

# **AREA PLAN on AGING and DISABILITY**

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

Upper Cumberland Area Agency on Aging and Disability  

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Designated Area Agency on Aging and Disability

for the

Fourteen Counties  

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Planning and Service Area

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

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## **Older Americans Act**

### Section 306 *AREA PLANS*

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

### Section 307 *STATE PLANS*

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

(a)(1) The plan shall—

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

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

## **Submittal Page**

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## SUBMITTAL PAGE

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

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

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

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

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

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

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

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

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

## **AREA PLAN UPDATE 2011 – 2012**

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

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

Name: Patty Ray

AAAD: Upper Cumberland

Address: 1225 South Willow Avenue, Cookeville, Tennessee 38506

Phone: (931) 432-4111

## **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-1	Designated Planning and Service Area
A-2	Area Profile
A-3	2000 Census Data
A-4	Focal Points
A-5	Methods Used to Determine Service Needs
A-6	Summary of Service Needs

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## **Designated Planning and Service Area**

Area Agency: Upper Cumberland

Physical Address: 1225 South Willow Avenue, Cookeville, Tennessee 38506

Mailing Address (if different): Same

All Phone #s and Fax #: Phone 931-432-4111; Fax 931-432-8112; 931-432-4267; SHIP  
1-877-801-0044; SMP 866-836-7677; I&A 866-836-6678

E-mail Address: pray@ucdd.org

Website: www.ucdd.org

Director: Patty Ray

In Operation Since: 1969

Mission: The Area Agency on Aging and Disability (AAAD) will plan, advocate, coordinate, and contract for and provide technical assistance and quality assurance in the implementation of programs and policies that assure accessible, responsive, and comprehensive services that improve the quality of life of older adults and other adults with disabilities in the Upper Cumberland Region.

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## Area Profile

### **1. Identification of counties within the planning and service area.**

Cannon, Clay, Cumberland, Dekalb, Fentress, Jackson, Overton, Macon, Pickett, Putnam, Smith, Warren, White, and Van Buren.

### **2. Identification of counties designated as rural in the planning and service area.**

Cannon, Clay, Cumberland, Dekalb, Fentress, Jackson, Overton, Macon, Pickett, Putnam, Smith, Warren, White, and Van Buren.

### **3. Identification of counties/communities designated as urban in the planning and statistical area.**

None.

### **4. Describe significant differences among counties/communities in the planning and service area.**

Counties in the area range from extremely small to moderate sized relative to other Tennessee counties. The largest, Putnam, has about 72,000 residents while the three smallest counties have fewer than 10,000 residents. Putnam, Cumberland, and Warren Counties are the largest and provide most of the employment opportunities in the region. Growth has been most rapid in Cumberland and Putnam Counties. Much of this growth may be attributed to the influx of retirees in the area. This effect is especially pronounced in Cumberland County which is known for attracting relatively affluent retirees. Manufacturing jobs remain important to the area, but these have been declining in absolute numbers as well relative to overall employment. This has been especially pronounced in the smaller counties. The growth in the elderly population has given rise to increased demand for medical services. As a result, medical services have been the leading source of employment growth in the area.

As of January 2011, the unemployment rate for Upper Cumberland is 11.9% with the state rate at 10.3% and national rate at 9.8%.

Poverty and low incomes are a continuing problem in the area. The latest available census data show a poverty rate among the elderly that is considerably higher than the state and national levels. Rates range from a low of 10.6% in Cumberland County to a level of 29.7% in Macon County.

A factor related to the relatively low economic status in the region is the low level of education attainment of the elderly in the area. The percentage of high school graduates is

only 58.1% for the region while the comparable rate for the state and nation are 65.8% and 74.2% respectively.

According to the 2000 Census, the Upper Cumberland's extremely low percentage of 60+ minority being 2.4% is significantly less than the statewide rate of 12.3%.

Due to the rurality of the region and high poverty level, there is a dire need for available public transportation for individuals that are not TennCare recipients.

**Area Profile  
 Upper Cumberland**

<b>Population By Age Categories</b>		<b>Grandparenting</b>	
All Ages	305000	Grandparents 60+ Responsible for Grandchildren	800
60-64	15795	Grandparents 60+ Living with Grandchildren	1,140
65-69	13685	Grandparents <60 Responsible for Grandchildren	1,990
70-74	12250	Grandparents <60 Living with Grandchildren	1,470
75-79	9035		
80-84	5760		
85+	4995		
60+	61520		
<b>By Race/Ethnicity (60+)</b>		<b>Educational Attainment</b>	
White Alone	60395	< 5th Grade	4070
African American	645	5th - 8th Grade	17335
American Indian	105	9th-12th No Diploma	10850
Asian	69	High School Diploma	15945
Other Minorities	319	Some College	7740
<i>Ethnicity</i>		Bachelors	3025
Non Hispanic	61197	Master/Professional/Doctorate	2540
Hispanic	320		
<b>By Gender (60+)</b>		<b>Medical Facility Beds</b>	
Male	26950	Skilled Nursing Facilities	2230
Female	34575	Hospitals	
		General	1068
		Mental Health	
		VA	
<b>Living Situation (60+)</b>			
Male Alone	3930		
Female Alone	11630		
Living alone	15560		
<b>Financial Status (60+)</b>		<b>Disability Status</b>	
Below Poverty Level	9575	Self Care <60	4883
Minorities below Poverty Level	329	Self Care60+	6134
<b>Elder Housing</b>			
Percentage of Elderly (60+) Householders with Housing Expense (>40% Income)	6.18%	Number of Elderly Householders (60+) Lacking Complete Plumbing Facilities	405
Number of Elderly (60+) Householders with Housing Expense (>40% Income)	3800	Number of Elderly Householders (60+) Lacking Complete Kitchen Facilities	290

Home for the Aged	3
Assisted Living Facilities	13
Nursing Home	21

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## Focal Points

1. For the purpose of assuring access to information and services for older persons, the area agency shall work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. Define “community” for the purposes of focal point designation.

For the purpose of designating focal points, the Upper Cumberland Area Agency on Aging and Disability defines community as a county where the population of older persons is not centrally located or a city or urban area where a large number of older persons reside. Preference for focal points shall be given to facilities established to encourage the maximum collocation and coordination of services for older individuals.

2. List community focal points within the Planning and Service Area.

<b>County</b>	<b>Senior Center</b>	<b>Director</b>
Cannon	Cannon County Senior Center PO Box 336 609 Lehman Street Woodbury, TN 37190 615/563-5304 Fax: 615/563-2749 (Call for fax in advance) <a href="mailto:ccsc@dtccom.net">ccsc@dtccom.net</a> <a href="http://cannoncountyseniorcenter.net">cannoncountyseniorcenter.net</a>	Connie Rigsby
Clay	Clay County Senior Center 145 Cordell Hull Drive Celina, TN 38551 931/243-3467 Fax: 931/243-3467 <a href="mailto:claysc@twlakes.net">claysc@twlakes.net</a>	Betty Pedigo
*Cumberland	Fair Park Senior Center 1433 Livingston Highway Crossville, TN 38571 931/484-7416 Fax: 931/456-6541 <a href="mailto:fpsctn@yahoo.com">fpsctn@yahoo.com</a>	Peggy Houston
Dekalb	Alexandria Senior Center 118 Edgewood Avenue Alexandria, TN 37012 615/529-2928 Fax: 615/529-4345 <a href="mailto:seniors@dtccom.net">seniors@dtccom.net</a>	Barbara Anders

	Liberty Senior Center 103 College Street P.O. Box 38 Liberty, TN 37095 615/536-5422 Fax: 615/536-3177 <a href="mailto:nancygoad01@yahoo.com">nancygoad01@yahoo.com</a>	Nancy Goad
	Dekalb County/Smithville Senior Center 104 East Main Street Smithville Center Smithville, TN 37166 615/597-7575 Fax: 615/597-6755 <a href="mailto:wposs@dtccom.net">wposs@dtccom.net</a>	Wanda Poss
Fentress	Fentress County Senior Center 308 Main Street South Jamestown, TN 38556 931/879-7249 Fax: 931/879-7249 <a href="mailto:seniordir@twlakes.net">seniordir@twlakes.net</a>	Alice Kirby
Jackson	Jackson County/Fairview Senior Center 2230 York Highway Gainesboro, TN 38562 931/268-0837 Fax: 931/268-9060	Geraldine Rhoten
	Granville Senior Center 6026 Granville Highway Granville, TN 38564 931/653-4647	Mary Martin
Macon	Macon County Senior Center 607 Highway 52 Bypass East Lafayette, TN 37083 615/666-3780 Fax: 615/666-3780 <a href="mailto:seniors@nctc.com">seniors@nctc.com</a>	Jamie Dallas
*Overton	Overton County Senior Center 1513 Bradford Hicks Drive Livingston, TN 38570 931/823-1268 Fax: 931/823-1268 <a href="mailto:ovcosrctr@twlakes.net">ovcosrctr@twlakes.net</a>	Betty Parrott
Pickett	Pickett County Senior Center 105 South Main Street Room 3 Byrdstown, TN 38549 931/864-7972 Fax: 931/864-7972 <a href="mailto:diana_dowdy@yahoo.com">diana_dowdy@yahoo.com</a>	Diana Dowdy

Putnam	Putnam County Senior Center 186 South Walnut Avenue Cookeville, TN 38501 931/526-9318 Fax: 931/520-0258 donna19382003@yahoo.com	Donna Robinson
	Algood Senior Center 125 Fourth Avenue Algood, TN 38506 931/537-3447 Fax: 931/537-3447 algoodseniorctr@multipro.com	Brenda Dishman
	Baxter Senior Center P.O. Box 602 Baxter, TN 38544 931/858-5657 (Mon., Wed., Fri.)	Dixie Lee Helms
	Monterey Senior Center 105 Elmore Street Monterey, TN 38574 931/839-8053 (Mon., Thurs.) montseniorctr@charter.net	Frances Allen
Smith	Smith County Senior Center 120 Pauline Gore Way Suite B Carthage, TN 37030 615/735-0476 Fax: 615/735-0577 jjohnson@uchra.com	Jan Johnson
Van Buren	Van Buren County Senior Center 779 Old McMinnville Street Spencer, TN 38585 931/946-7434 Fax: 931/946-2423	Lydia Boyd
*Warren	Warren County Senior Center 809 Morrison Street McMinnville, TN 37110 931/473-6559 Fax: 931/473-2982 wacosrctr@blomand.net www.srctr.org	Cheryl Mingle
White	Sparta/White County Senior Center P.O. Box 207 Sparta, TN 38583 931/836-3663 Fax: 931/836-2130 spartaseniorcenter@hotmail.com	Brenda Roberts

\*Adult Day Care

PSA: Upper Cumberland  
Plan Period: FY 2012

( ) Original, Dated:  
(√) Update, Dated: March 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.

A statewide needs assessment was conducted in 2008 to determine needs both statewide and by region. The statewide survey responses were:

- 1.) transportation;
- 2.) Silver Alert initiation;
- 3.) adult day care;
- 4.) adult care/foster homes; and
- 5.) dental care/dentures/eye care/glasses/hearing/hearing aids.

Middle Tennessee, of which Upper Cumberland is a part, had 54 respondents. The top response needs were as follows:

- 1.) retention of staff/high turnover;
- 2.) rural transportation;
- 3.) respite for caregivers (in-home and institutional);
- 4.) adult care/foster homes; and
- 5.) adult day cares.

In that only participants who had access to the computer were able to participate in the statewide assessment process, we also asked senior center directors to assess every tenth client to get a more accurate look at local needs. This survey has been conducted for the last three planning periods. Results of 577 surveys completed are as follows:

- 1.) Arthritis;
- 2.) heart problems;
- 3.) Diabetes;
- 4.) ankle/leg swelling; and
- 5.) Cataracts/eye disease.

Each senior center was asked to survey 10% of the total number of unduplicated people served and the results were tabulated in our office. The results of this AARP survey tool for 333 people were as follows:

- 1.) Health care issues like the cost, quality and availability of health care;
- 2.) Issues concerning how older persons can remain in their own homes or communities as they age;
- 3.) Issues concerning the cost and availability of prescription drugs for low-income older residents;
- 4.) Senior center services for elderly; and
- 5.) Issues concerning long-term care services.

A public hearing was held March 16, 2010 at Algood Senior Center to allow the public to share needs in their community.

2. Which home and community based services have all slots filled and how many individuals are on wait lists as of October 1, 2011?

All slots have been filled for Title III, Options, and Family Caregiver as of October 1, 2011. A waiting list for Title III, Family Caregiver, and Options services has 466 consumers on it. All consumers on the waiting list have had an in-home assessment completed and are determined to qualify for the services.

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.

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## Service Needs

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

Middle Tennessee, of which Upper Cumberland is a part, had 54 respondents to the Statewide Needs Assessment. The top needs were as follows:

- 1.) retention of staff/high turnover;
- 2.) rural transportation;
- 3.) respite for caregivers (in-home and institutional);
- 4.) adult care/foster homes; and
- 5.) adult day cares.

Based on our I&A calls, the most prevalent needs in our region are:

- 1.) in-home care services, i.e. home-delivered meals, personal care, and homemaker;
- 2.) in-home respite or respite for caregivers; and
- 3.) assistance with purchasing dental, hearing and eye care aids.

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.) **Staff retention** was identified as a need in the Middle Tennessee region. We assume that these needs came from service providers as our agency has not experienced that problem. We will explore training possibilities to meet this need for our providers.

**High turnover** rate in our region has not been a problem with senior center director's or Area Agency staff. Loss of the case management function made the rate higher. In our opinion, the need to address high staff turnover/lack of retention is a result of the home and community based service provider agencies' responses. We will address staff retention at a service provider meeting by providing successful tips on reducing turnover.

