

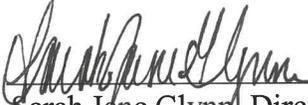
SUBMITTAL PAGE

(*) Plan Update for July 1, 2019 - June 30, 2020

() Amendment (Date): _____

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

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

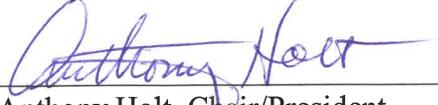
Signature:  _____ Date: 3/25/19
Sarah Jane Glynn, Director
Aging and Disability Services
Greater Nashville Regional Council

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 Exhibit D-2 of the Plan.

Signature:  _____ Date: 3/21/19
Patti Harris, Chair
Area Agency Advisory Council

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

Signature:  _____ Date: 3/20/19
Michael Skipper, Executive Director
Greater Nashville Regional Council

Signature:  _____ Date: 3/20/2019
Anthony Holt, Chair/President
Greater Nashville Regional Council

AREA PLAN on AGING and DISABILITY

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

Greater Nashville Regional Council

Designated Area Agency on Aging and Disability

for the

Greater Nashville

Planning and Service Area

**in TENNESSEE for
July 1, 2019 – June 30, 2020**

Plan for Program Development and Coordination

The AAAD is proposing to use \$ 60,000 in Title III-B direct service funds to pay for Program Development and Coordination during FY 2020. TCAD allows up to 10% of these funds to be used for this purpose. The proposed amount represents 3% of the AAADs new Title III-B direct service allotment.

If **yes**, include a goal, objectives, and strategies that describe the program development/coordination activities that will be performed by the AAAD staff member(s) paid from these funds and how these activities will have a direct and positive impact on the enhancement of services for older persons in the PSA. Costs should be in proportion with the benefits described.

Coordination Goals and Objectives: To form and maintain partnerships with other organizations and stakeholders that promote advocacy, outreach and services to the aging community.

Strategies:

1. Form partnerships with the following organizations for education, coordination, and advocacy:
 - Tennessee Emergency Management Agency (TEMA)
 - Conexión Américas
 - Tennessee Suicide Prevention Network
 - Tennessee Rural Health Association
 - Islamic Center of Nashville/Islamic Center of Tennessee
 - Greater Nashville PrimeTime
 - Center for Gerontological Nursing
 - TN Department of Human Services
 - SAGE: Advocacy & Services for LGBT Elders

2. Maintain partnerships with the following organizations for education, coordination, and advocacy.
 - Adult Protective Services
 - Alzheimer’s Association
 - City of Portland (Portland Adult Transportation)
 - Community Life Bridge, Inc (Senior Ride Sumner)
 - Council on Aging of Middle TN
 - Empower TN
 - Hands on Nashville
 - Jewish Federation of Nashville and Mid TN
 - Music for Seniors
 - National Association of Area Agencies on Aging (N4A)
 - Nashville CARES

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- Our Place Nashville
 - Pennyriple Area Development District
 - Southeastern Association of Area Agencies on Aging (SE4A)
 - Senior Ride Nashville
 - TennCare
 - Tennessee AIRS
 - Tennessee Council on Developmental Disabilities
 - TN Department of Health
 - TN Disability Pathfinder
 - TN Federation of Aging
 - TN Respite Coalition
 - TN Services for the Blind
 - Vanderbilt Child and Family Services
3. Identify faith leaders in the Greater Nashville Region to provide educational and outreach materials to faith communities.

FY 2019 Performance Highlight of Accomplishments with ACL Federal Funds and State Allocations

(Please limit your response to 3 pages)

Provide a status update of the progress and accomplishments of the following federal and state program areas:

Older Americans Act Funding

❖ Title IIIB Supportive Services:

Information and Assistance:

- All eligible Information and Assistance staff have current AIRS certification.
- Initiated collaboration with Council on Aging of Middle Tennessee and Tennessee Disability Pathfinder to identify and begin to secure the means necessary to translate materials into Spanish.

In-home Services:

- Held three (3) mandatory training sessions for Options and IIIB Counselors with contracted providers.
- Held monthly meetings with Options and IIIB Case Management staff with updates and training on documentation, SAMS database, SHIP, and QPR Suicide Prevention incorporated into meetings.
- Redistributed cases based on territories to cut back on travel, which increases efficiency.
- Created new processes that increase oversight, review, and accountability

❖ Title IIIC Nutrition Services:

- Metro Social Services (MSS) added a new volunteer-run site at Radnor Towers in February 2019.
- MSS continues to make progress with shifting more sites to all volunteer-run status, thereby decreasing staffing costs while retaining responsibility for site compliance.
- GNRC held nutrition provider meetings on 8/14/18 and 2/21/19. The next meeting is scheduled for 5/14/19.
- GNRC held training sessions with providers and GNRC staff on 8/21/2018.
- Each nutrition provider established one (1) additional volunteer source.
- GNRC increased congregate meals by \$50,000, serving roughly 40 additional clients.

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- GNRC increased home delivered meals by \$89,000, removing 55 individuals from the waitlist.
 - GNRC provided an additional \$20,000 for shelf-stable home delivered meals for emergency needs.
 - All relevant GNRC staff will be trained in Spring 2019 to be proficient in AAAD nutrition programs and SNAP benefits.
- ❖ Title IIID Disease Prevention & Health Promotion:
- GNRC is conducting CDSMP sessions at Riverwood Tower Apartments, which began February 21, 2019.
 - Our senior centers continue to explore highest tier programs to assess which best meet the needs of their unique membership. Byrum Porter Senior Center, Stewart County Senior Center, and Trousdale County Senior Center provide SAIL and St. Clair Street Senior Center and Stewart County Senior Center have added Stepping On, for a total of five programs specifically for falls prevention.
 - GNRC has funded highest tier evidence-based programming in FY 19 through twelve centers. These centers have served a total of 647 individuals (as of 1/31/2019) through nine programs including Bingocize, Tai Chi for Arthritis, Diabetes Self-Management Program, and Arthritis Foundation Aquatic Program, among others.
- ❖ Title IIIE National Family Caregiver Support Program:
- Maintained a minimal wait list throughout FY 2019.
 - Increased awareness of NFCSP within the Greater Nashville region through marketing campaigns and utilization of the Advisory Council.
 - Continued outreach efforts for NFCSP in the Greater Nashville region, including dedicated outreach to Latino and LGBT communities.
- ❖ Title VII Elder Rights
- Ms. Keisha Harris regularly conducts public meetings and provides community information regarding various components of Elder Abuse. Through these meetings, she provides education and disseminates literature such as brochures and flyers to the public and medical professionals in GNRC's 13 county area.
 - Information about recognizing elder abuse will be accessible via the updated GNRC website
 - All GNRC staff with direct interaction with clients will receive training regarding elder abuse in Spring 2019.

