Tennessee. The CDSMP Coordinator and the Program Development Manager are certified Master Trainers through completion of the requirements of Stanford University. The CDSMP involves developing community partnerships, identifying workshop locations, scheduling workshops, publicizing workshops and recruiting participants. The program also involves recruiting and certifying leaders through a four-day training workshop. CDSMP promotes awareness and self management skills through an interactive setting. The program targets low-income older individuals including low-income minority persons and individuals residing in rural areas of the region.
- **“Dining with Diabetes”** and **“Walk with Ease”** workshops have been offered in partnership with the University of Tennessee Extension Service.
- **“Pedestrian Safety Workshop: A Focus on Older Adults”** is being offered four times through the AAAD’s partnership (through a Health Promotions Grant) with the Active Living and Transportation Network (ALTN). The ALTN was selected as a demonstration site by the National Highway Traffic Safety Administration to offer these workshops in response to the need to prepare the aging “baby boomer” generation with skills to ensure mobility and good health.
- **“Leadership/Learning Livable Chattanooga Series”** has been a monthly lunchtime discussion offered in partnership with Choose Chattanooga, an organization with the mission of making the Chattanooga region a livable area for retirees along with encouraging retirees to move to the Chattanooga area.

Goal 3: Home and Community Based, Long-Term Care

- **The Statewide Medicaid Waiver Program** had a total enrollment of **1,384** persons during FY 2010. These persons received **923,232** units of service.
- **The CHOICES Program staff** has served **834** persons from August 2010 through January 2011. This is 232% of the FY 2011 goal. The CHOICES Program has called for a change in many of the responsibilities the AAAD had under the Statewide Medicaid Waiver Program. Currently, our Enrollment Case Managers provide facilitated enrollment for persons who are not already enrolled in TennCare. This includes nursing home residents who have been in the nursing home for skilled care and are now ready to return to the community. Case Managers also counsel seniors and younger

disabled adults and their families regarding long term care planning and a wide range of private pay options.

- **The Options for Community Living Program** has served **175** persons during the first seven months of FY 2011 representing 100% of our goal for FY 2011.
- **National Family Caregiver Support Program** has offered the five types of services that are essential to this program.
 - 1) Information to caregivers about available services.
 - 2) Assistance to caregivers in gaining access to services.
 - 3) Individual counseling, organization of support groups, and caregiver training. Our NFCSP Coordinator offers individual counseling. One new support group has been initiated through a partnership with the Mt. Canaan Baptist Church. Caregiver training is offered in partnership with other organizations. The year 2011 has been declared “The Year of the Caregiver.” In conjunction with this theme we are planning several small workshops in rural counties. We are also in partnership with the University of Tennessee at Chattanooga and the Partnership for Families, Children and Adults in planning a regional aging conference, scheduled for April 1, 2011. This conference will offer training for family caregivers as well as professionals.
 - 4) Respite care is available for Caregivers enrolled in the NFCSP. Each caregiver may receive \$2,000 worth of respite services annually. Services include personal care, in-home respite, homemaker, overnight respite, adult day care. Caregivers choose which respite services they prefer, when services are to be scheduled and which provider(s) they wish to use. In Hamilton County we are able to offer transportation to doctor’s offices, etc., as well as friendly visits and telephone reassurance calls.
 - 5) Supplemental services, are provided on a limited basis. These include home delivered meals, incontinence supplies, minor home repairs and modifications, assistive devices, and the purchase of medical supplies not covered by insurance.

Grandparents and other Relatives Raising Children

In addition NFCSP funding is used to help support the Relative Caregiver Program, serving grandparents and other relatives raising children. Through FY 2010 we served 161 relative caregivers, age 55 and up along with their children through support groups for the caregivers, children and teenagers as well as through caregiver training.

- **Title III Congregate, Home Delivered Meals and Homemaker Programs** have served **1,887** consumers in the first six months of FY 2011. This is only 3 less consumers than our goal of serving 1,900 persons during FY 2011. The breakdown is as follows:
 - a) **Homemaker – 240 persons**
 - b) **Home Delivered Meals – 619**
 - c) **Congregate Meals – 1,018**

Goal 4: Elder Rights

- **The Public Guardian for the Elderly Program** continues to provide conservatorship services for persons who have declared to lack capacity to handle their personal and/or financial affairs. Currently 6 volunteers have been appointed by the court to serve as Conservator of the Person for clients of the program. These court-appointed volunteers send reports of visits to wards, as well as all other records and reports that are to be retained, to the AAAD Public Guardian. Two additional volunteers provide friendly visits to wards.
- **The Long-Term Care Ombudsman** served a total of 396 persons, including **290** consultations and resolution of **106** cases during FY 2010. From July 1 through December 31, 2010 the LTCO served **193** persons, including **83** consultations, **54** persons reached through community events and resolution of **56** cases.
- **Title III Legal Service** – During FY 2010, through Legal Aid of East Tennessee (LAET) a total of **617 persons** received **1,618 units** of service. From July 2 through December 31, 2010, LAET served a total of 422 persons, with 121 receiving legal help and 301 participating in workshops.

Goal 5: Management Practices

- Program managers have used the FY 2011 – FY 2014 Area Plan as a measure of accomplishment and as an instrument to redirect efforts to meet stated goals.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

(X) Original, Dated:
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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

As a Single Point of Entry for Tennessee's Long Term Care disability and aging services, increase the number of individuals served through a central source of reliable and objective information about a broad range of programs and services, empowering those served to make informed decisions about existing health and long-term care options.

MEASURABLE Objective One:

As a Single Point of Entry provide outreach, counseling and assistance, screening and intake as well as referral services to a minimum of **7,000** persons, including older adults, younger adults with disabilities, their families, caregivers and other consumers

Strategy 1

Market the Single Point of Entry through a variety of outlets including a minimum of six (6) media outlets, twelve (12) health fairs, workshops and other community information events, at least six (6) of which will be conducted in rural counties.

Strategy 2

Market the Single Point of Entry by ensuring outreach to professionals in social services and physicians' offices, hospital discharge planners and community organizations.

Strategy 3

Use Single Point of Entry funding to purchase listings in yellow pages of telephone directories in our region in order to provide easier access to information about AAAD services, eligibility screening for AAAD services, long term care planning as well as referral to other community services. Listings will highlight the AAAD as the Single Point of Entry into Tennessee's Long Term Care services and will be listed under "Senior Citizens' Organizations."

Strategy 4

Explore marketing the Single Point of Entry by placing a link to the AAAD on the websites of Chambers of Commerce, county websites, etc.

Strategy 5

Provide screening intake for persons who are referred or may otherwise qualify for services accessed through the Area Agency on Aging and Disability.

Strategy 6

Through the use of the dedicated Information and Referral telephone line and in-person meetings provide information, counseling and assistance to individuals and their families/caregivers that need long-term care services, helping these persons evaluate and access long-term care options.

Strategy 7

Make it a priority to answer every Information and Referral phone call as the call comes in. Use of a telephone system which allows several persons to be on the Information and Referral queue is an aid in accomplishing this goal. If call volume is especially high, callers may leave a message and call-back number. Our goal is for those calls to be returned the day messages are received or the next business day.

Strategy 8

Continue to explore the possibility of offering In-Home Needs Assessments for private pay consumers.

Strategy 9

Use the AAAD website to provide updated information about aging and disability programs and services as well as a means of referring individuals for such services taking extra care to make the website is “senior friendly.”

Strategy 10

Use email distribution to inform interested persons of new services or changes in current programs.