2.) The need for increased **transportation** will be discussed with the Human Resource Agency. Funding for special events has been provided to senior center directors to coordinate at the local level. Increased utilization of van services through outside contracts to transport TennCare and medical clients has reduced the number of older clients able to schedule grocery shopping or trips to the senior center. Several centers have their own van and could pick up some of the clients.

3.) In-Home **respite for caregivers** is being provided with Family Caregiver program funds and with Alzheimer's Association funding. In addition, in home respite services may be provided to caregivers of enrollees in the TennCare CHOICES for Long Term Care program.

4.) There are no **adult care homes** for ventilator and traumatic brain injury clients in our region. There is a need for both these clients and older people in general. We currently maintain a small list of residential homes for the aged to refer callers. When funding becomes available through CHOICES, more adult care homes will become available.

5.) There are currently three **adult day cares** located in senior centers, which offer limited service. The cost of fire wall construction has prevented agencies from applying to be providers in the CHOICES Program. In 26 years, we have seen limited utilization of this service. Five to eight clients have been reported. The newly authorized adult day cares under CHOICES have fewer than three clients. Extra funding is included in the region's funding formula for centers that provide adult day care.

3. **List** the top 5 needs for the Grand Division that includes the planning and service area identified in the 2009 Statewide Needs Assessment.

A statewide needs assessment was conducted in 2008 to determine needs both statewide and by region. The statewide survey responses were:

- 1.) transportation;
- 2.) Silver Alert initiation;
- 3.) adult day care;
- 4.) adult care/foster homes; and
- 5.) dental care/dentures/eye care/glasses/hearing/hearing aids.

4. Based on the list of needs in question #3, briefly describe how the Area Agency will address the top 5 needs identified. Do not repeat if the service was already addressed in question #2. This is an overview, details are more specific in Part C of this plan in the Goals, Objectives and Strategies section.

1.) The statewide needs assessment reflected **transportation** as a need. We contract with UCHRA for those services. Service is available in every county, but clients complain about having to schedule 48 hours ahead, not being picked up promptly, and priority is given to TennCare recipients. The Area Agency will continue to contract with UCHRA for transportation services and encourage senior centers who can afford to operate vans to assist clients where possible.

2.) Based on the statewide survey, **Silver Alert initiation** was the second highest need. The AAAD has contacted the Alzheimer's Association to get more information on the Silver Alert program. A presentation was made to senior center directors on Silver Alert and they will be encouraged to have similar programs in the 14 counties.

3. & 4.) We will continue to network with providers and conduct outreach in the communities to encourage them to provide **adult day care** and **adult care homes**.

5.) We receive multiple calls for **dental care; dentures; eye care and glasses and hearing and hearing aids**. Currently, the only resource for dental care, eye care or

hearing are the Lion's Club and the Bill Wilkerson Speech and Hearing Center in Nashville.

5. The Determining Priorities Checklist was given to the fourteen senior center directors at the December 2010 meeting.

Results were as follows:

High or Top Priority

Senior Centers 13

In Home Elderly 12

Part D Assistance with drugs 11

Low Income Energy Assistance 11

Home Delivered Meals 11

This survey is conducted before each Area Plan Cycle to determine what center directors believe their clients most important needs are in the community.

## **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: Upper Cumberland  
Plan Period: FY 2012

( ) Original, Dated:  
(√) Update, Dated: March 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	40	59			
Homemaker	186	238			
Chore	17	0			
Home Delivered Meals	629	776			
Adult Day Care	16	16			
Case Management	1,076	1,151			
Congregate Meals	2,050	1,919			
Education	5,088	5,057			
Family Caregiver		174			
Health Education	4,201	4,435			
Health Screening	3,293	2,892			
Legal Assistance		265			
Material Aid	1,092	982			
Medicare Education	6	1			
Medication Management	216	142			
Nutrition Screening	5,993	5,966			
Ombudsman		1,364			

Physical Fitness	4,038	4,404			
Recreation	8,299	8,427			
Shopping Assistance	187	253			
Telephone Reassurance	4,648	5,138			
Visiting	1,844	1,516			
I&A	9,813	10,067			
<b>Units of Service</b>					
Personal Care	1,882	3,337			
Homemaker	9,329	13,464			
Chore	530	0			
Home Delivered Meals	97,761	115,156			
Adult Day Care	3,379	3,625.5			
Case Management	3,755	3,912.14			
Congregate Meals	87,498	85,452			
Education	42,279	45,028			
Health Education	25,418	36,363			
Health Screening	27,783	27,237			
Material Aid	9,512	10,311			
Medicare Education	6	1			
Medication Management	223	146			
Nutrition Screening	7,117	6,917			
Physical Fitness	83,721	96,161			
Recreation	181,236	194,358			
Shopping Assistance	1,063	1,543			
Telephone Reassurance	45,557	45,192			
Visiting	12,874	13,314			
I&A	57,571	67,151			

\* 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	360	1,032			
Units of Service	56,451	74,949			

### TennCare Choices Long Term Care Program

Tennessee has implemented the Long Term Care Community Choices Act of 2008. The State Medicaid Agency, the Bureau of TennCare, converted from a 1915(c) Statewide Home and Community Based Medicaid Waiver for Elderly and Disabled to a 1115 Waiver. The planned start date for the transition began in 2010 and phased in over an

eighteen month period. The State’s nine Area Agencies on Aging and Disability will act as the single points of entry for the CHOICES Program.

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

Using Choices funding, the Area Agency served approximately:

	2009	Oct. 1, 2009-Sept. 30, 2010	2011	2012	2013
Persons Served	759	930			
Units of Service	1,225,575	681,683			

### **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	1,722	1,708			

### **Public Guardianship for the Elderly Program**

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

Using Public Guardianship funding the Area Agency served approximately:

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Persons Served	80	70			

### **Other State Appropriations**

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

Using State Appropriations the Area Agency served approximately:

<b>Persons Served</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Senior Centers	5,903	5,369			
Meals	188	147			
Homemaker Services	26	28			
<b>Units of Service</b>		243,824			
Senior Centers	281,365	541,833			
Meals	12,968	21,879			
Homemaker Services	1,306	1,615			

SMP:

<b>Persons Served</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Media Events	624	275			
Community Outreach Events	202	375			
Group Education Sessions	116	102			
Total Calls Received	423	239			

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## **Service Delivery in the Planning and Service Area**

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

**Information and Assistance:** The I&A Specialists maintains a database of over 2,200 resources in the 14 counties, to which they refer consumers. The consumer may also be screened for various programs like CHOICES, Title III, Options, and Family Caregiver.

**Single Point of Entry:** Calls are received from 8:00 a.m. to 4:30 p.m. on the 1-800 line by the I&A Specialist. After a brief screening, the I&A Specialist determines which program the client might be eligible. At that point, the client is referred to the CHOICES Specialist to the appropriate MCO or continues the interview to further qualify the consumer.

**Website and Resource Directory Development:** The MIS Coordinator updates the websites as necessary. The Resource Directory is updated on an on-going basis as new resources are identified on an annual basis. Senior center directors are provided a copy of their county's resources to update for our directory annually.

**Marketing the Area Agency:** Through AAAD brochures, websites, newspapers, local magazines, newsletters, local public TV stations, and outreach activities, staff member's market AAAD services.

**Outreach:** Various staff members present to groups, conduct educational in-service programs, set up at health fairs, coordinate events such as the Senior Expo, participate in community networking and coalition groups on AAAD services.

**Transportation:** We contract with UCHRA for transportation services each year. Each county has at least one handicapped accessible van and at least two 15 passenger vans. Three senior centers own and operate their own vans.

Other:

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

**Service Coordination/Case Management:** The AAAD has two full service and three part time service coordinators for the Options, Title III, and Family Caregiver Programs who conduct in-home assessments and coordinate service delivery. Effective March 1, 2010 the AAAD was no longer involved in case management services for the Medicaid Waiver Program. The managed care organizations provides that service as part of CHOICES.

**Service Provided semi-annually with Network Support:** Quarterly meetings are held with senior center directors and Home and Community Based service providers to give program updates and technical assistance.

Family Caregiver Support: AAAD provides information and assistance to family caregivers about available services including caregiver trainings and individual counseling to caregivers to assist them in making decisions and solving problems relating to their care giving roles. Free videos, books and other educational information are given to the caregiver as well as certain medical equipment at their request.

Homemaker: Through contracts with 21 service provider agencies, homemaker services are provided for Options, Title III, and Family Caregiver.

Personal Care: Through contracts with 19 service provider agencies, personal care is provided for Options, Title III, and Family Caregiver programs.

Respite: AAAD's Respite Voucher Program through the National Family Caregiver Support Program offers financial assistance for caregivers who have family members with Alzheimer's or other related disorders. When funding was available families were able to receive \$200.00 per month to help them provide respite care. A waiting list of families in need of this service is maintained. AAAD partners with the Tennessee Respite Coalition to provide additional funding to caregivers of family members who have Alzheimer's or other related disorders. Through TennCare's CHOICES program a caregiver may receive up to 216 hours of respite to qualify individuals.

\*Other:

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:

- a.) Twenty, (20) senior centers meet minimum standards by coordinating and offering Health Fairs, Workshops, or Health Screenings, and providing guest speakers the opportunity to share health related information to consumers who attend the senior centers.
- b.) AAAD staff provides technical, educational, and information and assistance, for Health Promotion Events for Senior Centers and other non-profit agencies when events are held in the Upper Cumberland region.
- c.) AAAD staff provides assistance for Senior Centers and other Service Providers through media coverage and newsletters at least quarterly.
- d.) Nine hundred thirty-eight (938) individuals attended the 2010 Senior Expo in October.
- e.) Workshops are held to help caregivers with topics such as: Relieving Caregiver Fatigue, The Stress Mess/Mind Relaxation, Body Relaxation, Caregiving Coping/Support Groups, and Taking Care of Yourself as a Caregiver.
- f.) Three of the Senior Centers utilize the University of Tennessee Extension Office to conduct Chronic Disease Control educational sessions.

Health Education:

- a.) Twenty, (20) Senior Centers offer Health Education on a regular basis.

b.) AAAD staff provides free educational materials through in-home visits to clients, and provides technical assistance to Senior Center Directors by updating a Speakers Bureau List and making it available for potential guest speakers.

Medication Management:

a.) Twenty, (20) Senior Centers will be provided with information about CADCAT's (Community Anti Drug Coalitions Across Tennessee) community events on proper medication use and how to properly dispose of old medications.

b.) Quality Assurance Coordinator for AAAD will continue to review medication lists, communicate with primary care physicians as needed, and provide guidance on proper use of medications for home-bound clients.

c.) Senior Centers will continue to partner with Pharmacists and other medical professionals for assistance in medication management.

\*Other:

4. Describe how ELDER RIGHTS services and related activities are coordinated and/or delivered in the planning and service area.
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Long Term Care Ombudsman: Through a contract with Aging Services for the Upper Cumberland's, Inc., a 501(c)(3) non-profit service provider agency, Aging Services has a full-time District Long-Term Care Ombudsman (DLTCO) who is also an attorney. The DLTCO provides services to residents of Long-Term Care facilities which include: advocacy, complaint investigation, resident centered dispute resolution, and legal representation as needed. The goal of the DLTCO program is to improve the quality of life for residents of Long-Term Care facilities. Routine visits are made on an annual basis to each of the 22 nursing homes in the Upper Cumberland. Complaint visits are made as required. Routine visits are made to 13 assisted living facilities and four homes for the aged as time allows. Complaint visits are made when required. In federal fiscal year 2010, 391 residents or family members received representation, information or assistance.

Legal Assistance: Through a contract with Aging Services for the Upper Cumberland's, Inc., a 501(c)(3) non-profit service provider agency, Aging Services has a part-time attorney who provides legal assistance in specified areas of law. Legal Assistance may consist of advice and counsel, brief services such as letter writing or document preparation. The attorney may also present the client in court and at administrative hearings. The goal of the Legal Assistance program is to assist senior citizens obtain rights, benefits, and entitlements under Federal, State, and local laws.

Public Guardian for the Elderly: The Public Guardianship Program is either court appointed or holds Durable Power of Attorneys for those in the community or facilities who have no willing or able family member or friend to help with financial or healthcare decisions. Referrals come from all different sources, inc. the local ombudsman.

The Public Guardianship Program is managed by the District Public Conservator who must be a Nationally Registered Guardian. Two full time staff members support the conservator in services rendered. The Public Guardianship Program receives referrals for potential clients from a variety of sources which may include the courts, attorneys, family

members, Adult Protective Services, hospitals, and facilities. The proper type of legal action is then decided and taken whether it be a Durable Power of Attorney or a court appointed conservatorship. Services are then tailored and rendered to the client's needs consisting of healthcare decisions and financial management. Monthly visits are required for each client, more often if necessary. Reports and accountings are prepared for the courts and auditors. The Public Guardianship Program consults with the local Ombudsman regarding client advocacy and legal representation. A private attorney is also held on retainer. The Public Guardianship Program provides assistance as a consultant to other professionals.

Elder Abuse Awareness: Through a contract with Aging Services for the Upper Cumberland's, Inc., a 501(c)(3) non-profit service provider agency, provides educational programs on topics such as elder abuse, neglect, self neglect, and exploitation. Aging Services also provides representation to victims of elder abuse and exploitation.

\*Other:

5. Describe how NUTRITION SERVICES are coordinated and/or delivered in the planning and service area.

- a.) Home-delivered meals: Through contracts with six service providers, HDM are delivered for Title III, Options, and Family Caregiver programs.
- b.) Congregate meals: Through a contract with one service provider, congregate meals are provided at 18 sites.
- c.) Education, Outreach, and Counseling: Through contracts with 20 service providers, education, outreach, and counseling are delivered for Title III, Options, and Family Caregiver programs.