State Funds

❖ OPTIONS Home and Community Based Services:

- See in-home services under Title IIIB Supportive Services above (page 8).

❖ Guardianship:

- The GNRC Public Guardianship Program continues to work diligently to provide services to our clients, who are appointed by the Circuit, Civil, and Probate Court system. Over FY 2019 we averaged 72 Guardianship clients.
- Guardianship staff visit clients monthly, and quarterly assessments are done on each client determining any changes and/or needs that require follow-up.
- Relevant staff underwent training to meet CEU requirements of the National Guardianship Association along with trainings required by TCAD specifically for the Public Guardianship Program, including the NGA training in October 2018.
- Written and oral volunteer reports were required and reviewed by staff.
- When appropriate, applications were submitted for public assistance or grants to meet clients' needs.

Other

❖ SHIP:

- Reached 2,559 individuals through mailings regarding the LIS/MSP programs available for individuals meeting certain income requirements, and 2,442 individuals reached with PDP worksheets.
- Increased our outreach presence by building partnerships with medical based organizations that serve low-income Medicare beneficiaries: Nashville CARES, The People's Clinic- Clarksville, Vanderbilt Homeless Outreach Clinic, and Metro Center Healthcare Group. These partners received in-person education on our services and have been provided with materials funded by ACL to give to beneficiaries on SHIP/SMP services and LIS/MSP eligibility requirements and how to apply.
- Updated our volunteer outreach materials with ACL funding and have been targeting community areas to recruit more SHIP volunteers.
- Reached individuals through events held in every county educating on SHIP/SMP services, preventive services covered by Medicare, and LIS/MSP eligibility requirements.
- Assisted individuals in applying for LIS/MSP assistance
- Held 6 trainings to bring on 20 new SHIP volunteers and 14 new in-kind SHIP volunteers

FY 2019 Highlight of Accomplishments from Other Funding Sources

(Please limit your response to 3 pages)

Provide a status update of any accomplishments from other funding sources that have been made in regard to goals included in the 2019 - 2022 Area Plan.

❖ CHOICES

- Between July 1, 2018 and February 19, 2019, the CHOICES team assisted 607 CHOICES applicants and their families.
- Between July 1, 2018 and February 19, 2019, the CHOICES team has submitted 390 completed applications for the CHOICES program.
- Between July 1, 2018, and February 19, 2019, the CHOICES team has participated in 19 outreach and educational events and presentations, including those to underserved populations.
- The Community Living Supports Ombudsman made 301 Community Living Supports (CLS) visits from July 1, 2018 - March 13, 2019. This includes Education, Pre-Transition and Post Transition visits.

❖ Veterans Self-Directed HCBS

- Between July 1, 2018 and March 12, 2019, six (6) additional veterans have been fully enrolled into the VD-HCBS program for a total of seventeen (17) active enrollees.
- All participants have mentioned satisfaction with the program and the desire to continue receiving care via the VD-HCBS Program.

❖ Senior Medicare Patrol

- 2,442 mailings were sent to Medicare beneficiaries in our region this year to notify of the new Medicare card and provide information on scams to prevent Medicare fraud.
- Reached individuals through community events held in every county educating on SMP services, the new Medicare card, and scams targeting Medicare beneficiaries.

Goals, Objectives, Strategies, and Performance Measures

Goal 1: Ensure that programs and services funded with federal Older Americans Act (OAA) are cost effective and meet best practices.

Information and Assistance

- **Objective:** Provide Information and Assistance services that are easily accessible through telephone and email throughout the FY 2019 – 2022 area plan period.
- **Strategies:**
 1. Update and maintain the Greater Nashville Region Resource Directory.
 2. Continue to ensure that all I&A staff are AIRS certified.
- **FY 2020 Performance Measures:**
 1. By the end of FY 2020, all eligible I&A staff will have current AIRS certification.
 2. The Greater Nashville Region Resource Directory will continue to be updated and maintained.
- **Objective:** Provide Information and Assistance services to 10% of the Hispanic older adult population by utilizing existing partnerships and new partnerships for outreach by the end of FY 2022.
- **Strategies:**
 1. Collaborate with the Council on Aging of Middle Tennessee to have the directory of services translated into Spanish.
 2. Collaborate with the Council of Aging of Middle Tennessee to have copies of the Directory of Services printed in Spanish in the beginning of fiscal year 2022.
 3. Collaborate with Disability Pathfinder to have Spanish printed directories distributed to the Hispanic communities of Middle Tennessee by FY 2022.
- **FY 2020 Performance Measures:**
 1. By the end of FY 2020, make an effort to secure funding for this project in partnership with TN Disability Pathfinder’s Camino Seguro and Council on Aging of Middle TN.
 2. By the end of FY 2020, provide cultural sensitivity training to Information and Assistance staff in partnership with TN Disability Pathfinder’s Camino Seguro, who provides bilingual Information and Referral services to Middle TN’s Hispanic populations.
 3. By the end of FY 2020, begin efforts to translate relevant GNRC materials into Spanish.

Nutrition

- **Objective:** To reduce nutritional insecurity to individuals 60 years of age and older by providing access to nutritional services through the Older Americans Act Programs in the GNRC area during the area plan period.
- **Strategies:**
 1. Continue to work with nutritional providers to promote and provide nutrition services in the GNRC area.
 2. Utilize additional federal dollars received to increase direct service capacity for congregate and home-delivered meals, thereby reducing the home-delivered meals waitlist.
- **FY 2020 Performance Measures:**
 1. In FY 2020, GNRC will continue to meet with nutrition providers quarterly and conduct trainings on outreach and volunteer recruitment to increase awareness of the program and to reduce costs of staffing.

- **Objective:** To improve program capacity for congregate and home delivered meals by the end of FY 2022.
- **Strategies:**
 1. Work with our nutrition partners to develop and implement strategies for recruitment of program volunteers to assist nutrition sites with meal assembly and delivery and to assist with provider fundraising efforts
 2. Train all GNRC home based community services, SHIP, I&A line, and senior centers on nutrition programs through AAAD and SNAP to provide outreach and education to all seniors, caregivers, family members, and advocates.
- **FY 2020 Performance Measures:**
 1. In FY 2020, GNRC staff will train providers on outreach and volunteer recruitment in an effort to expand nutrition services by increasing awareness of the program and in an effort to save costs so that more meals may be served.
 2. By the end of FY 2020, all relevant staff will receive ongoing training on AAAD nutrition programs and SNAP.

- **Objective:** To increase SNAP outreach to seniors by the end of FY 2022.
- **Strategy:** Collaborate with TCAD in developing an approach to improve outreach to seniors.
- **FY 2020 Performance Measures:**
 1. By the end of FY 2020, GNRC will coordinate with relevant nonprofit partners to develop and implement a plan to increase SNAP outreach to seniors.