Strategy 11

Distribute 11,000 copies of ***Older Adults: the Resource Guide*** throughout the region. The center section of the Guide includes information on all AAAD services. Additionally, the Guide provides information regarding non-profit and for-profit services throughout the region.

Strategy 12

Update the statewide resource database annually.

Performance Measures: Methods for Measurement.

- 1) By September 1, 2011 report to the Southeast Tennessee Council on Aging and Disability progress in completing Strategy 4.
- 2) Maintain a record in SAMS of media outlet audiences, the number of participants in health fairs, workshops, community information events, presentations for social service organizations, medical professionals and community organizations.
- 3) The Program Development Manager will maintain a record of all physicians' offices contacted as a part of the efforts to market the Single Point of Entry.
- 4) Maintain a record in SAMS of all telephone and in-person interviews to provide information, counseling and assistance to individuals and their families/caregivers that need long-term care services.
- 5) Maintain a record in SAMS of all screenings for AAAD services.

- 6) Update the statewide resource guide based on information gathered from the annual printed ***Older Adults: the Resource Guide***. A reasonable monthly goal will be set for inputting resource data with progress monitored by the Program Development Manager on a monthly basis.
- 7) Use reports from SAMS to measure progress toward reaching the objective of serving a minimum of **7,000** persons.
- 8) Report back to the Advisory Council by January 2012 about progress on strategy 8.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

() Original, Dated:
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Home and Community Based Services

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

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

AAAD GOAL

Assist older adults and younger adults with disabilities in maintaining independence and the ability to remain in their own homes for as long as possible through home and community based services.

MEASURABLE Objective One:

As part of the Single Point of Entry the CHOICES program staff will serve a minimum of **2000** persons who need long-term care services by offering the scope of services indicated in the TennCare contract.

Strategy 1

Market the CHOICES program to social services and medical professionals as well as hospital discharge planners

Strategy 2

Provide core services including:

- Outreach to the general public through readily available, easy-to-understand information regarding Long-Term Care options
- Counseling and assistance in evaluating both private pay and Medicaid funded Long-Term Care options
- Screening of all persons who may qualify for CHOICES through the Single Point of Entry Information and Referral Help Line.

- Facilitated enrollment in CHOICES for persons who qualify and who desire Home and Community Based Services.
- Facilitated CHOICES enrollment for persons who qualify and need nursing home care.

Performance Measures: methods for measurement

- 1) Reports of service provided (Strategies 1 & 2) will be given to TennCare in a timely manner using the required report format.

MEASURABLE Objective Two:

To serve a minimum of **180** individuals through the Options for Community Living Program, providing services that will assist consumers in remaining independent as long as possible.

Strategy 1:

Provide a comprehensive plan of services utilizing community resources to assist consumers with maintaining independence for as long as possible.

Strategy 2

Provide a minimum of quarterly contact with enrollees.

Strategy 3

Provide ongoing technical assistance as needed by service providers in addition to quarterly provider training in an effort to increase the quality of services being delivered.

Strategy 4

Provide information and referral to Options consumers regarding available community services.

Performance Measures: method for measurement.

- 1) A monthly cumulative SAMS report of consumers receiving Options services will be used to monitor progress toward the enrollment goal of **180** participants.

- 2) Case notes, narratives, and service plans will be used to monitor progress of provision of, or referral to, all needed and available services for consumers. SAMS will be used to keep a record of a minimum of quarterly contact with enrollees.
- 3) Documentation will be kept of requests for training and actual training offered to providers through both training sessions and technical assistance.

MEASURABLE Objective Three:

Through the National Family Caregiver Support Program (NFCSP) serve **500** caregivers of seniors and minors with quality services to support them in continuing to provide care, preventing premature placement outside the home for seniors and to help stabilize relative caregiver families (relatives caring for minors). Services will include:

- Information provided for Caregivers about Available Services
- Assistance in Obtaining Services
- Support through Individual Counseling, Support Groups and Caregiver Training
- Direct Respite Care
- Supplemental Services.

Strategy 1

Through the Information and Referral (I & R) Program and through community presentations, workshops and conferences provide Information to **300** caregivers along with assistance in gaining access to NFCSP and community services.

Strategy 2

In response to the decision of the Administration on Aging to designate 2011 as “the Year of the Caregiver,” the NFCSP will work in partnership with community organizations and service providers to offer caregiver training through at least seven workshops and/or conferences with the purpose of assisting caregivers in making decisions and solving problems related to their role as caregivers. A minimum of five caregiver workshops will be scheduled in rural counties.

Strategy 3

Provide respite services for caregivers of older adults through agreements with local service providers with the guiding principle to be that of caregiver choice. Respite services will include: personal care,

homemaker, adult day care, overnight respite, in-home respite, telephone reassurance, in-home visits and transportation.

Strategy 4

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

Strategy 5

Provide supplemental funding for the Tennessee Valley Region Relative Caregiver Program (Department of Children's Services program) to assist in providing direct services, (support groups for caregivers and minors along with caregiver training), to support **100** grandparents and other relatives (age 55 and above) raising children.

Performance Measures: method for measurement.

- 1) Maintain a record in SAMS of all Information and Referral calls by caregivers as well as community presentations, workshops and conferences to monitor information about, and assistance in accessing caregiver services to a minimum **300** caregivers by June 30, 2012.
- 2) Maintain a record in SAMS of enrollment of caregivers of seniors for in-home services and participation in support groups and caregiver training to monitor progress toward the annual goal of serving **400** persons.
- 3) Maintain a record in SAMS of participation of caregivers of minors in support groups and caregiver training to monitor progress toward the annual goal of serving **100** persons.
- 4) Service plans, assessments, and case notes of caregiver contacts will be used to monitor quality and quantity of service provided.

MEASURABLE Objective Four:

To serve **2,100** consumers through Title III Congregate Meals, Home Delivered Meals, and Homemaker Programs.

Strategy 1

Encourage senior centers and nutrition sites to reach out to additional persons who would benefit from participation in the congregate meals program.

Strategy 2

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

Strategy 3

Work with service providers and consumers to monitor quality of service.

Strategy 4

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

Performance Measures: method for measurement.

- 1) Monitor record in SAMS of consumers participating in the nutrition and homemaker programs to gauge progress toward the goal of serving **2,100** consumers.
- 2) Review assessments to establish eligibility for services.
- 3) Monitor assessment narratives to review consumer satisfaction comments.
- 4) Keep a record of training and technical assistance offered to service providers.

MEASURABLE Objective Five:

Encourage the thirteen (13) senior centers in the region to serve seniors through improving current programming and through initiating new programs and activities.

Strategy 1

The AAAD will provide quarterly training regarding planning and programming for all senior center directors. The AAAD will initiate monthly contact with directors to discuss issues as well as to offer technical assistance.

Strategy 2

Senior center directors and staff will be encouraged to participate in statewide training opportunities.

Performance Measures: method for measurement.

- 1) The AAAD staff will keep a record of all training and technical assistance provided for senior center directors along with a list of participants in training.
- 2) Senior center directors will be apprised of statewide training and encouraged to attend. A record of participants will be kept by the AAAD Program Development Manager.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

() Original, Dated:
(X) Update, Dated: March 31, 2011

Health Promotion and Disease Prevention

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

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

AAAD GOAL

Empower older people to stay active and healthy by encouraging an active lifestyle and by offering chronic disease management education, health screenings and counseling regarding Medicare and other insurance benefits.

MEASURABLE Objective 1:

Senior centers and nutrition sites will be encouraged to increase health promotions through health education programs, health screenings, arthritis exercise classes, physical exercise and other active lifestyle activities with the objective of reaching a minimum of **500** persons.