The Upper Cumberland Human Resource Agency's Nutrition Program for older adults and adults with disabilities is coordinated in the Upper Cumberland area with the AAAD and delivered throughout the fourteen county area through field offices in each of the counties. There are approximately 60 scheduled routes that deliver hot and frozen meals daily to approximately 700 homebound clients. The ARRA funds have provided an additional 4,373 home delivered meals and 12,056 congregate meals from May 2009 thru September 2010.

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

There are five satellite centers, five level one centers, four level two centers, and six level three centers. Over 11,932 individuals participated in services offered at senior centers in the region in FY 2010. Services include: Information and assistance, outreach, health education, telephone reassurance, visitation, recreation, physical fitness, nutrition screening, and other education.

- a.) Senior Center activities are coordinated by Senior Center Directors and their staff, and by service providing agencies which provide information to consumers.
- b.) Health Fairs and Workshops that are sponsored by partnering agencies and businesses provide opportunities for consumers to benefit by gaining knowledge about

health topics. The following were provided by the AAAD Family Caregiver Coordinator: October 27, 2010- The Senior Expo was held at TTU Hyder-Burks Agricultural Pavilion with 938 attending the event and 121 exhibitors.

November 17, 2010- A presentation was held at Monterey Senior Center, "Unique Christmas Trees". This fun and entertaining presentation is planned each Christmas Season for Monterey Senior Center.

February 24, 2011- A "Heart Attack Facts" workshop was held at the Fair Park Senior Center in Cumberland County.

April 22, 2011- A workshop will be held at the Cookeville Senior Center entitled, "Relieving Stress through Pampering and Laughter."

c.) AAAD offices, TCAD, TFA/TSCA, and Advisory Board Members provide technical assistance for yearly planning of activities based upon the need and the level of interest shown by the consumers of the Upper Cumberland region.

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

The State Health Insurance Assistance Program (SHIP) is a program offering Medicare counseling and educational services coordinated throughout the counties by paid staff and volunteer counselors. SHIP services are delivered by one-on-one counseling, through a toll-free statewide phone line and educational/outreach activities. SHIP answered over 1,502 inquiries in FY 2010.

MIPPA (Medicare Improvements for Patients and Providers Act of 2008) is coordinated by SHIP staff and volunteers. Through MIPPA, counselors seek Medicare beneficiaries throughout the counties that may be eligible for extra help paying Medicare costs and assists with the application process. Services are delivered through one-on-one counseling, through a toll-free statewide phone line and educational/outreach activities. In FY 2009, SHIP assisted 215 beneficiaries applying for assistance with Medicare costs.

Senior Medicare Patrol (SMP) recruits volunteers to educate beneficiaries about Medicare fraud, waste, and abuse and how to report suspicious claims. SMP maintains a statewide toll-free hot line for callers to report fraud. SMP also conducts outreach through group sessions, presentations, and one-on-one counseling. Statewide SMP answered over 172 inquiries in FY 2009. Forty of the calls were potential fraud referrals.

Tennessee SMP is partnering with SMPs in other states. Currently TN SMP is partnering with Mississippi and Virginia SMPs to educate Medicare beneficiaries on our shared borders about preventing Medicare fraud. In 2010, Tennessee SMP partnered with Georgia SMP to hold education events in both Tennessee and Georgia.

8. Describe how Older Americans Act funding for coordination is used within the planning and service area.

Older American Act funding is used for a coordination function within the planning and service area. This coordination function serves in a technical assistance and growth capacity that is distinct from the planning function which is a managerial component. This coordination function works with service providers by providing best practices, bench marking, and other non-administrative functions. Additionally these

coordination funds are used to increase capacity of the Area Agency through the development of supplemental grants and projects. The funds are directly used to cover the cost of salaries, fringe, and other related expenditures of staff that work directly with these service providers and develops grants and other projects.

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.

a.) In FY 2010 the Upper Cumberland senior centers provided services to 12,590 individuals. The 20 senior centers in the Upper Cumberland region are categorized into four levels. They are required to offer mandated programs depending upon the category that they have contracted to serve. There are six level III centers located in Cumberland, Cannon, Overton, Cookeville, Warren, and White Counties. There are four level II centers located in Macon, Fentress, Smith, and Pickett. And there are five level I centers located in Clay, Smithville, Algood, Monterey, and Van Buren. There are five satellite centers located in Alexandria, Liberty, Gainesboro, Granville, and Baxter.

b.) The staff at the AAAD office provides technical assistance to twenty Senior Centers to develop plans to make buildings more handicapped accessible for individuals with special needs. Such provisions include, but are not limited to: wheelchair ramps or level entrances, hand rails outside the building, bathroom stalls wide enough for wheelchairs, and handrails inside the stalls, water fountains that are no more than thirty-six inches and public transportation that is handicap accessible with wheelchair lifts are available.

c.) The AAAD provides technical assistance for twenty senior centers with disaster preparedness planning efforts to include: quarterly fire drills, mock disaster drills at least annually, and implementation of COOP Plan for each Senior Center. The Senior Centers have conducted fifty fire drills and twenty disaster drills in 2011. The AAAD staff also partners with, and encourages Senior Center Directors to partner with, local Emergency Management teams such as: Fire Departments, Rescue Squads, Sheriff Departments, and Police and Ambulance Services.

d.) The AAAD has staff that provides training to Senior Center Directors and other staff in CPR for adults, children, and infants. We partner with local hospitals and ambulance services to provide for proper use of AED's. In FY 2010, forty-five (45) senior center directors and other members of their staff were CPR and AED certified. Twenty-nine (29) senior center staff have been trained in the use of AEDs. Ten senior centers are equipped with AED's in the building and fourteen (14) centers have weather radios.

e.) The AAAD partners with Home Instead Senior Care to provide Christmas gifts to one hundred fifty (150) of the AAAD clients

f.) The AAAD partners with Tennessee Technological University to provide experience for interns in the field of aging. AAAD staff present programs for Human Ecology and Sociology classes. The university provides speakers for AAAD events and training.

g.) A small grant of \$5,000 from the Community Foundation of Middle Tennessee provides funds for emergency needs of seniors.

h.) Private donations are accepted throughout the year to help with additional emergency utility needs and to purchase nutritional supplemental drinks and non-perishable food items for homebound clients in the Upper Cumberland region.

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.

- a.) AAAD staff partners with local businesses and non-profit agencies to offer an annual Senior Expo that provides education health screenings, training and awareness of other health related issues that affect individuals throughout the Upper Cumberland region.
- b.) AAAD and Senior Citizen Centers partner with other agencies and businesses to offer public forums on health issues that affect individuals.
- c.) AAAD hosts the Upper Cumberland Tennessee Respite Coalition meeting quarterly to discuss and plan fundraising events, special projects, and to focus on the needs of individuals who are caregivers and who are in need of respite.
- d.) AAAD staff coordinate the Upper Cumberland Adult Abuse Coalition to advocate for the needs of adults being abused or neglected.

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.

- a.) AAAD staff oversees a volunteer program in Putnam County which recruits and trains volunteers to assist home-bound individuals who are in need of volunteer services.
- b.) AAAD staff provides technical assistance to Senior Center Directors who oversees other volunteer programs in surrounding counties. This technical assistance that is provided to Senior Center Directors includes: maintaining the programs, recruiting volunteers, training, marketing, grant writing, and placement of volunteers.
- c.) AAAD staff partners with area health council members, local churches, businesses, and other non-profit groups to enhance the Guardianship, Ombudsman, SHIP, and SMP volunteer programs throughout the region.

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.

AAAD provides information and assistance to family caregivers about available services including care giving trainings/workshops, brochures, videos, CD's websites, and other educational information to assist them in making decisions and solving problems relating to their care giving roles.

AAAD maintains a Voucher Program through the Tennessee Respite Coalition that enables caregivers and other consumers the opportunity to apply for financial assistance for respite care.

Through partnering with the Tennessee Respite Coalition, four families received a onetime amount of \$600.00 to be used for respite care.

AAAD's Respite Voucher Program through the National Family Caregiver Support Program offers financial assistance for caregivers who had family members with Alzheimer's or other related disorders. Fifteen (15) families were able to receive \$200.00 per month to help them provide respite care. A waiting list of families in need of this service is maintained.

13. How are consumers or their caregivers contributing to the cost of the services they receive—donations, cost-share and sponsored services.

- a.) Through Senior Center efforts, consumers are given the opportunity to make confidential and voluntary contributions toward the meals program, special events, and other fundraising efforts that are offered at the Senior Centers in Upper Cumberland region.
- b.) Other AAAD programs such as OPTIONS and Family Caregiver, allow consumers, who are over income, and their caregivers the opportunity to pay cost share in order to receive services for in-home care.
- c.) Private donations of approximately \$15,000 per year to Advocates for the Upper Cumberland make it possible to fund special projects such as: emergency assistance with electric bills, utilities, prescriptions, food, and medical supplies. An additional \$30,000 has been awarded to assist individuals who were displaced and/or whose homes were damaged due to floods. More than one hundred (100) families received assistance.
- d.) UCDD/AAAD received a third three-year grant in from the Department of Health and Human Services (DHHS) to continue with the Senior Medicare Patrol Program (SMP). Tennessee recommended an expansion grant in 2010 for one year to focus on expanding the SMP into all counties that border other states. SMP contracts with the other eight Area Agencies on Aging and Disability. The statewide program has been working to identify and prevent Medicare fraud, waste, and abuse through education. In 2002, SMP developed a partnership with the State Health Insurance Assistance Program (SHIP), also funded by DHHS. SHIP offers free and objective counseling to Medicare beneficiaries concerning Medicare and other related health insurance. SMP and SHIP share a joint Advisory Board and cross train volunteers.

14. \*Other

Advocates for the Upper Cumberland, a 501 C 3 agency affiliated with Upper Cumberland Development District, received a contract from Public Partnerships to serve as support broker agencies for the Choices consumer directed program for Middle and East Tennessee.

Since being assigned the first client in August of 2010, Advocates has been assigned over 300 clients. One hundred eleven (111) are currently receiving services. Twelve (12) support brokers have been trained. Three people are currently providing technical assistance and managing the portal.

Exhibit B-3  
 PSA: Upper Cumberland  
 Plan Period: FY 2011-FY 2014

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

## AAAD Budget Summary

Operating Budget for FY 2012\*

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

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
<b>OLDER AMERICANS ACT</b>				
Area Plan Administration	221680	73893	174406	469979
Coordination/Service Development	165656	20707	0	186363
<b>STATE FUNDS</b>				
Options for Community Living	59368	0	0	59368
<b>MEDICAID</b>				
Elderly & Disabled Waiver			396315	396315
<b>LOCAL FUNDS</b>				
			0	0
<b>TOTAL</b>	<b>446704</b>	<b>94600</b>	<b>570721</b>	<b>1,112,025</b>

B: Total Resources to be Used For Service Delivery:

	Federal/State Funds	Minimum Match	Other Resources	Total Budget
<b>OLDER AMERICANS ACT</b>				
Title IIIB Supportive Services	303817	33757		337,574
Title IIIC1 Nutrition Services	300000	33333		333,333
Title IIIC2 Nutrition Services	393400	43711		437,111
Title IIID Disease Prevention & Health Promotion	22,200	2,444		24,644
Title IIID Medication Management	7,900	878		8,778
Title IIIE Family Caregiver	121852	40617		162469
Title VII Elder Rights	5,400	600		6,000
<b>STATE FUNDS</b>				
Senior Centers	126,600	126,600		253,200
Nutrition (Home Delivered)	48,600	0		48,600
Homemaker	26,400	0		26,400
Guardianship	129,600	0	70863	200463
Title III Match	34,600	0		34,600
Options for Community Living	351756	0		351756
<b>OTHER</b>				
Elderly & Disabled Waiver			0	0
NSIP	111,111	12,346		123,457
SHIP	66,000	7,333		73,333
<b>TOTAL</b>	<b>2,049,125</b>	<b>301,619</b>	<b>70,863</b>	<b>2,421,718</b>

\*Allocations are estimates. Funding allocations for FY 2011 have not yet been approved by the State Legislature.

## Part C: GOALS, OBJECTIVES AND STRATEGIES

### Older Americans Act

#### Section 306 *AREA PLANS*

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement

### Exhibit Number

### Title of Exhibit

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

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## **Annual Status Report and Highlights**

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

### **Mission Statement**

The Area Agency on Aging and Disability (AAAD) will plan, advocate, coordinate, and contract for and provide technical assistance and quality assurance in the implementation of programs and policies that assure accessible, responsive, and comprehensive services that improve the quality of life of older adults and other adults with disabilities in the Upper Cumberland Region.

### **Goal 1: Access to Services**

Be recognized as the Single Entry Point for all Long Term Care Services in order to access resources and services for older adults and adults with disabilities with an increase in inquiries to 3,500 individuals by 2010.

Through the national program and website, [www.assurancewireless.com](http://www.assurancewireless.com), AAAD staff was able to help 100 persons receive a free cell phone with 250 free minutes per month for one year. Qualifying individuals will be helped by AAAD staff to apply for another year when their one year period is up.

AAAD staff helped 5 families receive free hospital equipment such as a stair lift, chair lift, motorized wheel chair, etc. through the United Cerebral Palsy Foundation.

Emergency funding is available for the elderly and disabled to assist in paying electric bills, food, etc. Money is provided through private individuals, grants, and fundraisers.

October 27, 2010 - Senior Expo 2010 – This year's Expo had a total of nine hundred thirty eight (938) in attendance, with a total of twenty four corporate sponsors. Total profits were \$10, 952.50. A total of 295 seniors were provided free lunch thanks to the many sponsors.

February, 24, 2011 - A "Heart Attack Facts" workshop was held at the FairPark Senior Center in Cumberland County.