IIIB In-home Services

- **Objective:** To promote an HCBS system that empowers seniors, disabled adults and other targeted populations to remain supported and independent in their homes and/or communities throughout the FY 2019 – 2022 area plan period.
- **Strategies:**
 1. Hold consistent and regular training with GNRC OPTIONS and III-B counselors and partners to ensure that practices are adequate, coherent, and compliant with regulations.
 2. Provide an infrastructure within GNRC to ensure that OPTIONS and III-B services delivered are beneficial and appropriate.
- **FY 2020 Performance Measures:**
 1. By the end of FY 2020, a minimum of 2 mandatory training sessions for OPTIONS and III-B counselors per year with contracted providers
 2. In FY 2020, schedule monthly meetings with OPTIONS and III-B Case Management staff with updates and training incorporated into meetings
 3. In FY 2020, GNRC will provide opportunities for three (3) additional trainings on the SAMS database and other tools.

National Family Caregiver Support Program (NFCSP)

- **Objective:** To provide caregivers the necessary support and education in an effort to allow the caregiver to continue care of the care receiver during the area plan period.
- **Strategies:**
 1. Continue outreach efforts via conferences, public speaking, etc.
 2. Develop and implement targeted outreach efforts to Latino and LGBT communities.
 3. Grow program awareness through marketing and educational campaigns.
 4. Increase outreach regarding in-home dementia education trainings and grandparent caregiver respite summer programs.
 5. Maintain a focus on processing NFCSP referrals from the waitlist in a timely manner.
- **FY 2020 Performance Measures:**
 1. In FY 2020 we will continue our outreach efforts, and all relevant GNRC staff will receive training to include and highlight NFCSP in their public outreach efforts.
 2. We will continue to target the Latino community through translated documents and outreach to Latino organizations in Middle Tennessee and will use targeted advertising to reach LGBT communities.
 3. All relevant GNRC staff will receive training and additional education on in-home dementia education in order to increase referrals.
 4. Additional outreach will be conducted to school districts in order to increase awareness and referrals to grandparent caregiver respite summer programs.
 5. We will continue to focus on assigning referrals from the NFCSP in a timely manner.

Evidence Based

- **Objective:** To increase public awareness of falls prevention among older adults by the end of FY 2022.
- **Strategies:**
 1. Disseminate information via senior centers, and to encourage center staff to pursue certification in highest tier falls prevention programs.
 2. Continue to partner with our current centers offering SAIL and to promote SAIL training for other centers.
 3. Offer falls prevention programming through partnerships within the larger community
- **FY 2020 Performance Measures:**
 1. In FY 2020, at least eight (8) of our seventeen (17) senior centers will offer at least one (1) presentation on fall prevention through experts such as physical therapists or through offering highest tier falls prevention evidence-based programming.
- ~~**Objective:** To continue to promote the Chronic Disease Self Management Program (CDSMP) for improved health for those with various chronic conditions.~~
- ~~**Strategy:** Support the efforts of the Metropolitan Development and Housing Agency (MDHA) to obtain grant funding from the Administration for Community Living. This objective has been removed; the Metropolitan Development and Housing Agency (MDHA) did not receive grant funding for this program.~~
- **Objective:** To expand the number of evidence-based program opportunities within the district.
- **Strategy:** Utilize funds to expand access to the Chronic Disease Self-Management Program (CDSMP) to participants at senior centers within the district.
- **FY 2020 Performance Measures:**
 1. In FY 2020, we will survey the senior centers to determine demand for CDSMP and provide program access as needed.

Senior Centers

- **Objective:** To assist senior centers in expanding community partnerships and services via technology to maintain quality of life through social connection for persons in their larger communities during the FY 2019 – 2022 area plan period.
- **Strategies:**
 1. Encourage senior centers to increase use of technology and nontraditional methods to expand the senior center’s reach and serve more individuals. GNRC staff has begun assessing the centers current capability and will continue to facilitate discussions on best practices and offer technical assistance and suggestions for resources for establishing, updating, and maintaining relevancy on social media.

2. Increase partnerships to increase the number of older adults receiving telephone reassurance. GNRC staff will continue to facilitate discussions with centers on expanding awareness within their communities of telephone reassurance services, and on partnering with community service agencies to identify persons in need of telephone reassurance.
- **FY 2020 Performance Measures:**
 1. In FY 2020, GNRC will continue to provide support to Senior Centers on social media usage.
 2. In FY 2020, GNRC will continue to promote telephone reassurance (TR) awareness within the larger community by including a flyer about TR services with each mailout by I&A staff. Wherever feasible, the nearest center will be highlighted for the specific mailout recipient.
 3. In FY 2020, GNRC will explore the possibility of expanding telephone reassurance services to HCBS and CHOICES clients.

Transportation

- **Objective:** To continue to support existing transportation partnerships during the area plan period.
- **Strategy:**
 1. Provide referrals to and disseminate information about transportation partnerships
 2. Provide assistance to transportation partnerships with volunteer recruitment, and, where available, funding.
- **FY 2020 Performance Measures:**
 1. In FY 2020, continue to convene a transportation working group, which includes staff from DIDD, WeGo, MCHRA, Council on Developmental Disabilities, TennCare LTSS, Disability Rights TN, and TDOT.
 2. In FY 2020, GNRC will share information and outcomes from the transportation working group with relevant partners and the public in our region.
- **Objective:** Increase access to transportation services for older adults during the area plan period.
- **Strategy:**
 1. Provide funding assistance to Senior Ride Sumner.
- **FY 2020 Performance Measures:**
 1. In FY 2020, GNRC will continue to provide assistance to Community Life Bridge, Inc (Senior Ride Sumner).

Elder Abuse

- **Objective:** Increase awareness of elder abuse in the Greater Nashville Region during the area plan period.
- **Strategies:**
 1. Disseminate information about recognizing elder abuse through the GNRC website, brochures, and other media outlets.

2. Maintain a relationship with Adult Protective Services through meetings and trainings with GNRC staff and community partners.
- **FY 2020 Performance Measures:**
 1. In FY 2020, GNRC staff will communicate regularly with Adult Protective Services and schedule trainings as APS's availability allows.
 2. In FY 2020, staff will disseminate Elder Abuse Pocket Guides to a minimum of ten (10) banks and ten (10) healthcare clinics.
 3. In FY 2020, GNRC staff will offer at least five (5) presentations to the senior community about various topics related to Elder Abuse.