Strategy 1

AAAD staff will provide training for senior center directors regarding health promotions, disease prevention and active lifestyle activities.

Strategy 2

Partner with the University of Tennessee Extension Service and county health departments to provide health education in senior centers.

Performance Measure: method for measurement

- 1) Maintain participant records in SAMS in order to measure progress toward the goal of reaching a minimum of **500** persons.

MEASURABLE Objective 2:

Continue to partner with a neuropsychologist and community agencies to provide five (5) Memory Screening Clinics in four (4) counties in the Southeast region with a goal of screening **100** persons.

Performance Measure: method of measurement

- 1) Maintain a record in SAMS of the number of consumers participating in the Memory Screening Clinics to measure progress toward reaching the goal of **100** participants.

MEASURABLE Objective 3:

Distribute Health Promotions materials through the Home Delivered Meals Program in order to reach **800** persons who may rarely have access to such materials.

Performance Measure: method for measurement

- 1) Maintain a record in SAMS of Health Promotions materials distributed through the Home Delivered Meals program to measure progress toward reaching a minimum of **800** persons.

MEASURABLE Objective 4:

Provide Chronic Disease Self Management Program (CDSMP) interactive workshops throughout the 10-county area with a minimum of **150** participants.

Strategy 1:

Develop community partnerships, identify workshop locations, schedule workshops, publicize workshops and recruit participants.

Strategy 2:

Recruit potential workshop leaders to participate in a four-day training course that leads to certification as a CDSMP trainer.

Strategy 3:

Target low-income older individuals including low-income minority persons and individuals residing in rural areas of the region.

Performance Measures: method for measurement

- 1) Maintain a record in SAMS of the number of persons reached to measure progress toward the goal of 150 participants.
- 2) Provide all required reports for TCAD which are used to measure progress.

MEASURABLE Objective 5:

Provide a minimum of one “Matter of Balance” eight-week workshop in one of the ten counties in our region.

Strategy 1:

Identify a location for this first workshop in conjunction with identifying one or more organizations with which to partner in promoting the workshop.

Strategy 2:

Reach out to the community with workshop information at least three weeks in advance, giving potential participants an opportunity to enroll.

Performance Measure: method for measurement

- 1) Maintain a record in SAMS of the number of workshop enrollees as well as participation in the weekly workshop session.

MEASURABLE Objective 6:

Provide objective public education through community programs, the media, one-on-one counseling, information distribution and assistance to **21,400** Medicare consumers, potential consumers, their families, other advocates and the general public through the State Health Insurance Assistance Program (SHIP).

Strategy 1

Provide objective public education through community programs, the print media, community programs, television and radio interviews.

Strategy 2

Identify and make arrangements for SHIP Host Sites with a goal of having three sites in each county.

Strategy 3

Recruit, train and retain volunteers to provide comprehensive information about Medicare and to assist individuals with Medicare challenges at various counseling locations throughout the Southeast region.

Strategy 4

Design and implement community outreach to individuals eligible for Medicare Part D Low Income Subsidy, Medicare Savings Programs and other benefits.

Strategy 5

Disseminate information about Medicare and related insurance benefits that help maintain healthy aging.

Strategy 6

Assist beneficiaries with finding affordable prescription drugs during coverage gaps and access to drugs not covered under Medicare Part D.

Performance Measures: method for measurement.

- 1) Document all public education and media events in SHIPTalk with the objective of reaching **20,000 persons**.
- 2) Document one-on-one counseling in SHIPTalk in accordance with SHIP/SMP directives to measure progress towards the objective of reaching **1,400 persons**.
- 3) Document host site and volunteer recruitment to be reported to TCAD.
- 4) On a bi-weekly basis submit the SHIP – TCAD Conversation Report, providing up-to-date information on volunteers who have received training as well as identifying the current activity of volunteers.

PSA: Southeast Tennessee
Plan Period: FY 2011 - 2014

(X) Original, Dated:
() Update, Dated: March 31, 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

Strengthen AAAD Elder Rights services and partner with other agencies and organizations that work to prevent elder abuse, neglect and exploitation.

MEASURABLE Objective 1:

Reach a minimum of 50 persons through Elder Law workshops that include a broad array of topics.

Strategy 1:

Schedule attorneys that have been certified in Elder Law or related specialties to provide workshops.

Strategy 2:

Broaden the scope of such workshops to include issues such driver's license revocation and dealing with house foreclosures.

Performance Measure: method for measurement

- 1) Maintain a record in SAMS of persons participating in Elder Law seminars to measure progress toward the goal of enlisting 50 participants.

MEASURABLE Objective 2:

Participate in the SARAH Project (Safety and Resources and Help), led by the Partnership for Families, Children and Adults, to extend efforts to prevent elder abuse.

Performance Measure: method for measurement

- 1) Maintain a record of AAAD participation in the SARAH Project.
- 2) Maintain a record of efforts and projects of the SARAH Project.

MEASURABLE Objective 3:

Serve **68** elderly persons through the Public Guardianship for the Elderly Program who, due to lack of capacity to make informed decisions, are unable to manage health and/or financial decisions and have no family, friend, bank, or corporation willing, able or suitable to act on their behalf.

Strategy One

Protect disabled persons, age 60 or older, through care and management of person and/or property as appointed through the court system. Work is to be accomplished by the Public Guardian for the Elderly, the Assistant to the Public Guardian for the Elderly Program, the Development District Fiscal Department as well as through a minimum of thirteen (13) trained volunteers.

Strategy Two

Manage medical treatments of clients by scheduling medical appointments, conversation with clients' physicians, arranging transportation, and obtaining prescriptions.

Strategy Three

When possible recover assets when an elderly person has been financially exploited.

Strategy Four

Make annual personal contact with officers of the appropriate courts in those counties in which we currently have no clients. In addition, printed materials will be shared with court officers.

Strategy Five

Maintain a program through which volunteers will either be appointed by the court as Conservator of the Person or will visit clients under the supervision of the Public Guardian.

Performance Measure: method for measurement.

- 1) On a monthly basis review the record of the total number of persons served to measure progress toward reaching the objective of serving **68** individuals.
- 2) Maintain a record of all persons trained to serve as volunteers.
- 3) Maintain a record of all outreach activities to assure that unserved counties are aware of available services.

MEASURABLE Objective 4:

Reach **600 persons** through legal counsel and public education events with a total of **1,600 units** of service.

Strategy 1

The AAAD will contract with a qualified legal services agency to provide Title III legal services for seniors including legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Performance Measure: method for measurement.

- 1) Review quarterly reports from the legal services provider to measure progress toward reaching the objective of reaching 600 persons, providing a total of at least 1,600 units of services.

MEASURABLE Objective 5:

Serve a minimum of **400** persons and resolve a minimum of **110** consumer complaints through the various services provided through the Long-Term Care Ombudsman Program (LTCOP) including: community education, the volunteer program and visits to facilities.

Strategy 1

Continue to contract with a qualified agency to provide Long-Term Care Ombudsman services: recruiting and training volunteers, visiting facilities, receiving and resolving complaints, providing community education about the program, and consulting with relatives/friends of clients.

Strategy 2

The AAAD will add volunteer recruitment to the Request for Proposals for FY 2012 along with adding volunteer recruitment to the LTCOP contract scope of services with a goal of annually resolving additional complaints.

Strategy 3

The AAAD will add the responsibility of seeking additional funding for the LTCOP to the Request for Proposals for FY 2012 as well as adding reporting of these activities to the contract scope of services.