April 22, 2011- A workshop will be held at the Cookeville Senior Center entitled, "Relieving Stress through Pampering and Laughter."

## **Goal 2: Community Services / Health Promotion**

Expand services and educational opportunities to the community, particularly older adults and adults with disabilities; about preventing disease and adopting healthier lifestyles by promoting socialization, mental wellness, volunteer opportunities, health screenings, congregate nutrition services, recreation and physical fitness by 2012 to 15,000 individuals.

In 2010, the AAAD purchased 35 smoke detectors for senior citizens with funds that were received from a discretionary grant. Each Senior Center received smoke detectors from the state fire Marshall's office as they requested them.

The Family Caregiver/Volunteer Coordinator compiled a PowerPoint presentation for caregivers titled, Caregivers are Caring People. The Relative Caregiver staff is using the presentation at their support group meetings.

Emergency funding for flood victims-Community Foundation donated \$30,000 to Advocates for the Upper Cumberland for flood victims in Clay, Jackson, Macon, and Smith counties.

AAAD staff and committee members along with The Tennessee Respite Coalition put together 50 caregiver bags to be given to caregivers during the month of November for National Caregiver Month.

AAAD received a \$5,000 grant from the Middle Tennessee Community Foundation as well as \$7,500 from a private donor to assist with emergency utility assistance, food, clothing, and prescriptions for our aging population.

AAAD staff delivered one hundred fifty (150) Christmas presents to the elderly by partnering with Home Instead and other agencies through the Santa for a Senior project.

One hundred thirty AAAD clients received a fruit basket for Thanksgiving and 100 clients received a laundry basket at Christmas filled with food and other nonperishable items including a book of stamps. These were made possible through private donations.

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

AAAD initiated the National Family Caregiver Support Program Respite Care Voucher program to provide financial assistance for caregivers who had family members with Alzheimer's or other related disorders. Thirty-four (34) caregivers have been able to receive \$200.00 per month to help them provide respite care.

By partnering with the Tennessee Respite Coalition, six, (6) families were able to receive a onetime respite payment of up to \$250.00.

#### **Goal 4: Elder Rights**

To provide information on prevention of elder abuse, and to continue to develop the community network, number of volunteers, and participation in programs that protect the rights of older adults and adults with disabilities and prevent elder abuse, neglect and exploitation to 1,050 individuals in 2012.

Through February of third quarter FY 2010 we have participated in 10 networking activities with other social service agencies.

Through fourth quarter fiscal year 2010 information, assistance or representation, through the legal assistance or Ombudsman programs, has been provided to 1,411 individuals.

Through fourth quarter FY 2010, Aging Services opened 207 cases with legal issues that fall within the state mandated case type priorities.

Through fourth quarter FY 2010 educational programs have been presented to 1069 individuals.

Through fourth quarter FY 2010, 178 individuals have attended educational programs.

Through fourth quarter FY 2010, we have participated in 16 networking activities with other social service agencies.

Through February of fourth quarter FY 2010, 254 individuals have attended educational programs which presented information on long-term care options.

Training was provided in FY 2010 to two new volunteers.

As of fourth quarter FY 2010, we have six volunteers.

The Guardianship Program has served eighty (80) clients and has conducted an average of four presentations or meetings with professionals to date.

#### **Goal 5: Management Practices**

One staff member attended the SE4A conference in Louisville, KY.

One staff person attended the FFA-SCDA association conference.

Other AAAD Highlights:

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## Access Services

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

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

### AAAD GOAL

**Ensure continuity of information provided through the Single Point of Entry for all long term care services and other resources.**

MEASURABLE Objective 1: Expand the resource database and its utilization for linking consumers to available services.

Strategy 1: Network with other public and private agencies/organizations to identify resources.

Strategy 2: Implement a web-based I&A database of programs and resources

Strategy 3: Focus on increasing the utilization of the database by promoting our I&A database.

Strategy 4: Track number of calls and website hits related to all programs/resources in our database.

Performance Measure: method for measurement.

- Increase resources/programs in SAMS from 2,285 in FY 11 to 2,350 in FY 12.
- Increase the number of calls and website hits received through the I&A line from 4,493 in FY 10 to 4,700 in FY 12 as reported in SAMS.

MEASURABLE Objective 2: Enhance the Single Point of Entry accessibility and reliability in an effort to increase referrals.

Strategy 1: Improve the telephone system to allow for fewer calls being routed to voicemail and more being taken at the time the client calls the hotline by implementing a basic call management system.

Strategy2: Implement the capability to receive referrals for Home and Community Based Services via the AAAD website.

Strategy 3: Market the SPOE referral options to the business community and general public.

Performance Measure: method for measurement.

- Increase the percentage of referrals received through our website from 0 in FY 11 to 75 in FY 12.

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## **Home and Community Based Services**

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

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

<h3><b>AAAD GOAL</b></h3> <p><b>Provide assistance to older adults, adults with disabilities, and family caregivers to remain at home through the provision of home and community based services.</b></p>
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**Provide assistance to older adults, adults with disabilities, and family caregivers to remain at home through the provision of home and community based services.**

MEASURABLE Objective 1: Increase participation in home and community based services CHOICES, Options, and Older Americans Act Programs as funding allows.

Strategy 1: Decrease the average number of days from the date of referral to the date of the in-home assessment for CHOICES applicants.

Strategy 2: Through facilitated enrollment into CHOICES, decrease the DHS approval timeframe thus increasing overall enrollment.

Strategy 3: Through a more efficient process of tracking Options and Older Americans Act active and waiting lists, increase total number of consumers receiving in-home services in the program year.

Performance Measure: Method for Measurement.

- Decrease average number of days from initial referral to in-home assessment for CHOICES applicants from 8 days currently in FY 11 to 6 days in FY 12 as tracked utilizing the CHOICES enrollment tracking form.
- Increase the number of Options, Family Caregiver, and Title III consumers from 934 in FY 11 to 1,200 in FY 12 as reported in SAMS.

MEASURABLE Objective 2: Increase resources for providing respite services through grant opportunities and collaborating with other agencies and businesses.

Strategy 1: Partner with the Tennessee Respite Coalition and Alzheimer's Association to continue the Family Directed Respite program and other respite voucher program(s).

Strategy 2: Partner with senior centers and other community resources to support independent living by providing appropriate adult day care services that promote a safe environment with adequate supervision and activities.

Strategy 3: Continue to utilize funding through the National Family Caregiver Program to provide respite vouchers.

Strategy 4: Refer those who may qualify for TennCare CHOICES for Long Term Care to receive up to 216 hours of respite per year.

Performance Measure: method for measurement.

- Increase number of families receiving respite vouchers as monies become available.
- Increase the number of adult day care clients served at senior centers by advertisements, open house, etc.

MEASURABLE Objective 3: Expand and improve volunteer programs that foster independent living and improve the well being of the homebound elderly and disabled.

Strategy 1: Increase the number of clients served through the HELP (Helping the Elderly Live Productively) program in the Upper Cumberland region.

Strategy 2: Evaluate the effectiveness of the HELP program for clients and volunteers.

Strategy 3: Provide technical assistance to senior center directors who want to provide volunteer programs in their county.

Strategy 4: Serve more homebound clients through senior centers and other community agencies by providing minor home repairs, grocery shopping, bill paying and prescription pick-up.

Performance Measure: method for measurement.

- Increase the number of HELP clients served from 150 in FY 10 to 200 in FY 12.
- Maintain the number of client/volunteer surveys to 100 in FY 12.
- Maintain the number of chore services delivered to 25 homebound individuals for FY 12.
- Increase the number of HELP programs from five counties in FY 11 to six counties in FY 12.

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## Health Promotion and Disease Prevention

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

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

### AAAD GOAL

**Expand community services, benefits counseling, and educational opportunities to prevent disease, adopt healthier lifestyles, promote mental wellness, provide volunteer opportunities, health screenings, congregate nutrition services, transportation, recreation and physical fitness.**

MEASURABLE Objective: 1: Increase quality of SHIP contacts by both telephone interaction and community outreach events through use of both paid and volunteer counselors.

Strategy 1: Enhance current telephone log to demonstrate more accurate outcomes of client contacts.

Strategy 2: Enhance volunteer trainings to educate on reporting, public speaking and partnership development by improving current training methods.

Strategy 3: Increase local partnerships in order to develop outreach networks to target specific populations.

Performance Measure: Method for Measurement.

- Improve current telephone record log used by SHIP counselors to reflect times, dates and outcomes of all incoming or outgoing phone interactions by 15% as recorded in internal tracking system.
- Increase number of documented partnerships from 0 in FY 11 to FY 12 by securing memorandum of understanding document with applicable agencies.

MEASURABLE Objective 2: Increase public awareness by increasing SHIP volunteer base and media exposure.

Strategy 1: Expand recruiting efforts by gaining access to college organizations.

Strategy 2: Continue to pursue existing volunteers and media avenues.

Strategy 3: Develop contact list of statewide media partners.

Strategy 4: Send program information to local government to give them a better understanding of the services provided by SHIP.

Performance Measure: method for measurement.

- Increase Upper Cumberland SHIP volunteer base from 15 in FY 09 to 28 in FY 11 as reported in SMART FACTS.
- Increase Upper Cumberland SHIP media exposure from 50 units in FY 09 to 60 units in FY 11 as reported in SMART FACTS.

MEASURABLE Objective 3: Increase participation in activities that improve the health and well-being of older adults and other adults with disabilities. Increase health and wellness programs and help older adults understand their importance for psychological and physical well being.

Strategy 1: Partner with, coordinate and assist senior center directors, health councils, Alzheimer's Association, and other agencies to implement activities that will improve the health of the community.

Strategy 2: Offer free workshops pertaining to health concerns of the community such as Arthritis, Diabetes, etc

Strategy 3: Contact, update and add new speakers to our Speakers Bureau list.

Strategy 4: Refer nutritionally high-risk clients to a Registered Dietitian to determine needs and follow up with individuals.

Performance Measure as recorded in SAMS database:

- Increase the attendance at health-related events from 230 in FY 11 to 250 in FY 12.
- Increase the number/category of major sponsors for the caregiver events from 25 in FY 11 to 30 in FY 12.

MEASURABLE Objective 4: Improve knowledge of Nutrition Education through outreach and increase number of meal participants.

Strategy 1: Conduct outreach activities to educate individuals in Nutrition.

Strategy 2: Increase number of congregate and home-delivered meal participants.

Strategy 3: Collaborate with Nutrition Service Providers to educate staff on new nutrition standards.

Performance Measure as recorded in SAMS database:

- Increase congregate meal units provided from 85,452 in FY 10 to 89,725 units for FY 12.
- Increase Congregate meal participation from 434 clients per day in FY 10 to 456 clients per day for FY 12.

- Increase Home Delivered meal units provided from 115,156 in FY 10 to 120,914 units for FY 12.
- Increase Home Delivered meal participation from 471 clients per day in FY 10 to 495 clients per day for FY 12.

MEASURABLE Objective 5: Increase low-income, minority and functionally based needs client participation of transportation services.

Strategy 1: Increase awareness of available services through community outreach and local advertising in newspaper, radio, online, and by the phone number display on the vans contact; organizations which deal primarily with the low income and special needs population with information about the services available. The I&A system provides information on the transportation services available to callers on the toll free line.

Strategy 2: Senior Center Director's, in collaboration with the transportation network, will be an advocate for individuals who need assistance with transportation services.

Strategy 3: Ensure that the brochures and handbooks are available at each UCHRA county office and at events held each year.

Strategy 4: Ensure that the brochures and handbooks are available to individuals who have limited or no English speaking.

Performance Measure: method for measurement.

- Utilize SAMS data reporting to show an increase in transportation of low income clients from 418 in FY 11 to 450 in FY 12, minority from 29 to 40 and in functionally based needs clients from 72 in FY 11 to 80 in FY 12.

MEASURABLE Objective 6: To increase the awareness and utilization of the senior center and to be a community focal point where older adults can come together for services and activities that meet their needs, enhance their lives, encourage their involvement, and support their independence.

Strategy 1: Encourage Senior Center staff to meet the minimum standard requirements according to the Policies and Procedures for programs of the Tennessee Commission on Aging and Disability and the Area Agency on Aging and Disability Service Contract.

Strategy 2: Conduct annual surveys regarding programs and services to be offered at the Senior Centers.

Strategy 3: Evaluate the annual satisfaction surveys that are conducted, regarding programs and services that are offered.

Strategy 4: UCDD/AAAD will provide technical assistance to explore the possibility of senior center directors participating in a transportation program in addition to the

public program that is currently available with UCHRA. Senior Center Transportation Program will offer more available service for seniors for recreational outings.

Performance Measure as recorded in SAMS database:

- Increase the number of surveys offered to participants by twenty percent in FY 11.
- Increase the number of unduplicated people served to reflect fifty percent of the projected goals for minimum standard requirements.
- Increase the number of baby boomers, minorities, physically challenged individuals and low-income participants from 14,153 in FY 10 unduplicated persons to 14,500 in FY 12.

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## Elder Rights

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

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

### AAAD GOAL

**Strengthen and enhance the community network for Guardianship, Ombudsman, Legal Assistance, Elder Rights, and Senior Medicare Patrol to prevent adult abuse, neglect and exploitation.**

MEASURABLE Objective 1: Provide legal assistance to eligible clients by offering advice and representation by a legal provider who acts as an advocate by assisting clients to gain access to or retain public benefits, and obtain protection from abuse, neglect and exploitation.

Strategy 1: Advise and/or represent individuals with legal issues that fall within the state mandated case type priorities with an emphasis on Income/Public Benefits, Health Care, Advance Directives, Long Term Care, and Elder Abuse, Neglect and Exploitation.

Performance Measure: Method for Measurement:

- At least 60% of the cases opened will be in the above priority areas.