Ombudsman

- **Objective:** All residents of long-term care facilities will receive assistance from the Ombudsman program, upon request, without regard to age, race, nationality, gender, income, sexual orientation or gender identity at no cost to the service recipient during the FY 2019 – 2022 area plan period.
- **Strategies:**
 1. Ombudsman Program staff and trained Volunteer Ombudsman Representatives will provide advocacy services to long-term care residents on resolving resident complaints.
 2. District Long-Term Care Ombudsman will publicize the need for volunteers through media outlets in 13 counties and will offer quarterly volunteer training opportunities and provide monthly support and ongoing training meetings for volunteers.
 3. Establish and maintain working relationships with Legal Aid Society of Middle Tennessee, the Tennessee Vulnerable Adult Coalition, Adult Protective Services, the TN Department of Health, Vulnerable Adult Protective Investigative Teams, the TN justice Center and TN Disability Rights to address complaints by residents of long-term care facilities.
 4. Make quarterly visits to each long-term care facility to assess resident care.
- **Objective:** Educate long-term care residents and citizens on services available through the Ombudsman program throughout the area plan period.
- **Strategies:**
 1. Share printed and verbal information with residents and citizens on the Ombudsman program and how to access services.
 2. Speak, upon request, to resident councils, family councils, civic groups, faith groups, senior centers and other venues on the ombudsman program and its services.
- **Objective:** Provide guidance on addressing the needs of long-term care residents and navigating the long-term care system
- **Strategies:**
 1. Provide consultations to facility staff on creating long-term care communities that are safe, provide for quality living, respect resident rights and offer excellence in care to residents.

2. Provide information and referral consultations to individuals on navigating the long-term care system or identifying resources to prolong independence.
- **FY 2020 Performance Measures (for all Objectives):**
 1. 100% of resident complaints received by the Ombudsman that fall within the Ombudsman Scope of Services will be investigated and 90% of them resolved to the resident's satisfaction and 90% will report that their knowledge of the ombudsman program has been increased.
 2. The program will be found to be in substantial compliance at its annual monitoring by the Tennessee Commission on Aging & Disability. Monthly reports will be submitted to the State Long-Term Care Ombudsman.
 3. Quarterly reports will be submitted to the AAA&D and the State Long-Term Care Ombudsman.
 4. Provide 750 consultations per year to facility staff on creating long-term care communities that are safe, provide for quality living, respect resident rights and offer excellence in care to residents.
 5. Provide 200 information and referral consultations per year to individuals on navigating the long-term care system or identifying resources to prolong independence.
 6. Educate 3,000 long-term care residents and citizens per year on resident rights and services available through the Ombudsman program and give them literature on the program.
 7. Per revised requirements from the State Ombudsman, make quarterly visits to all nursing homes and two visits per year to assisted living facilities and residential homes for the aged to monitor conditions and speak with residents.

Legal Assistance

- **Objective:** Irrespective of income, all applicants/clients and clients 60 years of age or older receive assistance at no cost from the Legal Aid Society of Middle Tennessee and the Cumberland.
- **Strategy:** Elder law staff will meet with OAA applicants and clients over the telephone, at LAS offices, in their residence, nursing home or senior centers to evaluate and ensure access to legal assistance.
- **FY 2020 Performance Measures:**
 1. Quarterly reports will be evaluated to ensure that service objectives are met.
- **Objective:** Support and enhance multi-disciplinary responses to elder abuse, neglect, and exploitation involving Adult Protective Services (APS), Ombudsman, legal assistance, law enforcement, healthcare professionals, and financial institutions.
- **Strategies:**
 1. Establish a partnership with the Tennessee Vulnerable Adult Coalition to identify best means of distributing elder abuse prevention information.
 2. Establish a solid partnership with APS to increase awareness of services and contact information.

3. Public outreach will be directed to community partners, seniors and caregivers to educate, identify and respond to elder abuse, neglect, and exploitation.
 4. Establish working relationships with the Vulnerable Adult Protective Investigative and law enforcement to provide assistance and information as needed.
 - ~~5. Training on pressing legal issues and best practices will be developed and provided to the elder law staff statewide in April 2018.~~
 - ~~6. Establish a partnership with the Senior Medicare Patrol to increase awareness.~~
- **FY 2020 Performance Measures:**
 1. By the end of FY 2020, continue to participate in the development of a statewide community education and awareness campaign to promote statewide senior services and increase awareness of legal aid services.
 - ~~**Objective:** Through funding provided by the Model Approaches to Statewide Legal Assistance grant, develop and implement effective approaches for integrating cost effective, well integrated legal services into the existing statewide legal/aging service delivery networks to enhance overall service delivery capacity and enable older adults to remain independent, healthy, and financially secure in their homes and communities of choice by the end of FY 2022.~~
 - ~~**Strategies:**
 1. Staff will be trained to assess the needs of seniors at point of contact.
 2. Staff will be trained to evaluate and conduct capacity assessments for seniors on an ongoing basis.
 3. Quarterly reports will be analyzed to assess statewide legal needs for seniors.
 4. Statewide legal providers will partner to integrate available legal services.
 5. Legal assistance will include tools and printed materials to empower and educate Tennessee seniors.~~

This objective has been removed at the request of Legal Aid Society.

- **Objective:** Through funding provided through the TN Alliance for Legal Services (TALs) from the Chancery Court, Part III, Davidson County, LASMTC will continue to increase services provided to enhance overall service delivery capacity and enable older adults to remain independent, healthy, and financially secure in their homes and communities of choice by the end of FY 2022.
- **Strategies:**
 1. Staff will be trained to evaluate and conduct capacity assessments for seniors on an ongoing basis.
 2. Statewide legal providers will partner to integrate available legal services.
 3. Legal assistance will include tools and printed materials to empower and educate Tennessee seniors.
- **Performance Measure:** Quarterly reports will be evaluated to ensure objectives are met.

Goal 2: Develop partnerships with aging network, community based organizations, local governments, healthcare providers and state departments in order to advocate to reduce the gaps in services as identified in the needs assessment.

Suicide Prevention

- **Objective:** To provide yearly suicide prevention and pre-intervention training to relevant staff during the area plan period.
- **Strategies:**
 1. Identify and develop partnerships with organizations involved in suicide prevention and pre-intervention
 2. Coordinate a yearly training for all relevant GNRC staff
- **FY 2020 Performance Measures:**
 1. By the end of FY 2020, all relevant GNRC staff will receive yearly suicide prevention and pre-intervention training
 2. By the end of FY 2020, GNRC will make contact with Tennessee Suicide Prevention Network to identify and begin to develop partnerships in the region.