Performance Measures: method for measurement

- 1) Review Long-Term Care Ombudsman reports to measure progress toward reaching the objective of serving **400** individuals and resolving **110** consumer complaints. Consult with the LTC Ombudsman Program supervisor to determine a plan of correction if the measurable objective is not being met.
- 2) The AAAD will monitor the progress of volunteer recruitment as well as efforts to secure additional funding through quarterly reports received from the Ombudsman Program and through annual monitoring of the program.

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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

Ensure that every level of service provided is focused on the well-being and satisfaction of the service recipients through customer service and effective management of financial and human resources.

MEASUREABLE Objective One:

Effectively lead the AAAD in providing Older Americans Act, Medicaid and state programs for older persons and younger adults with disabilities.

Strategy 1

Through regular planning sessions AAAD Program Managers will review progress toward reaching the five (5) major Area Plan goals.

Strategy 2

Use Satisfaction Surveys to determine effectiveness of AAAD services.

Strategy 3

Continue to look for new and creative ways to meet the needs of seniors and younger disabled adults according the major goals of the Area Plan.

Strategy 4

Submit the State Reporting Tool and other required reports to TCAD in a timely manner.

Performance Measures: method for measurement.

- 1) Based on regular review of progress toward accomplishing Area Plan goals, assign responsibilities to program managers to facilitate progress.
- 2) Results of Satisfaction Surveys will be shared with Program Managers and the AAAD Advisory Council by June 30, 2012.
- 3) On a quarterly basis review progress toward following suggestions and recommendations included in the Annual Quality Assurance Assessment by TCAD.

MEASURABLE Objective Two:

Provide accessibility to in-house and community training with the objective of staff members in experiencing professional growth to enhance service to the persons served through all AAAD programs.

Performance Measures: Method for Measurement

- 1) Keep documentation of each in-house and community training event and the staff members who participated.
- 2) Review the Area Plan Staff Training Plan to determine progress on meeting goals.

MEASURABLE Objective Three:

Review staff job descriptions annually to be sure to update according to changes in duties and program expectations.

Performance Measure: Method for Measurement

- 1) Changes in job descriptions will be reviewed by the AAAD Director and with the affected employees.

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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)	2,520
b. Number of older individuals residing in rural areas in the planning and service area (use 2000 Census population data)	33,965
c. Number of older individuals who speak English less than very well (use 2000 Census population data)	339
d. Number of low-income minority older individuals served (use State Reporting Tool data)	611
e. Number of individuals residing in rural areas served (use State Reporting Tool data)	2,684

2. Provide information on the extent to which the Area Agency met its Targeting objectives **for all programs** in the FY 2012 Area Plan Update.

FY 2011 OBJECTIVE	ACTUAL ACCOMPLISHMENT
1) Focus on continuing regional service delivery systems located in rural and primarily minority locations in order to target vulnerable minority and isolated populations.	AAAD staff members and volunteers remained committed to increasing low-income minority and rural participation on all levels of service delivery. <ul style="list-style-type: none"> a) Staff members have continued to promote use of services in these locations through community information events. b) Agency staff members participate in community organizations and agency meetings as a means of being informed of the diverse needs of the service area.

	<p>c) Through Quality Assurance senior centers have reviewed goals and practical methods for reaching minority persons.</p>
<p>2) Provide in-service training for home health and social service agencies regarding SETAAAD programs and services with a goal of increasing the number of rural and minority persons referred.</p>	<p>Staff members have provided 40 programs for home health and social service agencies to present all programs with an emphasis on the CHOICES Program because there is no wait list for this program.</p>
<p>3) Endeavor to publicize services and events through both rural and minority media outlets in an effort to reach all targeted populations.</p>	<p>The AAAD publicizes its services, events and educational programs through radio stations and publications that have a primarily minority audience. Rural newspapers and radio stations have also been used to reach this population.</p>
<p>4) Partner with the Sequachee Valley Electric Coop (SVEC) to provide workshops and information about AAAD services as part of the Senior Expos SVEC offers in four (4) rural counties.</p>	<p>The AAAD partnered with the SVEC to provide two (2) workshops: "Health Care Reform – Immediate Benefits for Seniors in Tennessee," and "CHOICES in Long-Term Care," for each of four (4) Senior Expos. The AAAD provided booths for each Expo to disseminate service information.</p>
<p>5) In partnership with other agencies and service providers, offer health promotions events, caregiver workshops and support groups that will reach both seniors in rural areas and low-income minority individuals.</p>	<p>The AAAD partnered with the UT Extension Service in two counties to offer Arthritis Exercise classes, Tai Chi for Arthritis and Dining with Diabetes.</p> <p>The AAAD contracted with an Arthritis Association Certified trainer to offer arthritis exercise classes in three rural senior centers and one predominantly African American center that is located in a low income, high-rise apartment building.</p> <p>Two rural senior centers received funding to plan health promotions</p>

	<p>activities and events throughout the year.</p> <p>Once again, the AAAD partnered with the Chattanooga Police Department to offer the “Grandparents are Special” workshop and luncheon. This event draws a primarily minority audience.</p> <p>Support Groups are offered monthly throughout our region for Grandparents and other Relatives raising children.</p> <p>In partnership with Mt. Canaan Baptist Church a Caregiver Support Group is now offered in a predominantly African American church.</p>
<p>6) Provide Chronic Disease Self Management Program (CDSMP) workshops throughout the 10-county area targeting rural and minority persons.</p>	<p>Three of the four workshops offered before March 2011 have been in rural areas. A special effort has been made to target predominantly African American churches for one of these workshops.</p> <p>African Americans are being recruited for Leadership Training and will target workshops in partnership with predominantly African American churches.</p>
<p>9) Through the State Health Insurance Assistance Plan (SHIP) target rural and minority populations with information about Medicare Part D Low Income Subsidy and Medicare Savings Programs.</p>	<p>The SHIP staff will target rural populations through county host sites and will target minority populations through churches and predominantly African American media resources.</p>

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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 collaborates with community service programs in every county to more effectively disseminate information about programs available to minority populations.

Minority owned service provider agencies with which the AAAD contracts to provide services are active participants in receiving and sharing information with the communities in which we serve.

Annually, outreach efforts are targeted in rural, ethnic, and minority communities that provide specific information about access and information to local residents.

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

During FY 2010 the AAAD had 15 minority owned businesses to provide an array of services for seniors and younger disabled adults.

Minority persons make up 14% of the membership of the AAAD Advisory Council on Aging and Disability.

Minority individuals compose 15% of the AAAD staff. One hundred percent of the minority staff members are female.

As indicated in the census data there are 10,637 minority persons in the southeast TN area that are 60+. This represents 10.5% of the 60+ population in the southeast region. As already reported the AAAD currently has 14% minority representation on the AAAD Advisory Council and 15% minority representation on the staff.

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 annual Quality Assurance assessment of senior centers is used to monitor progress toward reaching goals in serving minority populations.

The Annual SRT report to TCAD includes information about minority populations being served. This report is used to monitor the success of efforts to reach these populations as well as being the basis for planning for future success.