MEASURABLE Objective 2: Through the District Long Term Care Ombudsman Program ensure the rights and entitlements of residents of long-term care facilities, thereby improving their quality of life.

Strategy 1: Investigating and resolve complaints and initiate corrective action when necessary.

Strategy 2: Provide advocacy and representation to residents of long term care facilities in order to access or retain public benefits, such as long term care Medicaid benefits, freedom from abuse, neglect and exploitation, and by the preparation of advance directives, thereby protecting the resident's right to be autonomous and to retain dignity.

Performance Measure: Method for Measurement:

- At least 51% of the cases opened will be either partially or fully resolved to the satisfaction of the complainant.
- At least 60 % of the cases opened will be in the above stated categories.

MEASURABLE Objective 3: Increase public awareness in pertinent areas such as adult abuse, neglect, and exploitation, long term care options and planning for long term care needs in the future.

Strategy 1: Provide and/or assist in the provision of educational programs which include information on definition, recognition, incidences, and prevention of adult abuse, neglect and exploitation.

Strategy 2: Provide and/or assist in the provision of educational programs to alert older persons to rights and entitlements to public benefits and to tell them how to secure them.

Strategy 3: Provide and/or assist in the provision of educational programs which include information on planning for long term care.

MEASURABLE Objective 4: Increase public awareness by increasing number of volunteers and providing volunteers with SMP toolkits.

Strategy 1: Expand recruiting efforts by expanding types of media used to recruit volunteers.

Strategy 2: Continue to pursue existing volunteers and media outlets.

Strategy 3: Create and disseminate SMP Volunteer Toolkits at initial volunteers trainings. SMP Toolkits will have all the information that a volunteers will need to be successful with the SMP program.

Performance Measure:

- Increase Upper Cumberland SMP volunteer based from 16 in FY 10 to 30 in FY 12.
- Increase the number of SMP volunteers hours from 1488 in FY10 to 1800 in FY 12.

MEASURABLE Objective 5: Increase timeline and consistency of SMP reporting by SMP coordinators and volunteers.

Strategy 1: Transition from SMP Coordinator entering staff data to Project Director entering data in SMART FACTS.

Strategy 2: SMP Coordinators will submit staff and volunteer data to Project Director entering data into SMART FACTS.

Performance Measure: Method for Measurement:

- Utilize report function in SMART FACTS to verify an increase in SMP data and the consistency of the data.

MEASURABLE Objective 6: Expand the volunteer numbers and public education on the Guardianship program to increase the number of elderly and disabled persons served.

Strategy 1: Increase number of volunteers serving program clients and expand counties represented.

Strategy 2: Increase new referrals/inquiries for the Guardianship program as a result of increased public and professional awareness.

Performance Measure as recorded in SAMS: method for measurement.

- Increase number of volunteers serving the program clients from three (3) in FY 10 to five (5) in FY 12.
- Increase client numbers from seventy (70) in FY 10 to seventy-five (75) in FY 12.

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## Management Practices

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

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

### AAAD GOAL

**Utilize technology, information and training events to improve Aging Network knowledge and fiscal management practices for new and existing staff members.**

MEASUREABLE Objective 1: Provide learning opportunities for six staff members to improve knowledge of the Aging Network beyond our region and Tennessee.

Strategy 1: Include all staff in at least one outside training event in 2011-2012.

Strategy 2: Include at least two staff in SE4A Training in 2011.

Performance Measure: method for measurement.

- Increase knowledge of staff members as measured by number of staff trained.

MEASURABLE Objective 2: Implement a more proactive use of funding ID fields in the SAMS database program.

Strategy 1: Identify and input funding streams on client entry/edit

Strategy 2: Develop customized reports for funding stream analysis

Strategy 3: Train & Cross-train fiscal and management staff on reporting options as well as ad hoc reporting capabilities

Performance Measure: method for measurement.

- Comparison of existing reporting mechanisms to newly adopted system showing dollars spent year to date but forecast additional dollars needed per funding stream available.

### MEASURABLE Objective 3: TennCare CHOICES Consumer-Direction Program

Strategy 1: Develop management practices and materials for quality of service, case load management, staff training.

Strategy 2: Implement new ledger accounts and reports to facilitate growth in this new program.

Performance Measure: method of measurement.

- Total enrollees in Support Brokerage program compared to total eligible referrals
- Fiscal reports generated for expenditures and revenue generated.

PSA: Upper Cumberland  
 Plan Period: FY 2012

( ) Original, Dated: March 2010  
 (√) Update, Dated: March 2011

## Targeting Status Report

Report on activities during the preceding year.

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

a. Number of low-income minority older individuals in the planning and service area (use 2010 Census population data)	329
b. Number of older individuals residing in rural areas in the planning and service area (use 2010 Census population data)	61,520
c. Number of older individuals who speak English less than very well (use 2010 Census population data)	160
d. Number of low-income minority older individuals served (use State Reporting Tool data)	40
e. Number of individuals residing in rural areas served (use State Reporting Tool data)	2,659

\* 14,153 is the total clients served.

2. Provide information on the extent to which the Area Agency met its Targeting objectives **for all programs** in the FY 2011 Area Plan Update.

2011* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Provide current Census data on low-income, low-income minority, disabled, and older persons at risk of institutionalization to each senior center annually and require data was received to support their efforts in outreach.	This information was provided to all senior centers.
Encourage service providers to serve minority and low-income clients by including a factor in the funding formula for outreach.	The number of minority served has decreased from 82 to 40 in 2011.
Provided training and technical assistance to motivate service providers to outreach low-income, disabled and low-income minority clients, i.e.	Kathy Pealer and Susie McDonald HR(UCDD), presented information on understanding and abiding by Title VI of the Civil Rights Act to all UCDD staff at the staff annual meeting. Sylvia Odum from the Department of Transportation reviewed the Title VI information in March 2011 with all senior center service providers.

Encourage service providers to plan at least annually a special event to recognize diversity.	<p>Twenty senior centers had one or more programs on diversity in 14 counties.</p> <p>*2010 number of minority was 82 low income and minority was 45.</p>
Initiated a pilot project as a part of the Options program to give priority to 90+ individuals who met the criteria to receive services.	Thirty 90+ seniors have received services since July 1, 2010.

\* Last complete 12-month period.

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## Targeting Plan

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

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

Some materials are available in Spanish, translation services available, outreach events are held at minority housing complexes and places of employment.

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

All Service Providing Agencies complete an annual Title VI Compliance Review that covers all aspects of the Civil Rights Act. Each Agency must comply with the guidelines that are stipulated in order to receive.

We have one minority representative on the AAAD Advisory Board, and one minority representative for Advocate for the Upper Cumberland Board. We will continue to seek minority staff as positions come open.

We have one minority at the UCDD. We encourage senior center directors to seek minority representation for their boards and to seek minority participation at their centers.

- 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?

- 1.) Civil Rights presentations are conducted for 20 senior center directors;
- 2.) Document participation of minorities in SAMS program;
- 3.) Promote Black History events at 20 Senior Centers;
- 4.) Minority Census numbers for each senior center are requested annually in the Upper Cumberland region;
- 5.) Nutrition outreach is conducted in 20 senior centers in the Upper Cumberland; and
- 6.) Ethnicity is recorded by each participant at Family Caregiver workshops; and
- 7.) Outreach for minority participation in the transportation program is encouraged.

## 2. Older Americans Act Required Targeting Activities

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

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

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
Provide Civil Rights training/Title VI	Annual training for 20 senior center directors and service providers	Kathy Pealer
Make available Title VI brochures	Brochures in English and Spanish	Judy Roberson
Make available LEP services	Contract with organization that offers LEP services in all languages	Judy Roberson
Priority given to low-income minorities	In-Home services	Holly Williams
Outreach to limited English Speaking population community	Offer brochures and I&A in minority churches	Kelly Clarkson

## **Part D: STAFFING AND ORGANIZATION**

### **TCAD Policies and Procedures**

#### **5-4-.03 AAAD STAFFING REQUIREMENTS**

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

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

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

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

### **Older Americans Act Regulations**

Section 1321.55 Organization and staffing of the area agency.

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

### **Older Americans Act**

Section 306 *AREA PLANS*

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

### **Exhibit Number**

### **Title of Exhibit**

D-1

Staff Resources

D-2

Training and Staff Development Plan

D-3

Advisory Council

D-4

Advisory Council Bylaws

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## AAAD STAFFING

**TABLE 1.**

Staff Positions & Name of AAAD Staff Person & Job Title	Minimum Full-Time Equivalent (FTE) & Responsibilities	Required Qualifications	AAAD Staff FTEs & Qualifications
<b>Older Americans Act</b>			
Director  <i>Patty Ray</i>	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	<i>Eleven years experience serving elderly; Three and a half years experience with Tennessee Commission on Children and Youth; B.S. in Psychology; M.A. in Aging Counseling; 1 FTE</i>
Financial Specialist  <i>Lewis Betterton, Financial Specialist</i>	1 FTE  Fiscal functions of AAAD; Financial accounting; Budgeting; Technical assistance to service providers and Financial monitoring; <i>Contracts review and preparation; Manage databases; Compile reports</i>	B.S. Degree in Accounting or related degree in an area of financial management and minimum of 2 years experience requiring financial expertise	<i>Twelve years experience Accounting; Twenty-one years Info Tech experience; 1 FTE</i>
Management Information Specialist (MIS)  <i>Lindsey Herren, MIS Systems Development Assistant</i>	1 FTE  Manage databases; Compile reports; Maintain resource directory; SRT; Analyze data	Proven familiarity with software and hardware installation and customization; Ability to provide help desk support on hardware, software, communications; Ability to develop and conduct training; Oral and written skills; Working knowledge of software packages; Programming experience; BS Degree, preferably in Computer	<i>B.S. Business Administration; 4 years of experience with AAAD; 1 FTE</i>

		Science, or other computer-related field with data-base experience, hardware experience, and/or 5 year's relative experience	
Older American Act Program Specialist/Quality Assurance Coordinator  <i>Judy Roberson</i>	1 FTE Provide technical assistance to service providers; Develop district Q&A Plan; Monitoring service providers, social services, Fiscal transportation & Nutrition, Approve Plans of Correction	RN, BSN or Bachelor's Degree in social work, gerontology, psychology, sociology, counseling or related field.	<i>26 years experience AAAD; B.S. Human Ecology; Three years Ag Extension experience; 1 FTE</i>
Assistant Director  <i>Holly Williams</i>	.05 – 1 FTE  Duties as assigned by Director  Oversight of Options, Family Caregiver, Title III, I&A, OAA programs and CHOICES	Bachelor's Degree in social work or related field and minimum of 2 years experience in Social Service Program implementation	<i>B.S. in Human Ecology; Ten years experience AAAD; 60 hours Professional Development in Medical Gerontology; 1 FTE</i>
Assistant Director  <i>Kathy Pealer</i>	Oversight of SHIP, SMP, Family Caregiver Coordinator, and HELP program.		<i>10 years experience at AAAD, High-School Diploma; TN Respiratory Certified Therapist; 60 hours Professional Development in Medical Gerontology; Currently enrolled at Volunteer State Community College as a sophomore with emphasis on Allied Health Associates Degree; 1 FTE</i>

Administrative Assistant  <i>Kayla Allen</i>	Draft and disseminate correspondence for AAAD Director; assist in preparation of Area Plan and other reports as needed; make logistical arrangement and agendas for meeting; record and		<i>B.S. in Human Ecology; 1 FTE</i>
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	transcribe minutes; process timesheets & leave requests, etc.		
Family Caregiver/Volunteer Coordinator  <i>Jane Mee</i>	A designated coordinator, full-time or part-time as deemed necessary  Disseminate caregiver information; Organize support groups; Maintain records; Compile reports; Oversee caregiver needs assessments; Arrange for caregiver services; Assist with Area Agency functions as assigned by the AAAD Director	Bachelor's Degree in social work or related field, or RN	<i>High School Diploma; Six years experience AAAD; 1 FTE</i>
Fiscal Support Staff  <i>Susie Allen</i>	Full-time or part-time as deemed necessary  Prepare HCBS invoices; reconcile and enter units of services; assist Fiscal specialist with duties; maintain data for active HCBS clients; submit enrollment records to providers for new clients.	Computer skills; Verbal and written skills; Ability to organize files; Correspondence; Faxing; Minimum of High School Education with emphasis in business, preferably post secondary clerical skills training	<i>High School diploma; nine years accounting experience; 1 FTE</i>  <i>High School diploma; 0.5 FTE</i>
<b>Other Staff</b>			
SMP Director  <i>LaNelle Godsey</i>	Manage statewide SMP Fraud and abuse program.		<i>B.S. Sociology/SW with minors in Psychology and Criminal Justice; Sixty hours professional/Development in Gerontology; Seven years experience at AAAD; 1 FTE</i>
SMP Volunteer Coordinator  <i>Marty Donnelly</i>	Coordinate statewide SHIP/SMP volunteer training sessions; recruit volunteers; conduct outreach and education in Upper Cumberland Region		<i>B.S. Business Management; Certification in Human Resources; 1 FTE</i>