SHIP

- **Objective:** To emphasize efforts to increase awareness and utilization of clinical preventive services among older Tennesseans throughout the FY 2019 – 2022 area plan period.
- **Strategies:**
 1. Include Medicare preventive services information in SHIP outreach events.
 2. Update and disseminate Medicare preventive services flyer as needed.
 3. Explore partnerships with local medical providers to disseminate preventive services flyers to clients.
- **FY 2020 Performance Measures:**
 1. By the end of FY 2020, build partnerships with four (4) new local medical providers in order to increase referral base to SHIP, host sites for LIS/MSP outreach events, Medicare open enrollment events, providing SHIP/ SMP and Medicare preventive services informational handouts.
 2. By the end of FY 2020, attend one (1) or more community health fair or local fair as available in each county to engage in outreach and education on SHIP services, Medicare preventive services information, LIS/MSP programs and eligibility requirements, fraud prevention and Senior Medicare Patrol information, and volunteer recruitment.
 3. By the end of FY 2020, build partnerships with four (4) local non-profits focused on health and wellbeing (i.e. NAMI, American Cancer Society, etc.) in order to increase referral base to SHIP, host sites for LIS/MSP outreach events, Medicare open enrollment events, providing SHIP/ SMP and Medicare preventive services informational handouts.

Underserved Communities

- **Objective:** Develop partnerships and provide awareness and training during the area plan period to ensure that services are provided to older individuals and adults with disabilities in underserved communities.
- **Strategies:**
 1. Provide training to GNRC AAAD staff and service providers on inclusivity for the LGBT Community
 2. Develop partnerships with LGBT-focused organizations
 3. Identify the needs of LGBT older adults and adults with physical disabilities in the Greater Nashville region
- **FY 2020 Performance Measures:**
 1. For FY 2020, where possible, local resources for LGBT older adults will be provided to GNRC-funded senior centers and to HCBS providers.
 2. In FY 2020, relevant GNRC staff will receive training specific to LGBT older adults.

Goal 3: Ensure that programs and services funded by State allocations are cost effective and meet best practices.

OPTIONS

- *See IIIB In-home Services under Goal 1, above (page 14)*

Guardianship

- **Objective:** To provide effective and quality Public Guardianship Services to our clients based on their specific characteristics and individualized needs during the area plan period.
- **Strategies:**
 1. Guardianship staff will work one on one with clients, developing individualized plans of care, based on the client's needs. These plans will be reviewed and adjustments made if/when necessary.
 2. The Public Guardian and the assistant Public Guardian will attend trainings/meetings to stay aware of the National Guardianship Standards of Practice including Ethical Principles Standards. This will include awareness and knowledge of the Federal and State laws pertaining to the population served.
 3. The program will continue ongoing recruitment of volunteers including retired professionals with experience in various disciplines who can often meet a client's special needs
 4. The Guardianship Program staff will continue to identify and access community resources to address the needs of clients lacking funds for those services that would assist and/or enhance their quality of life.
 5. The District Public Guardian will properly and timely file all court documents required under state statute and TCAD policy.

- **FY 2020 Performance Measures:**

1. In FY 2020, staff will continue monthly visits for each client along with ongoing contacts and quarterly assessments for each client. When deemed necessary, either by the Guardian or the courts, Mental Health Evaluations will be obtained regularly.
2. By the end of FY 2020, there will be on-going training to meet CEU Requirements of the National Guardianship Association, along with trainings required by the Tennessee Commission on Aging specifically designed for the Public Guardianship Program. Training will also be provided at the Conservatorship of Tennessee annual conference.
3. In FY 2020, both written and oral reports from volunteers will continue to be required and reviewed.
4. By the end of FY 2020, Staff will continue to apply for and access public assistance or grants available to meet a client's particular need for financial assistance for placement, medications, medical treatment, etc.
5. By the end of FY 2020, GNRC will have completed a revised training orientation for new Public Guardianship Program volunteers.

Goal 4: Ensure that Tennesseans have access to information about aging issues, programs and services in order to be able to make informed decisions about living healthy and independent for as long as possible and about planning for their financial futures, healthcare access, and long-term care.

SHIP

- **Objective:** SHIP will provide objective one-on-one counseling and assistance on Medicare, Medicaid, and all other health insurance for consumers with Medicare, their adult children, their caregivers, and their advocates to include providing public and media outreach throughout the area plan period.
- **Strategies:**
 1. Maintain cadre of trained SHIP counselors and volunteers in each district.
 2. Disseminate information about Medicare and related insurance benefits that help to maintain healthy aging (including Medicare preventive services information).
 3. Engage in community outreach to individuals eligible for Medicare with emphasis on targeting hard-to-reach populations such as low-income, rural, and non-native English speaking populations.
 4. Assist beneficiaries with finding affordable prescription drug plans or Medicare Advantage plans based on their individual needs.
 5. Screen beneficiaries and provide application assistance for low-income subsidy or Medicare Savings Programs.
 6. Ensure that all SHIP staff and volunteers receive annual training to update the information needed to provide accurate and effective counseling services.
 7. Increase number of SHIP counseling sites that offer on-going individual counseling assistance to seniors across the region.

8. Utilize yearly demographic data for each county of the greater Nashville region to identify and focus outreach to vulnerable populations by FIPS as denoted by TCAD.
9. Build social networking presence and provide monthly health tip related to seniors and Medicare.
- **FY 2020 Performance Measures:**
 1. Continue to meet goal of 100% of all active SHIP volunteers completing yearly SHIP update training by the end of FY 2020.
 2. Recruit minimum of twenty (20) new volunteers by the end of FY 2020.
 3. Concerted effort on recruiting bilingual volunteers to assist with counseling and/or presentations with a focus on Spanish fluency by the end of FY 2020.
 4. Continue to assist beneficiaries daily via SHIP hotline with individualized assistance for Medicare education, plan comparisons, and LIS/MSP screenings and applications if eligible.
 5. Call back beneficiaries within three (3) business days with a goal of contacting them within two business days during FY 2020, with an extension of calling within five (5) business days during Annual Enrollment Period.
 6. Continue to promote the SHIP hotline on all educational and promotional handouts.
 7. Host two or more Medicare presentations, enrollment events, or LIS/MSP outreach events throughout each county during FY 2020.
 8. During FY 2020, attend one (1) or more community health fair or local fair as available in each county to engage in outreach and education on SHIP services, Medicare preventive services information, LIS/MSP programs and eligibility requirements, fraud prevention and Senior Medicare Patrol information, and volunteer recruitment.
 9. Attend or host two (2) community outreach events (health fair or LIS/MSP enrollment event) in top four (4) FIPS as denoted by TCAD in FY 2020.
 10. By the end of FY 2020, build partnerships with four (4) local medical providers and community case management agencies in order to increase referral base to SHIP, host sites for LIS/MSP outreach events, Medicare open enrollment events, providing SHIP/ SMP and Medicare preventive services informational handouts.
 11. Based on yearly demographic data for each county of the greater Nashville region to identify and focus outreach to top four (4) most vulnerable populations by FIPS as denoted by TCAD.
 12. Create counseling site partnerships with five (5) additional senior centers, libraries, or other public venues that allow for beneficiaries across the region to more easily access SHIP counseling services in-person by the end of FY 2020.
 13. Build social networking presence and provide monthly health tip related to seniors and Medicare by the end of FY 2020

Information and Assistance

- *See Information and Assistance, under Goal 1, above (page 12)*

Program Planning for FY 2020

Information & Assistance

1. Describe your plan for outreach to low income, minority, rural and limited English proficiency individuals to insure these populations are aware of information and assistance services.