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 older low-income minority 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
The Single Point of Entry will provide outreach, counseling, screening and intake as well as referral services to low-income, minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas.	Market the Single Point of Entry through a variety of outlets including media, health fairs, distribution of "Older Adults: The Resource Guide," workshops and other community information events that will reach the target populations.	Pippin, Woods, Scogin, Preston
Assist low income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas to maintain independence through	Provide in-service training about AAAD Home and Community Based Services for home health and social service agencies with a goal of increasing referrals of	Woods, Geter, Preston

home and community based services.	members of target populations.	
Target low income minority persons and persons with limited English proficiency living in urban neighborhoods who need National Family Caregiver Support Program Services.	Contract with the Elderly Services, PARTNERSHIP for Families, Children and Adults	Witt
Reach out to low-income minority as well as non-minority rural residents with workshops and information about AAAD services.	Partner with the Sequachee Valley Electric Coop (SVEC) to provide workshops and information about AAAD services as part of the Senior Expos SVEC offers in four rural counties.	Witt, Pippin
Offer caregiver workshops and support groups to target low income minority and residents of rural area.	Partner with faith communities and other agencies to provide support groups and caregiver workshops.	McWhorter, Witt
Make a concerted effort to encourage an active lifestyle among low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas.	<p>Work with senior centers to provide health screenings, exercise classes and other health promotions education programs.</p> <p>Provide Chronic Disease Self Management Workshops in each of our ten counties.</p> <p>Develop partnerships with organizations that can aid us in reaching the target populations.</p>	<p>Pippin</p> <p>R. Johnson, Pippin</p> <p>Witt, R. Johnson</p>
Reach the targeted populations with education and counseling regarding	Continue to recruit and train volunteers to serve in State Health Insurance	Pippin Geter Preston

Medicare and other insurance benefits along with assistance in obtaining medications not covered by insurance.	Assistance Program host sites that are accessible to target populations.	
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Minority Service Providers

Minority Service Providers with Expenditures

Service Provider Name	FY 2010 Total Expenditures Federal and State
Amazing Restorations <ul style="list-style-type: none"> Statewide Waiver 	14,372.00
Caring Hearts Adult Day Care <ul style="list-style-type: none"> Statewide Waiver 	254,532.00
Complete Care Choice <ul style="list-style-type: none"> Title III Homemaker Options for Community Living NFCSP Statewide Waiver 	4,047.00 1,495.96 00.00 209,750.97
Good Neighbors, Inc <ul style="list-style-type: none"> Title III Homemaker Options for Community Living NFCSP Statewide Waiver 	50,384.00 33,051.48 613.20 54,781.82
Nurtured Living of Chattanooga <ul style="list-style-type: none"> Title III Homemaker Options for Community Living NFCSP Statewide Waiver 	14,952.00 00.00 00.00 19,332.87
On Demand Supportive Services <ul style="list-style-type: none"> Title III Homemaker NFCSP Statewide Waiver 	\$2,598.00 00.00 211,380.00

Outreach Medical Supplies <ul style="list-style-type: none"> • NFCSP • Statewide Waiver 	<p style="text-align: right;">2,645.00 865.00</p>
Paragon Home <ul style="list-style-type: none"> • Public Guardian for the Elderly Program 	<p style="text-align: right;">28,600.00</p>
Quality Lifestyle Services, Inc. Adult Day Center <ul style="list-style-type: none"> • Statewide Waiver 	<p style="text-align: right;">140,310.00</p>
Rose of Sharon's Senior Villa <ul style="list-style-type: none"> • NFCSP • Statewide Waiver 	<p style="text-align: right;">00.00 257,378.68</p>
Sharon's Adult Day Care <ul style="list-style-type: none"> • NFCSP • Statewide Waiver 	<p style="text-align: right;">00.00 155,682.00</p>
Sharon's Adult Day Care – Cleveland <ul style="list-style-type: none"> • Statewide Waiver 	<p style="text-align: right;">44,236.84</p>
Sharon's Personal Care <ul style="list-style-type: none"> • Title III Homemaker • Options for Community Living • NFCSP • Statewide Waiver 	<p style="text-align: right;">9,065.00 5,347.72 1,826.28 224,615.75</p>
Sweetwater Home for Seniors <ul style="list-style-type: none"> • Statewide Waiver 	<p style="text-align: right;">00.00</p>
<u>TOTALS</u>	<p style="text-align: right;">2,802,372.86</p>

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....

<u>Exhibit Number</u>	<u>Title of Exhibit</u>
D-1	Staff Resources
D-2	Training and Staff Development Plan
D-3	Advisory Council

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			
Director Steve Witt AAAD 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 BS in Liberal Studies, A.DIV in Pastoral Studies; Director for 6 years; 18 years in the field of aging.
Financial Specialist Aleetra Shaw Fiscal Officer	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 BS in Finance and Business Administration; 19 years experience.
Quality	1 FTE	RN, BSN or	

<p>Assurance</p> <p>Shane Berryhill Quality Assurance/ Information Coordinator</p>	<p>Provide technical assistance to service providers; Develop district Q&A Plan; Monitoring service providers, Approve Plans of Correction</p>	<p>Bachelor's Degree in social work, gerontology, psychology, sociology, counseling or related field.</p>	<p>.5 FTE BS in Psychology; 6 years experience.</p>
<p>Program Specialist/ Coordinator, Assistant Director</p> <p>Kathi Harrah AAAD Assistant Director</p> <p>Catherine Pippin Program Development Manager</p>	<p>.05 – 1 FTE</p> <p>Duties as assigned by Director</p>	<p>Bachelor's Degree in social work or related field and minimum of 2 years experience in Social Service Program implementation</p>	<p>1 FTE BA in Sociology/Psychology; 39 years of experience.</p> <p>1 FTE BS in Education MA in Gerontology AIRS Certification 20 years of experience.</p>

<p>Management Information Specialist</p> <p>Janet Felton IT Manager</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</p>	<p>.5 FTE AA in Information Systems Technology</p>
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		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	
Family Caregiver Coordinator	A designated coordinator, full-time or part-time as deemed necessary	Bachelor's Degree in social work or related field, or RN	1 FTE
Christin McWhorter	Disseminate caregiver information; Organize support groups; Maintain records; Compile reports; Oversee caregiver needs assessments; Arrange for caregiver services; Assist with Area Agency functions as assigned by the AAAD Director		AAS, BS in Psychology; 21 years of experience.
Support Staff Do not staff this position.	Full-time or part-time as deemed necessary Assist AAAD program staff (Letters, faxes, documents, telephone, meeting coordinator, etc.)	Computer skills; Verbal and written skills; Ability to organize files; Correspondence; Minimum of High School Education with preferably post secondary clerical skills training	
Other Staff			

<p>Adequate numbers of staff, qualified by education and experience, assigned for the development and administration of the plan and to conduct other required AAAD functions</p> <p>Stacie Swafford Nutrition Planner</p> <p>Jamie Tyson Program Assistant</p> <p>Monica Meece Service Coordinator</p> <p>Pierce Prasnik Service Coordinator</p> <p>Annie Maxwell Service Coordinator</p> <p>VACANT</p>	<p>Full-time or part-time as deemed necessary</p> <p>Based on the needs of the individual AAAD planning and service area</p>	<p>Qualifications will be developed in keeping with responsibilities assigned to the position</p>	<p>1 FTE AAS, Human Services Specialist; 14 years of experience.</p> <p>1FTE BS in Human Ecology/Child and Family Studies; 7 years of experience.</p> <p>1 FTE BS in Health Science with a specialization in Community Health; 7.5 years of experience in aging.</p> <p>1 FTE BS in Social Work; 2 years of experience.</p> <p>1 FTE AAS, BS in Social Work; 5.5 years of experience</p> <p>1 FTE</p>
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Chronic Disease Self Management Program Coordinator			1 FTE BS, Corporate/Community Wellness Management; 8 years of experience
SHIP			
SHIP Coordinator Katherlyn Geter	1 dedicated FTE Cooperate with CMS requests to recruit/train volunteers; Maintain current knowledge of Medicare and Medicaid and other health insurance; Telephone counseling to beneficiaries; Compile reports; Communication skills; Work with media; computer skills	Preferably a Bachelor's Degree and 2 years experience in advocacy or information and assistance. A high school education and 4 years experience in advocacy or information and assistance may be substituted.	1 FTE BS in Social Work; 11 years of experience.
SHIP Volunteer Coordinator Tommy Preston			1 FTE BS in Psychology, M.Div.; 30 years of experience in working with volunteers
Guardianship for the Elderly			
Guardian Jan Levan Public Guardian for the Elderly Kim Stinnett	1 dedicated FTE Manage Guardianship Program	See the Guardianship for the Elderly Chapter in this Policy Manual	1 FTE 2 years college; Certified Registered Guardian, Center for Guardianship Certification; 10 years of experience in aging. 1 FTE