<b>SHIP</b>			
SHIP Manager  <i>Meghian Moore</i>	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.	<i>1 FTE; B.S. in Fine Arts; Certified I&amp;R Specialist through AIRS; Coordinator for four years</i>
SHIP Counselor  <i>Kristy Adams</i>	Telephone counseling to beneficiaries; counseling at local events; assist in compiling reports		<i>Nine years experience as a Social Worker; B.S. in Social Work; 1 FTE</i>
SHIP Volunteer Coordinator  <i>Clare Farless</i>			<i>B.S. in Sociology and Business; 1 FTE</i>
SHIP Benefits Outreach Coordinator  <i>Kelly Clarkson</i>			<i>B.S. in Human Ecology; Minor in Business; .5 FTE</i>
<b>Guardianship for the Elderly</b>			
Guardian/Public Conservator Specialist  <i>Lisa Tramel</i>	1 dedicated FTE  Manage Guardianship Program	See the Guardianship for the Elderly Chapter in this Policy Manual	<i>National Certified Guardian for five years; Licensed Radiology and Physical Therapist at Tech; Office Manager for 17 years; Five years experience as AAAD Guardian; 1 FTE</i>
<i>Public Conservator Program Assistants</i>  <i>1.) Ladelle Randolph</i>  <i>2.) Sue Jolly</i>			<i>1.) 7 yrs experience AAAD Public Conservator Assistant, 6 yrs. Experience Juvenile Court Clerk; 1 FTE</i>  <i>2.) High school diploma; 15 yrs experience AAAD Public Conservator Assistant; 1 FTE</i>

**Statewide HCBS Waiver for the Elderly and Disabled**

<p>Choices Information &amp; Assistance Specialist</p> <p><i>Juanita Pierce</i></p> <p><i>Alana Huddleston</i></p>	<p>1 – 2 FTE As deemed necessary</p> <p>Telephone Information Assistance and Referral; Comprehensive telephone screening; Assist with appointments for in-home assessment visits; Assistance with case file development</p>	<p>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.</p>	<p><i>High School Diploma; 13 years experience AAAD; AIRS certified; 0.5 FTE</i></p> <p><i>B.S. Child and Family Studies; 0.5 FTE</i></p>
<p>Choices Enrollment Nurse CM</p> <p><i>1.) Cynthia Hembree</i></p> <p><i>2.) Missy Fincher</i></p> <p><i>3.) Kim Booher</i></p>	<p>2 – 4 FTE As deemed necessary</p> <p>Arrange and complete in-home assessments; Develop PAE; Develop initial Plan of Care; Compile information to submit to DHS for financial eligibility; Coordinate getting physician's orders; Submit paperwork to TCAD for enrollment</p>	<p>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 experience, with experience in geriatrics or service planning and delivery for the disabled. Bachelor's Degree in Social Work, Psychology, Sociology, or other field related to social work with 2 years of supervised work experience in a social services program, with experience in geriatric or service planning and delivery for the disabled preferred. The Bachelor's level Social Worker must work under the supervision of a Social Worker with a Master's Degree or an RN.</p>	<p><i>1.) LPN with 25 yrs of nursing experience. Seven yrs with AAAD as enrollment nurse/cm; 1 FTE</i></p> <p><i>2.) B.A. from Univ of TN, Licensed Registered Nurse, 2007 ; Four yrs experience in geriatric nursing and case management; 1 FTE</i></p> <p><i>3.) B.S. in Sociology; LPN, 1992; Master of Professional Study; Three years experience as Nurse Case Manager with AAAD; 0.25 FTE</i></p>
<p>Choices QA/ HCBS QA Coordinator</p> <p><i>Betty Scruggs</i></p>	<p>1 FTE</p> <p>Provider Recruitment; Training / Provider Meetings; Problem solving w/consumers and providers;</p>	<p>Bachelor's Degree in social services or related field or nursing degree (RN or LPN)</p>	<p><i>Associates Degree in Nursing; three years from an accredited college/university; Six years experience Case Management; 1 FTE</i></p>

	Complaint Resolution; Missed Visits / Trends / QI; Plan of Correction; HIPAA Responsibilities		
<i>Choices</i> Data Entry/Support Assistant  <i>Tonya Ruanto</i>	0.5 – 1 FTE As deemed necessary  Choices Client Data / Care Plan entered in TPAES; assist with follow up to physicians and DHS; assist with compiling reports; maintain tracking system	Computer Skills; Minimum of High School education, preferably post-secondary training	<i>High School Diploma; five years work experience with AAAD; 1 FTE</i>
CHOICES Financial Recertification Counselor  <i>Juanita Pierce</i>	0.5-1 FTE As deemed necessary  Assist AAAD Financial Specialist with duties as assigned; Assist with Billing; TCAD contact for denials of payment; Provider Relations; Reconcile Care Plans to Provider Invoices; Provide financial monitoring	Minimum of high school education and 2 years training or experience in the field of Accounting	<i>High School Diploma; thirteen years experience AAAD; AIRS certified; 0.5 FTE</i>
<b>OPTIONS for Community Living</b>			
I&A Specialist  <i>1.) Alexis Houston</i> <i>2.) Linda Maggart</i> <i>3.) Donna Taylor</i>	1 dedicated FTE  Disseminate information and make referrals; Telephone screening; Telephone counseling; Enter data into Beacon/SAMS database	AIRS Certified Information and Referral Specialist – Aging, according to AIRS Standards  Written/Verbal communications skills. Minimum of completion of grade 12, prefer at least 2 years college and minimum of 2 years employment in field of social work.	<i>1.) High School Diploma; One and one half years of college completed; 0.5 FTE</i>  <i>2.) B.S. in Psychology, Sociology; MSW; LMSW; 0.5 FTE</i>  <i>3.) Associates Degree in Nursing; LPN; As needed/contract</i>
<i>HCBS</i> Service Coordinator	1 FTE Plus additional FTEs as deemed necessary	BS Degree in social work, psychology, gerontology, sociology,	<i>2.5 FTE</i>  <i>1.) High School Diploma;</i>

1.) <i>Gertha Walker</i>	by caseload	counseling, nursing, or equivalent degree; or	<i>At least eleven years work experience with AAAD; 1 FTE</i>
2.) <i>Jim McCaleb</i>	In-home assessments; Development and management of Care Plans; Referral and arrange services; Re-assessment	Licensed Practical Nurse/Registered Nurse or BS Degree with minimum of 2 years experience working with older persons and/or adults with disabilities; or	2.) <i>High School Diploma; eight years of service coordination experience working at UCDD; eight years experience working in the mental health field – eight years certification for Drug &amp; alcohol counseling; 1 FTE</i>
3.) <i>Kim Booher</i>		Minimum of completion of 2 years of accredited college or university and 2 years experience in the field of social work or related field	3.) <i>B.S. in Sociology; LPN, 1992; Master of Professional Study; Three years experience as Nurse Case Manager with AAAD; 0.25 FTE</i>
4.) <i>Linda Maggart</i>			4.) <i>B.S. in Psychology, Sociology; MSW; LMSW; 0.5 FTE</i>
5.) <i>Alana Huddleston</i>			5.) <i>B.S. in Child and Family Studies; 0.5 FTE</i>

**TABLE 2.**

<b>Name</b>	<b>Age 60+?</b>	<b>Female?</b>	<b>Minority?</b>	<b>Disability?</b>
Judy Roberson	Yes	Yes	No	No
Lewis Betterton	No	No	No	No
Kathy Pealer	No	Yes	No	No
Holly Williams	No	Yes	No	No
LaNelle Godsey	No	Yes	No	No
Jane Mee	Yes	Yes	No	No
Susie Allen	No	Yes	No	No
Meghian Moore	No	Yes	No	No
Kristy Adams	No	Yes	No	No
Lisa Tramel	No	Yes	No	No
Ladelle Randolph	No	Yes	No	No
Sue Jolly	Yes	Yes	No	No
Juanita Pierce	Yes	Yes	No	No
Cynthia Hembree	No	Yes	No	No
Missy Fincher	No	Yes	No	No
Betty Scruggs	No	Yes	No	No
Tonya Ruanto	No	Yes	No	No
Gertha Walker	Yes	Yes	No	No
Jim McCaleb	Yes	No	No	No
Kim Booher	No	Yes	No	No
Donna Taylor	No	Yes	No	No
Lindsey Herren	No	Yes	No	No
Jessica Pruett	No	Yes	No	No
Alana Huddleston	No	Yes	No	No
Kayla Allen	No	Yes	No	No
Patty Ray	No	Yes	No	No
Linda Maggart	No	Yes	No	No
Marty Donnelly	No	Yes	No	No
Clare Farless	No	Yes	No	No
Kelly Clarkson	No	Yes	No	No
Alexis Houston	No	Yes	No	No
<b>Total</b>	6	29	0	

**Supervision**

The director of the Area Agency on Aging and Disability is directly supervised by:  
Wendy Askins

PSA: Upper Cumberland  
Plan Period: FY 2012

( ) Original, Dated:  
(√) Update, Dated: March 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	
Emergency Preparedness	75	20		June 2012
CPR Training	20			December 2011; April 2012
Civil Rights Training	75	43		April & June 2012
Volunteer Training (HELP Program )			5	September 2011; April 2012
Statewide SMP Volunteer Training			25	Quarterly (2012 Statewide)
Upper Cumberland SHIP/SMP Partners		15		Quarterly (Upper Cumberland)
Beltone Hearing Loss in Elderly	10	25		March 2011
Diabetes Training at Cookeville Regional	10	25		June 2011
UCHRA Nutrition Meeting and Training Session	1	20		Quarterly
Public Guardianship Fall Training	2			Second Quarter
N.G.A. Training/Recertification	1			Second Quarter
P.G. Spring Training	1			Fourth Quarter
P.G. Volunteer Training	1			As Needed
Ombudsman		1		Fall 2011; Spring 2012; Fall 2010
Ombudsman (VOR)			5	Spring 2012; Fall 2011
Legal Assistance		2		Fall 2011 Fall 2012
National SHIP Conference	3			June 2012
Regional SHIP Training	3			September 2011

Bi-Annual State SHIP/SMP Training	6			October 2011; March 2012
Vulnerable Adult Summit	8			Spring 2012
SE4A	4			Fall 2011
TFA	1			Fall 2011

PSA: Upper Cumberland  
 Plan Period: FY 2012

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

## Advisory Council

### A. MEMBERSHIP and REPRESENTATION

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

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

Members	Represents
Fran Baker	Elder Rights/Pickett Age 60+ (50% Older persons) Resides in a Rural Area Advocate for Older Persons Service Provider for Older Persons Advocate for Individuals with Disabilities
Melinda Bilbrey	LTC Facilities Resides in a Rural Area Advocate for Older Persons Service Provider for Older Persons Advocate for Individuals with Disabilities Service Provider for Individuals with Disabilities Business Community Provider of Veterans' Health Care
Charles Mayfield	Warren County Veterans Administration Office Age 60+ (50% Older persons) Resides in a Rural Area Advocate for Individuals with Disabilities Service Provider for Individuals with Disabilities

	Provider of Veterans' Health Care
Ponzell Usery	Dekalb County Resides in a Rural Area General Public (County Representative) Age 60+ (50% Older persons)
Jane Miller	Clay County Resides in a Rural Area Advocate for Older Persons General Public (County Representative) Age 60+ (50% Older persons)
Don Woodlee	Van Buren County Provider of Veteran Health Care Age 60+ (50% Older persons) Resides in a Rural Area Advocate for Older Persons General Public (County Representative) Has a Disability Business Community
Forrest Pitcock	Cannon County Age 60+ (50% Older persons) Resides in a Rural Area Advocate for Older Persons General Public (County Representative)
Robert Edmonds	Mental Health Representative Resides in a Rural Area Service Provider for Older Persons Advocate for Individuals with Disabilities Service Provider for Individuals with Disabilities Business Community
Marvin Lusk	Minority/Warren County Age 60+ (50% Older persons) Minority age 60+ Resides in a Rural Area Advocate for Individuals with Disabilities Service Provider for Individuals with Disabilities
Linda Terrill	Adult Protective Services Resides in a Rural Area Advocate for Older Persons Service Provider for Older Persons Advocate for Individuals with Disabilities Service Provider for Individuals with Disabilities
Steve Moore	Disability Age 60+ (50% Older persons) Advocate for Individuals with Disabilities General Public (County Representative)
Bill Loggins	Cumberland County

	Resides in a Rural Area Business Community General Public (County Representative)
Susan Sparks	Relative Caregiving Provider of Veterans Health Care Age 60+ (50% Older persons) Family Caregiver Advocate for Older Persons Advocate for Individuals with Disabilities Service Provider for Individuals with Disabilities Business Community
Linda Norman	Fentress County Representative Age 60+ (50% Older persons) Resides in a Rural Area Advocate for Older Persons General Public (County Representative)
Ramona Tilghman	AARP/NRTA Retired Teacher Age 60+ (50% Older persons) Advocate for Older Persons Advocate for Individuals with Disabilities
Hilda Lytle	Warren County Agriculture Extension Service Resides in a Rural Area General Public (County Representative)
Dan Smith	Overton County Retired Hospital Director Age 60+ (50% Older persons) Resides in a Rural Area Advocate for Older Persons General Public (County Representative)
Cynthia Strong	Disease Prevention/Health Promotion Home Health Care Advocate for Older Persons Service Provider for Older Persons Advocate for Individuals with Disabilities Service Provider for Individuals with Disabilities Business Community Service Provider Agency Provider of Veterans' Health Care
Amanda Barlow	Alzheimer's Association Coordinator Advocate for Older Persons Advocate for Individuals with Disabilities Service Provider for Individuals with Disabilities

Mary Alice Heady	Jackson County Representative Age 60+ (50% Older persons) Resides in a Rural Area
Mickey Eldridge	Upper Cumberland Representative to Commission Resides in a Rural Area Advocate for Older Persons Advocate for Individuals with Disabilities General Public (County Representative) Service Provider for Individuals with Disabilities
Patsy Winningham	White County Representative Age 60+ Retired teacher
Brenda Hiatt	Macon County Representative Age 60+ 3-Star Chairman Senior Citizens Board of Directors Regional Tourism Board Member of Lafayette Rotary Club Volunteer at Macon County Chamber of Commerce

**B. SCHEDULE OF ADVIORY COUNCIL MEETINGS**

Give Dates and Times of Scheduled Meetings

Quarterly – 9:30 a.m. to 12:00 p.m.