GNRC will advertise on the back of the Council on Aging’s Directory of Services and assist in distributing the directory to senior centers and other locations in rural and underserved areas across Middle Tennessee. GNRC will also continue to use the Avaza translation service for callers with limited English proficiency.

Home and Community-Based Services (Title IIIB and OPTIONS)

1. Complete the following table:

	FY 2018	FY 2019 – Projected (Served/Units)	FY 2020 – Projected (Served/Units)
State – Options Allocation Amount	\$1,034,365.00	\$1,141,860.00	\$1,141,860.00
# Served	509	517	517
Units of Service	59,126.65	60,037.40	60,037.40

2. Complete the following table:

	FY 2018	FY 2019 – Projected (Served/Units)	FY 2020 – Projected (Served/Units)
Federal – Title IIIB (In-home Services) Allocation Amount	IIIB \$47,500.00 State \$57,600.00	IIIB \$60,000.00 State \$62,100.00	IIIB \$46,300.00 State \$62,100.00
# Served	63	58	58
Units of Service	5,718.50	5,971.98	5,971.98

3. Describe the methodology for the projections listed above.

For FY 2018 data, totals from SAMS and the final TCAD report were used to report data.

For FY 2019 projections, totals from SAMS and internal reports from the first six (6) months were used to project the second six (6) months.

For FY 2020 projections, projections from FY 2019 and projected allocated funding were used to project FY 2020 numbers.

4. Complete the following table:

Number of Individuals on OPTIONS Waiting List	786 (3/8/19)
Number of Individual on Title IIIB Waiting List	638 (3/8/19)

5. Describe your plan for addressing the individuals on the waiting list.

Each applicant is contacted annually to determine continuing need for services, and to update information where appropriate. At this time applicants' assessments are updated, which may result in a different priority score and thus a different position on (or removal from) the waitlist. Reassessment may also result in eligibility for other programs, such as CHOICES, at which point they can be referred on.

For each new applicant, a letter is sent advising the applicant that an application for HCBS has been started on their behalf. Information and Contact Numbers are provided so the applicant can contact GNRC if there are any changes. If unable to contact, three (3) phone calls are attempted. If no response to the phone calls, a Notice of Action letter is sent where the individual is given two (2) weeks to respond. If no response, applicant's name is removed from the Wait List.

To address individuals who have been on the wait list a lengthy time due to a low prioritization, permission is obtained from TCAD to address and process these applicants.

6. What are your projections for the number of individuals on the waiting list for FY 2020?

Barring an influx of additional funding, we do not anticipate a significant change to the number of individuals on the waiting list for FY 2020.

Title IIIC Nutrition Services

1. Complete the following table:

Provider	IIIC Allocation	NSIP Allocation	Total Amount of Contract	# Congregate Meal Sites	# Projected Congregate Meals Served in FY 2020	#Projected Home Delivered Meals Served in FY 2020
MCHRA	\$943,032.00	\$182,111.00	\$1,125,143.00	10	69,005	120,665
MSS	\$740,368.00	\$100,890.00	\$841,258.00	15	79,967	67,305

2. Complete the following table:

Service	Amount IIIC Allocated
Nutrition Counseling	\$1,500.00
Nutrition Education	Included in meal rate
Other Services (Describe):	\$0

3. Describe your plan for delivering the highest possible quality of service at the most efficient cost.

GNRC has two (2) nutrition providers; Metro Social Services (MSS) covers Davidson County, and Mid Cumberland HRA (MCHRA) covers the remaining twelve (12) counties in our district. GNRC has reduced meal cost by leveraging III-C funding through our providers, who over-match with local funding. GNRC staff in service coordination, data management, and quality assurance meet with our subcontractors each quarter to address issues with service delivery, including addressing inefficiencies and improving the program through training, streamlining communication, sharing ideas for saving costs, use of volunteers, and accuracy of data entry.

Metro Social Services (MSS) has over ninety (90) nutrition program volunteers, many of whom are also meal program participants. Because MSS is a government entity, there is no fundraising allowed but donations are accepted from participants and other donors. MSS has three sites that are now run by staff of the sites, and that cost is not incurred by MSS. Further, MSS continues to work with all sites so that more can become self-operating, volunteer run sites to reduce MSS staff time onsite, and therefore administrative costs. Their goal is to have 80% of the congregate sites be self-operating by FY 2020.

Mid Cumberland Human Resource Agency (MCHRA) uses social media, newspaper articles, community contacts, radio, and the occasional television segment to promote awareness of the nutrition program and to highlight the need for contributions and

volunteer participation. An area of focus for MCHRA has been streamlining of data collection and reporting processes so that administrative costs are reduced.

4. Describe your plan for avoiding funding shortfalls in congregate nutrition and what steps you would take if you are unable to avoid congregate funding shortfalls.

GNRC continues to work with our providers on overall stewardship of all program dollars. Both providers contribute significant local funding, and they would collaborate with GNRC to ensure that congregate meals continue. Currently, some sites already include a dedicated potluck day, and this could be an option for other sites, and others would be assessed for ability to provide one or meals each week directly. Another option would be working with our providers to determine what community groups such as churches would be willing to partner and provide some meals each week. Primarily, GNRC continues to work with providers to use congregate funding as efficiently as possible, and to address additional means of stretching those dollars.

5. Describe how participant feedback is solicited and the results are used to improve service quality. Specifically describe what actions were taken in 2019.

Both providers conduct satisfaction surveys, as do their food vendors, and the results are reviewed for menu planning and general program planning. GNRC also conducts satisfaction surveys for nutrition services and provides the results to the respective subcontractor. Each provider incorporates menu changes suggested by consumers wherever that is feasible. Thus far in FY 2019, the changes were primarily menu-oriented. For example, MSS added more cold meals; removed wax beans and goulash; kept chicken salad and hamburgers. MCHRA has made the following changes: removed liver from the menu; serves gelatin without fruit in it; cuts tomatoes smaller; added cheddar cheese to hamburgers.

6. Describe how your agency and its providers target congregate nutrition services to reach the greatest social and economic need (low income, rural, minority, language barriers). As you compare your current reach to these populations, do you plan to change any congregate site locations in order to better serve them?

GNRC continues to promote awareness of congregate meals through our senior centers and other client services such as service coordination and Information and Assistance.