Assistant to the Public Guardian Program			2 years college; 9.5 years of experience in health/aging.
Statewide CHOICES Program			
CHOICES Program Manager Terry Woods HCBS Waiver Manager	1 FTE Financial & Program Oversight; Marketing; Policies and Procedures Compliance; Data Analysis of Performance; Reporting; Contact for Case Management Provider; Recruitment/Relations; Grievances/Appeals; Staff supervision as assigned by AAAD Director	Preferably Master's Degree in Social Work or a Registered Nurse (subject to Waiver requirements). Minimum of 2 years in management or supervision, preferably working with older adults and/or adults with disabilities.	1 FTE MRE, MS in Social Work, LCSW; 16 years of experience in aging; 26 years of experience in social work.
Information & Referral Specialist LeAnn Beck CHOICES Information and Referral Specialist Laura Grier CHOICES Information and Referral Specialist	1 – 2 FTE As deemed necessary Telephone Information Assistance and Referral; Comprehensive telephone screening; Assist with appointments for in-home assessment visits; Assistance with case file development	AIRS Certified Information and Referral Specialist – Aging, according to AIRS Standards within 2 years of employment; Written/Verbal communications skills; Minimum of completion of grade 12, preferred at least 2 years college and minimum of 2 years employment in field of social work.	1 FTE BS in Business, AIRS Certification; 13 years of experience working in the field of aging and disability .5 FTE BS in Social Work 6 years of experience

Sarah Jones CHOICES Information and Referral Specialist			.5 FTE BS – Criminal Justice MA – Counseling Psychology 3 years of experience in social work/counseling
Dana Wyatt CHOICES Information and Referral Specialist			.5 FTE AS, BS in Psychology/Sociology; 5.5 years of experience.
CHOICES (Enrollment) Case Managers	2 – 4 FTE As deemed necessary	Preferably a Master’s Degree in Social Work, Psychology, Sociology, or a related field from an accredited college or university and one year of supervised social services	
David Johnson CHOICES Case Manager	Engage in all components of the CHOICES Program contract with TennCare as a Single Point of Entry.	experience, with experience in geriatrics or service planning and delivery for the disabled.	1 FTE BS in Psychology; 16 years of experience.
Chassity Shaw CHOICES Case Manager		Bachelor’s Degree in Social Work, Psychology, Sociology, or other field related to social work with 2 years of supervised work experience in a social services program, with experience in geriatric or	1 FTE BA in Social Work; M.ED in School Counseling; 9 years of experience in field of aging.
Laura Grier CHOICES Case Manager			.5 FTE BS in Social Work 6 years of experience
Sarah Jones CHOICES Case Manager			.5 FTE BS – Criminal Justice MA – Counseling Psychology 3 years of experience in social work/counseling

Dana Wyatt CHOICES Case Manager/ Enrollment Coordinator		service planning and delivery for the disabled preferred. The Bachelor's level Social Worker must work under the supervision of a Social Worker with a Master's Degree or an RN.	.5 FTE AS, BS in Psychology/Sociology; 5.5 years of experience.
Denton Ridge CHOICES Quality Assurance			.5 FTE AS, BA; 5 years work in field of aging and disability.
CHOICES Support Clerk Andrea Jones	1 – 2.5 FTE As deemed necessary Assist waiver staff with duties as assigned	Computer skills; Verbal and written communication skills; Ability to organize files; Correspondence; Faxing; Minimum of high school education with emphasis in business, preferably post secondary clerical skills training	1 FTE High School Degree; 5 years of experience in aging and disability.
OPTIONS for Community Living			
I&R Specialist Crystal Scoggin I & R Specialist Shane	1 dedicated FTE Disseminate information and make referrals; Telephone screening; Telephone counseling; Enter data into Beacon/SAMS database	AIRS Certified Information and Referral Specialist – Aging, according to AIRS Standards Written/Verbal communications skills. Minimum of	1 FTE High School Degree; AIRS certification; 7 years of experience in field of aging/disability. .5 FTE

Berryhill Quality Assurance/ Information Coordinator		completion of grade 12, prefer at least 2 years college and minimum of 2 years employment in field of social work.	BS in Psychology; 6 years experience in aging and disability.
Service Coordinator Mary Cole-Wolfe Options for Community Living Coordinator	1 FTE Plus additional FTEs as deemed necessary by caseload In-home assessments; Development and management of Care Plans; Referral and arrange services; Re-assessment	BS Degree in social work, psychology, gerontology, sociology, counseling, nursing, or equivalent degree; or Licensed Practical Nurse/Registered Nurse or BS Degree with minimum of 2 years experience working with older persons and/or adults with disabilities; or Minimum of completion of 2 years of accredited college or university and 2 years experience in the field of social work or related field	1 FTE BS in Criminal Justice; 7 years of experience in social work.

TABLE 2.

NAME	Age 60+	Female	Minority	Disability
LeAnn Beck		X		
Shane Berryhill				
Janet Felton		X		
Katherlyn Geter		X	X	
Laura Grier		X		
Kathi Harrah	X	X		
David Johnson				
Richie Johnson				
Andrea Jones		X		
Sarah Jones		X		
Jan Levan		X		
Annie Maxwell		X		
Christin McWhorter		X	X	
Monica Meece		X		
Catherine Pippin		X		
Pierce Prasnik				
Tommy Preston				
Aleetra Rice		X	X	
Denton Ridge				
Jennifer Rose		X		
Crystal Scogin		X		
Chassity Shaw		X		
Kim Stinnett		X		
Stacie Swafford		X		
Jamie Tyson		X		
Steve Witt	X			
Mary Cole Wolfe		X		
Terry Woods		X		
Dana Wyatt		X		
TOTAL	2	22	3	

Supervision

The director of the Area Agency on Aging and Disability is directly supervised by:
Beth Jones, Executive Director, Southeast Tennessee Development District

PSA: Southeast
 Plan Period: FY 2011 - 2014

() Original, Dated:
 (X) Update, Dated: March 31, 2011

Training and Staff Development Plan

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
Orientation Training for all new staff	New Hires			As needed
SETAAAD Staff Training	29			10/11,4-12
SHIP			20	Quarterly
Senior Center Directors		13		Monthly Technical Assistance Contact
Quarterly Training for Senior Center Directors/Nutrition Coordinators		20		09/11, 12/11, 03/12, 06/12
Quarterly Training for Service Providers		25		09/11, 12/11, 3/12, 6/12
Public Guardianship Volunteers			12	Annual
TCAD training for Title III, Options, NFCSP, QA and I & R, Guardianship staff	20			When dates set by TCAD
Annual Alzheimer's Education Conf.	8			11/10
National Guardianship Conf.	1			10/10
Southeast Association of AAAs	15			09/10
NASWT CEU Training	4			Various times throughout the year.
Required FEMA courses/Disaster Preparedness	2			When scheduled
AIRS CEUs required to maintain certification	5			Through Various Training Events throughout the year