Meetings are held February, May, August, & November

**C. OFFICERS & OFFICE**

<u>Name of Officer</u>	<u>Office</u>	<u>Date Term Expires</u>
Susan Sparks	Chairperson	2011
Billy Loggins	Vice-Chairperson	2011
Dan Smith	Secretary	2011

**D. ADVISORY COUNCIL BYLAWS**

Attach Bylaws that show date of last review.

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## **Advisory Council Bylaws**

UPPER CUMBERLAND DEVELOPMENT DISTRICT

AREA AGENCY ON AGING AND DISABILITY

ADVISORY COUNCIL

BY-LAWS

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Article I	Name and Description
Article II	Membership
	Regular
Article III	Advisory Council Duties/Responsibilities
Article IV	Officers and Term of Office
Article V	Duties of Officers
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Article VIII	Duties of Committees
Article IX	Meetings
Article X	Elections
Article XI	Quorum
Article XII	Compensation
Article XIII	Rules of Order
Article XIV	Fiscal Year
Article XV	Amendments
Article XVI	Adoption of By-Laws

# UPPER CUMBERLAND ADVISORY COUNCIL ON AGING AND DISABILITY

## BY-LAWS

### ARTICLE I—NAMES AND DESCRIPTION

- Section 1 The name of this organization shall be the Upper Cumberland Advisory Council on Aging and Disability.
- Section 2 The central office shall be located in the Upper Cumberland Development District building, 1225 South Willow Avenue, Cookeville 38506.
- Section 3 The Advisory Council shall be composed of volunteers and shall include:
- a) Fifty percent older persons representing those with greatest economic and social needs and consumers of the Older Americans Act services;
  - b) Community Leaders
  - c) Advocates for the older persons and adults with disabilities (18 years and above) selected from among the general public.

### Article II—MEMBERSHIP

#### Classification A – Regular Membership

- Section 1 Regular membership shall be open to citizens who meet desirable qualifications which shall include, but not be limited to:
- a) Leadership ability in representing the interest of older persons and adults with disabilities (18 years and above);
  - b) Ability to work harmoniously with others;
  - c) Sensitivity to needs of older persons and adults with disabilities (18 years and above) at the local level;
  - d) Willingness to devote time and effort toward achieving Council goals;
  - e) Taking an active role in working toward building a continuum of care system for older persons and adults with disabilities (18 years and above)
- Section 2 To assure both county-wide and region-wide representation, the Council's constituency categories may be as follows:
- a) Agencies/Groups and Organizations:
    - Mental Health
    - Housing
    - Veterans' Administration
    - Department of Human Services

Labor/Workforce Development  
Hospital  
Disability  
AARP  
In Home Care  
Minority  
Churches  
Long Term Care Facilities

b) Appointees:

1. One (1) by County Executive (Mayor) from each county within the District
2. By Governor to TCA (Ex-officio/non-voting)

c) Two At-Large Members

d) Older Americans Act Service Providing Agency representatives (non-voting)

Section 3

Membership on the Council from agencies, groups and organizations shall be for an indeterminate term, depending on the member's ability and willingness to involve himself/herself responsibly in the work of the Council.

Exception: All Appointees shall serve a term of two years. A representative may be reappointed to the Council following a two-year leave (one term) from membership.

Section 4

Three consecutive absences from regular monthly Council meetings shall render the member inactive unless he/she has given the Area Agency on Aging acceptable reason for absence—before the meeting when the absence can be anticipated; within twenty-four (24) hours following the meeting when the absence cannot be anticipated.

Definition—Acceptable

A situation, condition, or circumstances beyond the member's control, such as the following, shall be deemed acceptable reason:

- a) Accident
- b) Illness/death in family
- c) Car inoperable/lack of transportation

Said inactive member may be reinstated to full membership with voting rights, provided he/she attends the next two (2) consecutive meetings immediately following the absences.

The membership of said inactive member shall be terminated, and name removed from the Council roster, if he/she fails to attend the two consecutive meetings immediately following the absences.

Section 5 Only one member of any given family shall serve on the Council at the same time.

Section 6 Avoidance of Conflict of Interest: Members of the Council who have a special interest in a program through financial contribution, staff position, service responsibility, or family relationship in the hierarchy of the Agency shall:

- a) Abstain from voting on matters coming before the Council;
- b) Refrain from using their influence directly or indirectly to sway or coerce another to vote in favor of their interest.

### **ARTICLE III—ADVISORY COUNCIL DUTIES/RESPONSIBILITIES**

Section 1 The duties and responsibilities of the Advisory Council on Aging and Disability shall fall generally into unclassified categories, and shall be to:

- a) Make recommendations based on expert knowledge and special expertise;
- b) Assist in determining and achieving goals; establishing and implementing policies and procedures; identifying needs, gaps in services, and problems, and seeking means and solutions to problems and methods for closing gaps in services.

Among more specific duties shall be:

- 1) Assist in developing a comprehensive and coordinated service delivery system at the local level;
- 2) Share information, provide guidance, give advice and support in decision making;
- 3) Serve as a critical linkage between the Area Agency on Aging and Disability and the local community;
- 4) Contribute to the development of the Area Plan:
  - Assist with the needs assessment;
  - Assure that community interests and concerns are reflected in the Area Plan;
  - Identify deficiencies and gaps in the service delivery system;
  - Review any major change in the Area Plan and make recommendations for action by the Executive Committee of the Grantee Agency.

- c) Review, evaluate, and recommend funding proposals;
- d) Take leading role in publicizing Public Hearings, and assume responsibility in the conduct of Public Hearings.

#### **ARTICLE IV—OFFICERS AND TERM OF OFFICE**

Section 1 Officers of the Advisory Council shall be a Chairman, Vice-Chairman, and Secretary. These officers shall be members of the Executive Committee. (See Article VI.)

Section 2 Term of office for elected officers shall be one year, with incumbents having the privilege to succeed themselves in the same offices not to exceed three consecutive terms.

#### **ARTICLE V—DUTIES OF OFFICERS**

Section 1 Chairman-The duties of the Chairman shall be to:

- a) Preside over all meetings of the Advisory Council and meetings of the Executive Committee;
- b) Foster a harmonious and cooperative work environment within the Council;
- c) By example, encourage a genuine commitment on the part of Council members to keep informed on all policies, programs, and activities which effect the 60-and-over and adults with disabilities (18 years old and above) population;
- d) Assure that each Council member is given opportunity to express ideas and make suggestions, and to contribute in the open discussion during Council meetings;
- e) Be familiar with the affairs, programs, and projects;
- f) In concert with the appropriate Area Agency staff, develop the agenda for the quarterly Advisory Council meetings;
- g) Appoint standing committees and special committees as needed in support of programs;
- h) Serve as Ex-officio member of all standing committees;
- i) Fill appointive offices;
- j) Vote only to break a tie vote.

Section 2 Vice-Chairman-The Vice-Chairman shall, in the absence of the Chairman:

- a) Preside over meetings of the Advisory Council and the Executive Committee of the Advisory Council;
- b) Be responsible for the functioning and coordination of all activities of the standing committees;
- c) Perform such other duties appropriate to that office and/or as assigned by the Chairman;

Section 3 Secretary-The duties of the Secretary shall be to:

- a) Prepare and preserve the minutes of the quarterly Advisory Council meetings and the meetings of the Executive Committee;
- b) Keep an attendance record of members present at both the Advisory Council and Executive Committee meetings;
- c) Have available at each meeting the following:
  - Copy of the By-Laws
  - Copy of list of all committees

## **ARTICLE VI—EXECUTIVE COMMITTEE**

Section 1      The Executive Committee shall consist of the:

- Elected Officers
- Immediate past Chairman
- Chairman of all Standing Committees
- Parliamentarian (Chairman of the By-Laws Committee)

Section 2      Functions and powers of the Executive Committee shall be to:

- a) Represent and act between meetings of the Advisory Council on matters that require action before the next quarterly meeting of the Advisory Council. Such action shall be reported in the form of minutes for ratification by the Advisory Council, at the next regular meeting;
- b) Participate responsibly in the decision-making process and resolution of special problems arising in connection with Advisory Council sponsored programs;
  - 1) Elective office: The chairman of the Executive Committee shall notify the chairman of the Nominating Committee of any vacancy occurring in an elective office and direct the Nominating Committee to present name(s) of nominee(s) to the Advisory Council at the next regular meeting. The person elected shall hold the office for the remainder of the unexpired term;
  - 2) Review questions and transact any business for the next regular meeting of the Advisory Council.

## **ARTICLE VII—COMMITTEES**

Section 1      All standing committee constituencies shall be selected from the Advisory Council membership and shall be appointed by the Chairman of the Advisory Council committee membership commensurate with the term of office of the appointing Chairman.

Section 2 No committee chairman shall serve in more than one chairmanship at a time.

Section 3 Standing committees shall be:

- a) Nominating Committee
- b) By-Laws Committee
- c) Membership Committee
- d) Legislative Committee

Section 4 Committees shall submit reports, recommendations, et cetera in writing, when pertinent, to the Advisory Council at regular meetings.

Section 5 Ad hoc committees may be established by the Chairman at his/her discretion or upon request by five Advisory Council members.

### **ARTICLE VIII—DUTIES OF COMMITTEES**

Section 1 Nominating Committee-The Nominating Committee shall consist of a Chairman and three (3) members.

The Nominating Committee shall:

- a) Prepare a slate of nominees for all elective offices;
- b) Notify the members of the Advisory Council as set out in Article X, Sections 1 and 2.

Section 2 By-Laws Committee-The By-Laws Committee shall consist of a Chairman and two (2) members.

Duties of this committee shall be to:

- a) Review, from time to time, By-Laws and make recommendations for revisions and amendments, as necessary;
- b) Draft amendments and revisions upon request of the Advisory Council Executive Committee;
- c) The Chairman of the By-Laws Committee shall serve as Parliamentarian.

Section 3 Membership Committee—The Membership Committee shall consist of a Chairman and three (3) members.

Responsibilities of this committee shall be to:

- a) Devise ways and means of stimulating and motivating lay individuals active in their communities, retirees, and others concerned for the welfare of the needy and disadvantaged to consider becoming members of the Advisory Council;
- b) Maintain a current roster of the Advisory Council membership;

- c) Process and screen applications/resumes of nominees for membership on the Advisory Council, keeping in mind Article II, Sections 1, 4, 5, and 6 of these By-Laws;
- d) Work closely with the Secretary to be informed of the status of the Advisory Council membership and attendance records.
- e) Assist in the development of an orientation manual and other related informational and training materials and in determining methods to facilitate integration of new members into the Advisory Council.
- f) Promote the philosophy of the Area Agency on Aging and Disability.

Section 4 Legislative Committee-The Legislative Committee shall consist of a chairman and three (3) members.

This committee shall:

- a) Be informed on legislative issues which have a direct bearing on the programs and services administered by the Area Agency on Aging, and the extent to which consumers would be affected, transmitting (in person, by letter, or telephone) this information to the Advisory Council;
- b) Communicate at appropriate times with the Legislature to:
  - 1) Gain information regarding proposed bills:
    - By whom sponsored
    - When bill will be introduced
    - If passes, how it will affect consumers
  - 2) Inform legislators regarding the goals of the Area Agency on Aging and Disability and interpret constituent/consumer expectations of them as personal representatives, committed to act in their behalf;
  - 3) Seek information and interpretation concerning proposed legislation;
  - c) Acquaint Advisory Council with legislators who represent the Upper Cumberland area constituents/consumers;
  - d) Keep Advisory Council informed regarding status of bills as they are debated;
  - e) Take advantage of opportunities to get to know elected representatives and influential individuals in the community to whom legislators listen.
  - f) Promote the concept of advocacy as a basis responsibility of every council member.

## **ARTICLE IX—MEETINGS**

- Section 1      Advisory Council-The Advisory Council shall meet during the first month of each quarter. Notification, designating the hour and place, shall be given by the Chairman of the Advisory Council on Aging and Disability.
- Section 2      Executive Committee-The Executive Committee shall meet upon call of the Chairman of the Advisory Council.
- Section 3      Special meetings of the Council may be called by the Chairman when necessary.

## **ARTICLE X—ELECTIONS**

- Section 1      The Nominating Committee shall prepare a slate of nominees for all elective offices. (See Article VIII, Section 1, a.)
- Section 2      The Chairman of the Nominating Committee shall report of the slate of nominees at the first meeting of the fiscal year (July 1<sup>st</sup>—June 30<sup>th</sup>), at which elections will be held, with installation to follow at the meeting. Newly elected officers shall assume the responsibilities of their respective offices at the first meeting of the fiscal year.
- Section 3      Election of officers shall be by ballot, for a term of one year, with the privilege of succeeding themselves in the same office; not to exceed three (3) consecutive one-year terms.
- Section 4      Vote on all other matters coming before the Advisory Council shall be a voice vote.

A roll call requested by a member of the Advisory Council may be taken either before the question, or after a decision has been announced.

## **ARTICLE XI—QUORUM**

- Section 1      The Advisory Council-One third, plus one of the voting members of the Council, shall constitute a quorum.
- Section 2      The Executive Committee-Four members of the Executive Committee shall constitute a quorum.

## **ARTICLE XII—COMPENSATION**

- Section 1      Members serving on the Advisory Council of the Area Agency on Aging and Disability shall not receive monetary compensation.

### **ARTICLE XIII—RULES OF ORDER**

Section 1 Robert's Rules of Order, revised, shall govern all parliamentary procedures, except as other wise provided in these By-Laws.

### **ARTICLE XIV—FISCAL YEAR**

Section 1 The fiscal year for the Council shall be from July 1 through June 30.