Metro Social Services, serving only Davidson County, particularly targets low income, minority, and limited English due to being primarily an urban service in a highly populated county. Their sites are either in residential settings for low income older adults or in community centers. Several of the latter are in areas primarily populated by persons of color. MSS posts program information at every site and distributes flyers through its other services to adults and through health fairs and other community gatherings, as well as on the MSS website.

MCHRA, serving the other twelve (12) counties, targets outreach to low-income areas and numerous areas with high concentrations of older persons with limited English proficiency. They also conduct outreach through presentations to churches, through the Foreign Language Institute, as well as using social media and traditional media sources.

MSS opened a new site at Radnor Towers in calendar 2019. Otherwise, based on current assessment of settings, there is no immediate plan to change congregate locations. The appropriateness of congregate locations will continue to be assessed.

7. Describe your plan to ensure that services will not be disrupted in an emergency situation.
GNRC's providers are diligent in keeping clients of both home delivered and congregate meals stocked with either shelf-stable or frozen meals in anticipation of possible emergencies such as inclement weather that could close sites temporarily. Inventory quality and freshness is monitored by both providers. For their residential sites, MSS ensures that there are two (2) days' worth of emergency meals onsite at all times, and these are secured. For other MSS congregate sites, meals are given to participants five (5) times across the year for their home use in case the congregate site closes. MCHRA distributes emergency meals to consumers of both home delivered and congregate sites across the year, particularly when severe weather is predicted.

Guardianship

1. Describe the agency's plan to continue efforts to build relationships with district probate Judges/Chancellors to ensure appropriate cases are referred to the PG Program.
The Public Guardian will continue to visit each county's Clerk and Master as well as the Judge when he/she is available. Brochures which explain our program will continue to be given out.
2. Describe the agency's plan to maintain or increase the number of volunteers.
GNRC has hired a full-time Volunteer Coordinator for the agency. This Volunteer Coordinator will be actively recruiting new volunteers as well as providing on-going training for current volunteers for Public Guardianship.

National Family Caregiver Support Program (NFCSP) – Title IIIE

1. Prioritize the 5 top caregiver needs in your area and describe how the NFCSP will respond to those needs.
The top five (5) needs of caregivers in our area are:
 1. Better awareness of available resources
 2. Need for respite care
 3. Help with supplies (consumables ~ incontinence, nutritional supplements, etc.)

4. Transportation assistance
5. Medical home visits

The NFCSP is well-suited to address these issues. The voucher and ‘Take a Break’ programs provide respite for overburdened caregivers, and we are able to use NFCSP funds to reimburse clients for incontinence supplies. I&A staff and Service Coordinators are trained to screen callers and clients to additional programs such as home delivered meals, and to make referrals to our partners providing transportation and other forms of assistance.

2. Describe innovative concepts that you plan to implement to address the top caregiver needs with limited financial resources.

The NFCSP is implemented to address what we see as the greatest needs in our area, although there is always more that we could do. For example, in FY 2020 we will explore the possibility of increasing the number of hours available through the ‘Take a Break’ program in order to better meet client needs. However, we currently see the greatest need for increased education and outreach efforts in order to raise awareness of the available resources available to caregivers in our region. Throughout the coming fiscal year, we intend to focus on increasing participation in the NFCSP by developing innovative outreach strategies, with a focus on outreach to underserved populations such as racial and ethnic minorities, immigrant communities, the LGBT community, and rural populations.

Legal Assistance

1. What legal priority case is the most served in the area? Legal priorities are defined as Income, Healthcare/Long term care, Nutrition, Protective Services, Housing, Utilities, Guardianship Defense, Abuse/Neglect and Age Discrimination.

LAS provides services in the legal priority areas as defined above. Out of the legal priority areas noted above, LAS provides the most legal services in the protective services, healthcare/long term care, and housing priority areas

2. Does the legal priority with the greatest number of cases represent the greatest need or is there another legal priority with fewer cases that should to be addressed through education efforts?

The greatest number of cases are in protective services.

3. What economically or socially needy population, defined as Clients in Poverty, Minority in Poverty, Rural and, Frail/Disabled, represent less than 50 percent of those served through legal assistance. What targeting and outreach efforts can be done to increase those numbers served?

Minority clients in poverty represent less than 50 percent of those served LASMTC has on-going targeting and outreach efforts to reach potential clients in poverty, minority individuals in poverty, and in rural areas. Some of these outreach efforts include partnering with local churches and senior centers to disseminate information about the services offered by LASMTC and increasing the number of clinics in rural and low-income areas.

4. How will the AAAD and legal provider increase service to those identified economically or socially needy populations? How will the AAAD and legal provider address the identified legal priority needs in the PSA?

GNRC will continue to make our providers, particularly senior center staff, aware of legal services through training and outreach, and to make consumers aware via I&A referrals and service coordination referrals.

Legal Aid Society will continue to provide outreach presentations and numerous brochures and to make services accessible and user-friendly so that anyone can initiate the process simply by calling Legal Aid.

Ombudsman

1. Include any goals/requirements the AAAD has set for the Ombudsman Program (i.e. Number of cases, complaints, volunteers, etc.)

100% of resident complaints received by the Ombudsman that fall within the Ombudsman Scope of Services will be investigated and 90% of them resolved to the resident's satisfaction and 90% will report that their knowledge of the ombudsman program has been increased.

Provide 750 consultations per year to facility staff on creating long-term care communities that are safe, provide for quality living, respect resident rights and offer excellence in care to residents.

Provide 200 information and referral consultations per year to individuals on navigating the long-term care system or identifying resources to prolong independence.

Educate 3,000 long-term care residents and citizens per year on resident rights and services available through the Ombudsman program and give them literature on the program.

Senior Centers

1. Complete the following table: (Data as of 2/20/2019)

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
Ajax Turner Senior Center	585	105	280	35	12
Ashland City Senior Center	51	18	6	51	0
Byrum-Porter Senior Center	1210	120	15	910	1
Dickson Senior Center	1,364	54	30	325	3
Fifty Forward/ College Grove	643	73	114	0	0
Fifty Forward/ Donelson Station	643	73	114	0	0
Fifty Forward/ Knowles	189	23	73	0	2
Gallatin Senior Center	497	447	125	40	0
Hendersonville Senior Center	1,025	~15	64	15	7
J. D. Lewis Senior Center	111	20	7	111	0
LaVergne Senior Center	252	224	189	14	0
Mt. Juliet Senior Center	559	22	35	0	0
Robertson County Senior Citizens	175	85	12	175	0
St. Clair Street Senior Center	2,204	157	47	543	40
Stewart County Senior Center	356	60	29	352	0
Torrey Johnson Senior Center	285	47	29	126	0
Trousdale County Senior Center	97	12	14	97	0

2. Describe your agency's approach to working with those senior centers that need to improve their reach to the target populations.