PSA: Southeast
 Plan Period: FY 2011 – FY 2014

(X) Original, Dated: March 31, 2010
 () Update, Dated:

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
Otto Appelt	Age 60+ Resides in Rural Area County Representative
Ben Bright	Resides in Rural Area Advocate for Older Persons Advocate for Individuals with Disabilities County Representative
Catherine Brown	Minority Age 60+ Resides in Rural Area County Representative
Helen Buffington	Age 60+ Resides in Rural Area County Representative
Jackie Callaway	Advocate for Older Persons Resides in Rural Area
John Cassidy	Age 60+ Advocate for Older Persons Resides in Rural Area

Cele Curtis	Age 60+ Advocate for Older Persons Caregiver County Representative Member of the Tennessee Commission on Aging and Disability
Almeda Frazier	Age 60+ Advocate for Older Persons General Public
Don Gentry	Age 60+ Resides in Rural Area County Representative
Merna Jaquish	Has a Disability Advocate for Individuals with Disabilities Resides in a Rural Area County Representative
Ardis Knight	Age 60+ Resides in Rural Area County Representative
Edward Lusk	Age 60+ City Representative
Pat Miller	Advocate for Older Persons Advocate for Individuals with Disabilities Member of the Tennessee Commission on Aging and Disability
Marilyn Monday	Resides in Rural Area Service Provider for Older Persons County Representative
Wanda Porter	Age 60+ Resides in Rural Area County Representative
Betty Severyn	Age 60+ Advocate for Older Persons Advocate for Individuals with Disabilities County Representative
Alene Smith	Age 60+ Resides in Rural Area County Representative
Diana Truelove	Age 60+ Resides in Rural Area County Representative
Bobbie Tyler	Minority Age 60+ Advocate for the Elderly Advocate for Persons with Disabilities General Public

Anita Waugh	Age 60+ Resides in Rural Area Service Provider for Older Persons Advocate for the Elderly County Representative
Burkett Witt	Minority age 60+ Resides in Rural Area Family Caregiver Business Community Former Elected Official County Representative

B. SCHEDULE OF ADVIORY COUNCIL MEETINGS

Give Dates and Times of Scheduled Meetings

<u>DATES</u>	<u>TIME</u>
July 18, 2011	1:00 pm
September 19, 2010	1:00 pm
November 21, 2010	1:00 pm
January 23, 2012	1:00 pm
March 19, 2012	1:00 pm
May 21, 2012	1:00 pm

C. OFFICERS & OFFICE

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Betty Severyn	Chair	Appointed by the Southeast Development Board of Directors.
Pat Miller	Vice-Chair	

PSA: Southeast
Plan Period: FY 2011 - 2014

() Original, Dated:
(X) Update, Dated: March 31, 2010

Advisory Council Bylaws

BY-LAWS

***SOUTHEAST TENNESSEE ADVISORY COUNCIL
ON AGING AND DISABILITY***

**ARTICLE I
OFFICES AND SERVICE AREA**

The name of this organization shall be the Southeast Tennessee Advisory Council on Aging and Disability, hereinafter referred to as the Council. Its central office shall be located at the Southeast Tennessee Development District, hereinafter referred to as Agency, at 1000 Riverfront Parkway, Chattanooga, TN, 37402, county of Hamilton.

The Council will serve the counties of Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, and Sequatchie in the State of Tennessee.

**ARTICLE II
OBJECTIVES**

The objectives of the Council shall be to:

- A. Identify the needs and problems of the elderly, and adults with disabilities hereinafter referred to as service population
- B. Establish goals, objectives, and priorities for action
- C. Identify resources, which could be used to achieve goals, objectives and priorities

- D. Assist in determining the mechanism for utilizing resources to provide services
- E. Establish methods for prioritizing, evaluating, and monitoring programs
- F. Approve the Annual Area Plan

ARTICLE III MEMBERSHIP

Section 1. General Powers

The affairs and functions of the Council shall be managed by its members.

Section 2. Number, Qualifications and Tenure

The number of members of the Council shall not exceed 37. Each member must reside within the Service Area and be either a public or private representative of a Federal, State, or Local Agency or a representative of the service population. At least 50 percent of the membership shall be from the service population. Agencies receiving Administration on Aging funds and/or designated State of Tennessee funds will be allowed to recommend representatives as Ad-Hoc Council Members (without voting privileges). Tenure on the Council shall be for four years. Members may succeed themselves upon the approval of the members of the Council and the Agency administrative staff.

Section 3. Appointment and Vacancies

Membership will be confined to persons living within the boundaries specified in Article I. Members of the Council will be: Two Representatives from Bledsoe, Grundy, Marion, Meigs, Polk, Rhea, and Sequatchie Counties appointed by the County Mayor. Bradley County will have four members appointed by the County Committee on Aging. McMinn County will have four members appointed by the County Mayor. Hamilton County shall have six members: one appointed by the County Mayor and five appointed by the mayors of Walden, Signal Mountain, Chattanooga, Lookout Mountain, Red Bank, Soddy Daisy,

East Ridge, Ridgeside, Collegedale and Lakesite. The two Commissioners representing the area on the Tennessee Commission on Aging and Disability shall also serve as Council members. A maximum of 7 members at large may be proposed by the Agency with such recommendations being individuals who have demonstrated leadership and interest in the field of aging and disability and approved by the Council membership; other agencies providing or having the potential to provide services to the service population will be represented on the Council with prior approval of the Council membership; and minority and disability representation at least in the proportion to the percentage of minority older population and adults with disabilities and recommended based upon demonstrated leadership in the field of aging and disabilities and approved by Council membership.

Council responsibilities and operation will be reviewed with each new member of the Council, and a copy of the By-Laws and documented procedures relevant to Council operation will be provided.

An Appointee shall notify the Agency if he or she will be unable to attend a scheduled Council meeting. Any Appointee shall be excluded from further participation in Council functions if he or she is absent from 3 consecutive regular meetings without just cause as defined in the Council's procedures. An Appointee who is to be excluded from further participation shall be notified in writing and may appeal the exclusion to the Council within 30 days of notification. The Council may overturn the exclusion based on the information provided.

The Agency staff will be responsible for filling vacancies in accordance with Section 3.

Only one person per household may be a member of the Advisory Council.

Section 4. Regular Meetings

The Council shall meet on a schedule determined by the Council with the place and time being determined by the Chairperson. Written notification of the meeting will be given by the Agency.

Section 5. Special Meetings

Upon the written request of ten (10) members of the Council, or when the Chairperson deems it necessary, 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 meeting shall be delivered to each member by mail at such address as he/she shall have previously designated not later than one week before the meeting. Telephone calls and/or electronic notification may be used as reminders but not in lieu of official written notification.

Section 6. Voting

Only official members shall have the right to vote. All votes shall be “vica voca” (the voice), except when a roll call vote has been requested by a voting member of the Council.

Designated voting members are listed on the official Council membership list.

It is the responsibility of each Council member to notify the Council of any potential conflict of interest related to an issue under consideration as soon as such potential conflict becomes apparent to the member. Further participation in discussion or voting on the issue will then be in accordance with guidance from the Council.

Section 7. Action of Council

The rules contained in *Robert's Rules of Order, Revised* as published by the Scott-Forman Publishing Company, shall govern the proceedings of all meetings of the Council to the extent that such rules are not in conflict with these Bylaws.