### **ARTICLE XV—AMENDMENTS**

Section 1 Recommendations for amendment of these By-Laws shall be submitted in writing to the UCDD Aging Committee and UCDD Executive Committee for consideration.

### **ARTICLE XVI—ADOPTION OF BY-LAWS**

Section 1 These By-Laws shall supersede and render invalid all previous By-Laws of the Advisory Council on Aging and Disability, and shall take effect and be in full force upon the adoption by the Executive Committee, Upper Cumberland Development District Board of Directors.

**Adopted: October 12, 2004**

**Part E: DOCUMENTATION**

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

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## Older Americans Act (2006) Assurances of Compliance

### *Section. 306. AREA PLANS*

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

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

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

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

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

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

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

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

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

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

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

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

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

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

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

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

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

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

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

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

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

- the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
  - (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
- (F) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations; (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
  - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
    - (i) respond to the needs and preferences of older individuals and family caregivers;
    - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
    - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
  - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
  - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
    - (i) the need to plan in advance for long-term care; and
    - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
  - (B) be coordinated with services described in subparagraph (A); and
  - (C) be provided by a public agency or a nonprofit private agency that—
    - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
  - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; and
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.
- (b) (1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (2) Such assessment may include—
- (A) the projected change in the number of older individuals in the planning and service area;
  - (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
  - (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
  - (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
- (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—
- (A) health and human services;
  - (B) land use;
  - (C) housing;
  - (D) transportation;
  - (E) public safety;
  - (F) workforce and economic development;
  - (G) recreation;
  - (H) education;
  - (I) civic engagement;
  - (J) emergency preparedness; and
  - (K) any other service as determined by such agency.
- (c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
- (d) (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the

common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f) (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

#### Section. 374. *MAINTENANCE OF EFFORT*

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

#### **Certification by Authorized Agency Official**

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

#### **SIGNATURES**

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

PSA: Upper Cumberland  
Plan Period: FY 2012

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

## Availability of Documents

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

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

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

**Certification by Authorized Agency Official**

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

**SIGNATURES**

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

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

PSA: Upper Cumberland  
Plan Period: FY 2012

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

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

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

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

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

Prohibited practices include:

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

The Upper Cumberland Area Agency on Aging and Disability shall appoint a Title VI coordinator to ensure that the Area Agency on Aging and Disability and all service providers comply with the provision of Title VI. Whenever a planning or advisory body,

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

**SIGNATURES**

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

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

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

### **Older Americans Act**

#### Section 306 *AREA PLANS*

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

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

### **Exhibit Number**

### **Title of Exhibit**

F-1	Public Hearing on Area Plan on Aging
F-2	Advisory Council Participation in the Area Plan Process
F-3	Requests for Waivers – Optional
F-3.1	Direct Provision of Service
F-3.2	Required Minimum Services
F-3.3	Provision of Priority Services
F-3.4	Nutrition Site
F-3.5	State Rule, Regulation, or Policy Requirement
F-3.6	Cost Share Requirement
Attachment 1	Supporting Documentation for Public Hearing and Advisory Council Participation

PSA: Upper Cumberland  
 Plan Period: FY 2012

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

## Public Hearings on Area Plan

### A. PUBLIC HEARING INFORMATION

<b>Date(s)</b> of Public Hearing	Not applicable
<b>Time(s)</b> when hearing was held	
<b>Place(s)</b> where hearing was held	
<b>Was Place Accessible?</b>	
<b>Type of Notice(s) or Announcement(s)</b>	
<b>Date(s) of Notices or Announcements</b> (attach copy)	

### B. ATTENDANCE\*

County	# of Advisory Council Members from County	Total from County**
<b>Total # Advisory Council Members in column 2</b>		
<b>Total Attendance*</b>		

\* Do not include AAAD staff in Public Hearing attendance

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

### C. AGENDA & ANNOUNCEMENTS

Attach a copy of the agenda. See P&P manual for required agenda topics. Attach one example of each type of notice sent out and describe who notices were sent to. If the AAAD is requesting a waiver for any reason, the agenda and announcement must include a statement that a waiver is being requested.

### D. DESCRIPTION

Include any other information about the Public Hearing. Mention any extenuating circumstances that affected attendance (weather, high proportion of sickness, etc.).

### E. SUMMARY of PUBLIC COMMENTS

Opportunity must be provided for comments on goals, budgets, and waivers.

### F. SUMMARY of CHANGES

List changes made in the plan as a result of comments made at public hearing(s).

PSA: Upper Cumberland  
Plan Period: FY 2012

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

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

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

1. Date(s) when the Area Plan was reviewed by the Advisory Council.  
The Advisory Council meeting was held March 17, 2011.
2. Attach an agenda of the Area Plan review meeting or describe the review process.  
See attached.
3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.  
This was an update. See attached.
4. Provide a summary of comments made by advisory council members about the completed plan.  
No comments were made. The plan was approved as discerned.
5. Summary of Changes. List changes made in the plan as a result of comments made at Advisory Council review.

PSA: Upper Cumberland  
Plan Period: FY 2011-FY 2014

Exhibit F-3.4 (b.)  
(√) Original, Dated: March 2011  
( ) Update, Dated:

## Request for Waiver for FY 2011 NUTRITION SITE

AREA AGENCY: Upper Cumberland COUNTY: Putnam

NAME AND ADDRESS OF  
NUTRITION SITE:

Algood Senior Center/Nutrition Site

125 Fourth Avenue

Algood, TN 38506

1. Average Number of Congregate Meals Served  
Daily During Last Quarterly Reporting Period 9
2. Average Number of Home-Delivered Meals Sent  
Daily from Site (Last Quarterly Reporting Period) 0
3. Explain why the nutrition site's combined average of congregate and home-delivered meals is below 20.

This is a very small community with a high percentage of low-income residents. The 60+ population is approximately 690. The average daily attendance at the center is 40. The majority of the group bring their lunch or go home for lunch. The seniors at the Algood Center are pleased with the meal program but, are selective with their menu choices. The Senior Director stated she is very pleased with the meal program.

4. Provide documentation of outreach and publicity activities undertaken to promote nutrition site attendance. Include in the documentation when the activity was conducted, who conducted the activity, and the number of potentially eligible persons contacted.

New nutrition brochures were designed and are being distributed by UCHRA. The local radio station is used to invite the 60+ residents to attend the site. The menus are published in the county paper and 60+ residents are encouraged to attend the site. The County Coordinator has contacted many Algood residents to inform them of our Nutrition Program.

5. List all costs involved in keeping the site open, e.g. site manager's salary, rent, utilities, and insurance.

There is no additional cost to the Nutrition Program for salaries, rent, utilities or insurance. The only cost involved is food and transporting of food to the satellite center.

6. Discuss possibility of merging site with another nutrition site. How close is the nearest site? Do participants have their own transportation to the site or are they transported by other provider agencies?

A merger has been considered on several occasions. However, the community is very old and most of the regular participants would not go to the Cookeville center. The city council attempted to close the center and utilize the space for offices but was met with overwhelming pressure from the community, including front-page coverage in the local newspaper. Consequently, the city was forced to withdraw their request. While the Cookeville site is only six miles from this satellite center, the majority of the participants would require some means of transportation. Further, the UCARTS transportation service is not available on a daily basis due to the tremendous request in this rural county of TennCare and Family First recipients.

Attach additional pages as necessary.

## **SIGNATURES**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

PSA: Upper Cumberland  
Plan Period: FY 2011-FY 2014

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

### Request for Waiver for FY 2011 NUTRITION SITE

AREA AGENCY: Upper Cumberland COUNTY: Dekalb

NAME AND ADDRESS OF NUTRITION SITE: Alexandria (catered from Smithville Nutrition Site)

118 Edgewood Street

Alexandria, Tennessee 37012

1. Average Number of Congregate Meals Served Daily During Last Quarterly Reporting Period 13
2. Average Number of Home-Delivered Meals Sent Daily from Site (Last Quarterly Reporting Period) 0
3. Explain why the nutrition site's combined average of congregate and home-delivered meals is below 20.

Alexandria has a 60+ population of 194. Many seniors are still active and still employed.

4. Provide documentation of outreach and publicity activities undertaken to promote nutrition site attendance. Include in the documentation when the activity was conducted, who conducted the activity, and the number of potentially eligible persons contacted.

The menus are published in the county paper and 60+ residents are encouraged to attend the site. The County Coordinator has spoken to residents who are 60+ to inform them about our Nutrition Program and continues to outreach monthly. New brochures have been printed and are being distributed by UCHRA staff.

5. List all costs involved in keeping the site open, e.g. site manager's salary, rent, utilities, and insurance.

There is no additional cost to the Nutrition Program for salaries, rent, utilities or insurance. The only cost involved is transporting of food to the satellite center.

6. Discuss possibility of merging site with another nutrition site. How close is the nearest site? Do participants have their own transportation to the site or are they transported by other provider agencies?

A merger has been considered and tried. Past attempts to merge with the nearby sites has resulted in intense lobbying with legislators and public officials. Each of the three communities in this county is over 100 years old. They are proud of their heritage and very protective of their identities.

Some participants have their own transportation and the UCARTS van could provide transportation, but on a limited basis, one day per week.

Attach additional pages as necessary.

**SIGNATURES**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

PSA: Upper Cumberland  
Plan Period: FY 2011-FY 2014

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

**Request for Waiver for FY 2011-2014**  
**STATE RULE, REGULATION OR POLICY REQUIREMENT**

1. AAAD: Upper Cumberland
2. State Rule, Regulation and/or Policy for which waiver is requested:

Nutrition projects shall operate congregate nutrition services five (5) or more days a week except in rural areas where such frequency is not feasible and a lesser frequency is approved by the State Agency.

3. Reference Location and Number of Specific Rule, Regulation or Policy:

OAA Sec. 331 (1)  
State Policy 7-5-04

4. Give full justification for this waiver request by documenting all efforts of the AAAD to meet the requirement and specific barriers to meeting the requirements.

The Upper Cumberland Area Agency on Aging and Disability has had to request a waiver for this requirement for more than 27 years, due to the lack of funding in our sparsely populated region of the state. Because we feel that home-delivered meals are a priority we have attempted to fulfill this requirement before considering provision of the congregate meal on the fifth day. Currently, one congregate site (Smith) provides meals the fifth day being sponsored by the senior center. Senior center directors traditionally have used the fifth day for covered dish lunches, fundraising activities and served donated lunches by local businesses. Even if we had the funding, provision of the fifth day congregate meal by our service provider after so many years of that day's use by senior centers for fundraising and covered dish luncheons would be met with opposition.

Several comments at the most recent public hearing in 2010 opposed the fifth day meal being served by the provider.

The central kitchen located in Jackson County prepares 772 meals daily and distributes them to 11 counties. The Second Harvest Food Bank is being utilized to reduce cost for the Nutrition Program.

The central kitchen in Fentress County provides 163 meals per day for Pickett and Fentress counties.

The central kitchen located in Cumberland County provides 71 meals per day.

Fifth day home-delivered meals are being served in 14 counties to 880 clients per day.

Warren County's 61 home-delivered meals are subcontracted to the Meals on Wheels Program and home-delivered meals have always been provided on the fifth day.

Cumberland County provides a shelf meal on the 5<sup>th</sup> day due to a conflict with the use of the kitchen. An average of 57 home-delivered meals are delivered per day. The average number of congregate meals served is 14 per day.

5. Outline steps the AAAD will take to meet the requirements, giving specific dates of accomplishment for each step.

There are 61,520 elderly age 60+ in the Upper Cumberland counties, many of which are low income documented by the low rate of contribution. Data from the second quarterly report of FY 2009 indicate that contributions for home-delivered meals were \$.01 and for congregate \$.70. Each of our nutrition sites supplements these contributions by holding an annual fundraiser.

Presentations are made to Fleetguard, United Way, Suntrust, Middle Tennessee Natural Gas and other groups to obtain additional funding each year by UCHRA. Fleetguard employees volunteer to deliver meals one route per day in Putnam County.

UCHRA will be encouraged to write grants and solicit additional funding to supplement federal and state funds. Other contributors to the meals program that will be used as match are as follows:

Macon County United Way	\$ 1,000.00
Putnam County United Way	\$ 5,000.00
DeKalb County United Way	\$ 2,000.00
Cannon County United Way	\$ 1,836.00

Although we had hoped the implementation of the HCBS OPTIONS Program, Family Caregiver and Medicaid Waiver programs would reduce the waiting list, the high cost of meal delivery and the increase in unit cost have had little effect on the waiting list which is currently 255. We are able to serve more people in outlying areas who would not have received meals in the past. Several new providers were added to the Nutrition Program in 2008 including: GA Foods, Mom's Meals, Signature Healthcare of Fentress County, Pickett Care and Rehabilitation Center, Overton County Nursing Home, Standing Stone Care and Rehabilitation Center, Town of Crossville Housing Authority, and Harriman Care and Rehabilitation Center.

The Human Resource Agency has requested to provide one hot meal and four frozen meals to clients in areas where delivery is cost prohibitive due to the fuel cost and the lack of volunteers for home-delivered meals. Currently 89 clients receive frozen meals. The use of supplemental meals will be implemented in the future to individuals who have doctor's orders.

SIGNATURES:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## ATTACHMENTS

1. Public Hearing Documents
2. Waivers - Optional

## **Part G: FINANCIAL PLAN**

### **Older Americans Act**

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

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

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

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

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

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

#### **Section 315 CONSUMER CONTRIBUTIONS**

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

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

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

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

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

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

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

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

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

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

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

### **Exhibit Number**

### **Title of Exhibit**

G-1

Financial Report File

## **AREA PLAN UPDATE 2011 – 2012**

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

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

Name: Judy Roberson

AAAD: Upper Cumberland

Address: 1225 South Willow Avenue, Cookeville, Tennessee 38506

Phone: (931) 432-4111