1. The basic objective of the Council in dealing with relevant issues is to assure each member has the opportunity to verbally participate in the discussion with the purpose of arriving at a sound consensus that leads to the development of a Comprehensive Coordinated Delivery System for the service population.
2. The objective of reaching a sound consensus will be pursued by use of the best techniques of group discussion.
3. It is the guiding principle of this Council to make every reasonable effort to attain a unanimous decision on actions taken.

Section 8. Quorum

A majority of members of the Council shall constitute a quorum for the purpose of conducting business. When a quorum is present, a majority of those present will decide all issues presented.

ARTICLE IV OFFICERS

Section 1. Number of Officers

Officers shall be appointed by the Executive Committee of the Board of Directors of the Southeast Tennessee Development District. The officers of the Council shall be a Chairperson and a Vice-Chairperson. Such other officers and assistant

officers as may be deemed necessary may be elected or appointed by the Council. Officers shall be voting members of the Advisory Council.

Section 2. Term of Office

Each officer shall hold office until her/his successor shall have been duly appointed and shall have qualified or until her/his death or until he/she resigns or shall have been removed in the manner hereinafter provided.

Section 3. Removal

Any officer or agency may be removed by the Council whenever, in its judgment, the best interests of the Council and the people of its Service Area will be served thereby, for absenteeism as specified in Article III, Section 3, or if a named representative moves out of the service area.

Section 4. Vacancies

A vacancy in any office because of death, resignation, removal, disqualification, or otherwise may be filled for the unexpired portion of the term by the Executive Committee of the Southeast Tennessee Development District at the first meeting after the vacancy has occurred.

Section 5. Chairperson

The Chairperson shall preside over all meetings of the Council; establish the agenda for meetings in cooperation with the Director and staff of the Southeast Tennessee Area Agency on Aging and Disability; coordinate all affairs, programs, projects, and public relations activities; and appoint standing committees such as: Executive, Nominating, and Senior Center, and other committees as needed.

Section 6. Vice-Chairperson

The Vice-Chairperson shall preside over meetings in the Chairperson's absence; be responsible for the functioning of all committees; investigate any project not under jurisdiction of any committee; and perform other duties assigned by the Chairperson.

Section 7. Compensation

The officers shall serve without compensation.

**ARTICLE V
FISCAL YEAR**

The fiscal year of the Council shall begin the first day of July and end on the thirtieth day of June.

**ARTICLE VI
AMENDMENTS**

A By-Laws Committee of the Advisory Council will be named biannually at the first meeting of each even year for the purpose of reviewing the By-Laws for any proposed changes. Changes proposed by the By-Laws will be mailed to each Council member two weeks prior to the second meeting of the even year for review and action at that meeting. The By-Laws may be amended by a two-thirds vote of a quorum of the Council members present at the meeting.

By-Laws may be amended more often, if needed, provided that the notification and quorum requirements noted above are met.

ARTICLE VII EFFECTIVE DATE

These Bylaws shall be effective upon their adoption.

ADOPTED: July 26, 1973

AMENDED ON THE FOLLOWING DATES:

January 31, 1974

October 24, 1975

November 2, 1977

October 26, 1978

August 8, 1979

May 25, 1982

January 28, 2002

January 23, 2006

July 19, 2010

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-2 Advisory Council Participation in the Area Plan Process

Attachment 1 Supporting Documentation for Advisory Council Participation

PSA: Southeast
Plan Period: FY 2011 - 2014

() Original, Dated:
(X) Update, Dated: March 31, 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 when the Area Plan was reviewed by the Advisory Council.
January 31, 2011
2. Attach an agenda of the Area Plan review meeting or describe the review process. (See F-2 Attachment)
3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.
 - 1) Otto Appelt
 - 2) Ben Bright
 - 3) John Cassidy
 - 4) Cele Curtis
 - 5) Don Gentry
 - 6) Merna Jaquish
 - 7) Ardis Knight
 - 8) Dr. Edward Lusk
 - 9) Pat Miller
 - 10) Marilyn Monday
 - 11) Alene Smith
 - 12) Diana Truelove
 - 13) Bobbie Tyler
 - 14) Anita Waugh
4. Provide a summary of comments made by advisory council members about the completed plan.

Pat Miller, Vice Chair of the Council, facilitated the advisory council discussion of the FY 2012 Area Plan Update. The members of the advisory council were divided into five groups with each group charged with sharing comments and ideas on one of the five goals of the Area Plan.

Ideas shared are listed below.

Goal I: Access Services

- “Website Senior Friendly” “
- Telephone Book Listings should come under “Seniors”
- “Resource Guides” to more places in each community: i.e. Health Departments, Fire Stations, Libraries, Piggly Wiggly stores, WalMarts, Churches, etc.”
- Billboard Ad for “Senior Help” SETAAAD Phone #
- Ads in smaller newspapers for SETAAAD

Goal II: Home and Community Based Services

- Home Modification Funding – to make homes more handicapped accessible
- Establish a point of contact person for each county
- Education updates: web-based & email for what resources are available
- Develop a “Fix-It” group of volunteers to do work
- Media need to get resource info to disseminate

Goal III: Health Promotion and Disease Prevention

- Ongoing promotion by director & staff of health care screenings in communities to improve/increase participation by residents
- Hope to have the Chronic Conditions Self Management Program offered at the Etowah Senior Center in the next few months.
- Increase communication from SETAAAD to Senior Ctr. Directors about Health Promotions programs, etc.
- Senior students in Pharmacy Schools to check medications

Goal IV: Elder Rights

- Include other legal issues such as home foreclosures, driver’s licenses, etc.
- Include in plan how the ombudsman will work with APS and state licensure agency.
- Expand number of elderly served.
- Increase the number of ombudsman volunteers so as to increase the number of complaints resolved
- Dealing with the homeless elderly
- Delete upfront cost of hospitalization
- Dealing with utility payments

Goal V: Management Practices

- Making sure senior centers receive materials they need
- Assure training of personnel provided and follow-up as conditions (grants, etc.) dictate.

- Thorough job descriptions showing what the responsibilities are for each staff member.
 - Take Area Plan suggestions from the Council and suggestions from regular Council meetings and report on what are doing and get feedback
5. Summary of Changes. List changes made in the plan as a result of comments made during the Advisory Council review.

Goal I: Access Services

- Strategy 1: Increase the use of media (to a minimum of 6 outlets) in reaching the public with information about services.
- Strategy 3: New telephone yellow pages will be listed under “Senior Citizens Organizations.”
- Strategy 9: Use the AAAD website to provide updated information about aging and disability programs and services as well as a means of referring individuals for such services taking extra care to make sure the website is “senior friendly.”
- Strategy 10: Updates on new services or changes in services will be posted on the SETAAAD website and will be distributed to interested individuals by email.

Goal 4: Elder Rights

- Plan Elder Law Workshops that include information on Home foreclosures, ways to have a driver’s license revoked, etc.

Exhibit F-2 Attachment

Documentation of Advisory Council Participation in the Area Plan Process

Copy of the Agenda for the Area Plan Discussion

**Southeast Tennessee Advisory
Council on Aging and Disability**

**January 31, 2011
1:00 PM**

- | | |
|---------------------------------------|---------------|
| I. Welcome and Call to Order | Betty Severyn |
| II. Moment of Silence | |
| III. Roll Call | Jamie Tyson |
| IV. Approval of Minutes | Betty Severyn |
| V. The Area Plan – FY 2012 Update | |
| A) Introduction | Steve Witt |
| B) Discussion of Goals and Objectives | Pat Miller |
| VI. Announcements | Betty Severyn |
| VII. Adjourn | |

Next Meeting: Monday, March 21, 2011

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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Sent by Fiscal Officer to the TCAD Fiscal Department