QA works year-round with center staff to know the populations within their catchment areas. QA provides training and facilitates sharing among center staff in how to enhance outreach and services to persons within all minority groups and to both offer multicultural learning opportunities for members, so that prejudices decline and ease of inclusion rises, and outreach and connection with minority community members. GNRC's centers all offer varied programming to persons at no cost, and these are advertised in multiple ways so that persons of low income can know of the opportunities for learning and socialization that are free.

Emergency Preparedness

1. Name of Staff Person on the local emergency management team:

- Cynthia Balfour (Lead Contact)
- Sarah Jane Glynn (Backup)

2. How is the agency’s emergency plan communicated to staff?

The emergency plan is provided to all staff. When an emergency occurs, GNRC will communicate through our email system and through our phone tree to our staff. As our email server has backups in two (2) different states in two (2) different regions of the country, there is a high probability that the email system will be available. GNRC will also post any pertinent information on our website if possible and appropriate.

SHIP

1. Complete the following table:

Note: Data is not available due to a data systems transition

	FY 18	FY19 – Projected	FY20 - Projected
# Client Contacts			
# of Consumers Reached Through Outreach Events			
# of Client Contacts Under Age 65			
# of Hard to Reach Client Contacts			
# Of Enrollment Contacts			
# of Low Income/Medicare Savings Enrollment Assistance Contacts			

2. Describe your efforts to increase the number in each column in the table above.

SHIP engages in community outreach events and counseling in every county, providing education on SHIP & SMP services, LIS/MSP eligibility and applications assistance, and Medicare preventive services. All marketing materials contain the TN SHIP hotline, and individuals are encouraged to call for counseling assistance or to request community presentations. Increased effort has been placed on seeking new community venues to provide group education including retirement groups, churches, and medical providers. As outlined in our performance measures for the year, new partnerships will continue to be developed.

3. Describe your agency's approach to reaching Medicare beneficiaries who are hard to reach due to ethnicity; limited English proficiency; those with disabilities and those eligible for low income subsidies.

Partnerships have been created with BRIDGES for the Deaf and Hard of Hearing, Nashville CARES, Vanderbilt Homeless Outreach Clinic, The People's Clinic of Clarksville, and Metro Center Healthcare Group. These agencies help a high volume of low-income Medicare beneficiaries, they also care for beneficiaries under and over 65. We are working to create a partnership with other agencies that provide services to non-native English speakers beyond BRIDGES for the Deaf and Hard of Hearing, such as Conexión Américas. Currently we have had the most success reaching rural individuals through their local senior citizens centers and county fairs, we are working on identifying alternative meeting places for rural communities.

Targeting Status Report

Report on activities during the preceding year.
(This information is used for the Title VI Plan)

Provide information on the extent to which the Area Agency met its Targeting objectives related to rural, minority, ESL, and poverty populations **for all programs** in the 2019 - 2022 Area Plan.

2019* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Enable individuals with economic and social needs, individuals who are at risk of institutionalization, individuals who reside in rural counties, and LEP individuals to have access to services through OAA and other programs	AAAD services have been provided to 5,617 individuals who live in a rural county between July 1, 2018 and January 31, 2019.
	GNRC utilizes the Avaza Language Line for interpretation services when working with clients with limited English proficiency to ensure that resources and programs are accessible.
	14% of released referrals for Title IIIB OAA HCBS in FY 2019 have been for rural counties.
	Individuals on the OPTIONS and Title IIIB wait lists are removed from the wait list based on priority score, which considers need, economic status, social needs, and ability to care for themselves: all indicators of risk of institutionalization.
	Individuals were assisted with LIS/MSP applications.
	LIS/MSP information along with how to get help applying through SHIP was mailed to 2,442 of individuals.
	SHIP events were held in all rural counties. These events provided AEP counseling assistance and included education on LIS/MSP.

2019* OBJECTIVE	ACTUAL ACCOMPLISHMENT
<p>Increase awareness of Information & Assistance Services in the Greater Nashville Region with a focus on older individuals with greatest economic/social need or at risk for institutional placement, especially in low-income and rural areas of the region.</p>	<p>Informational materials featuring the helpline number have been distributed across all 13 counties in senior centers and low-income senior housing complexes</p>
	<p>The AAAD Advisory Council has received information on I&A Services and will be provided with materials to distribute in to their community members with an emphasis on low-income and rural areas of the region.</p>
	<p>QA continues to train nutrition providers on I&A services and requires each congregate meal site to have the I&A hotline number posted.</p>
	<p>Events were held throughout the region in which SHIP provided information on SHIP, LIS/MSP, SMP, AAAD programs.</p>

* Last complete 12-month period.

Targeting Plan, Title VI

Civil Rights Act of 1964, Title VI, and Targeting Activities Area Agency Title VI Implementation Plan FY 2020

1. Organization of the Civil Rights Office – Describe the organization and staffing of your agency’s Civil Rights/Title VI unit. Outline the duties and responsibilities of the Title VI Coordinator.

The Greater Nashville Regional Council serves as Middle Tennessee’s Area Agency on Aging & Disability, one (1) of nine (9) regional agencies statewide whose mission is to plan programs and services and advocate for the older population and adults with disabilities. The AAAD serves thirteen (13) counties in the greater Nashville area including Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson, and Wilson.

Laylah Smith serves as the Title VI/Nondiscrimination Coordinator for the GNRC. Her responsibilities include the following:

- Attend Training
- Ensure all new and current employees attend/receive Title VI training
- Display Title VI posters
- Ensure all contracts have Title VI assurance language
- Monitor the ethnicity of those who receive contracts
- Provide refresher training to subrecipients
- Develop complaint written complaint procedures
- Maintain records of all Title VI complaints and information
- Develop Limited English Proficiency (LEP) guidelines
- Develop Title VI Plan

2. Complete the following table:

	FY 18	FY 19 - Projected
Total Individuals Served	10,483	8,283
Total Minority Individuals Served	1928	1608

3. Describe the manner in which persons with limited English proficiency are served by the agency.

GNRC utilizes the Avaza Language Line for interpretation services when working with clients with limited English proficiency to ensure that resources and programs are accessible.

4. Complaint Procedures

- a. Describe the Title VI Complaint procedures followed by your agency.

GNRC’s Nondiscrimination policy and complaint procedure are attached (**Attachment B-6_4ab.PDF**). Detailed information about how to file a complaint is included in the procedure.

- b. Describe agency policies related to investigations, report of findings, hearings and appeals, if applicable.

GNRC’s Nondiscrimination and Complaint Procedure is attached (**Attachment B-6_4ab.PDF**). Detailed information about investigations, report of findings, and appeals is included in the policy.

- c. Include a copy of the agency’s complaint log, if applicable.

To the best of our knowledge and belief, GNRC has not had any Title VI complaints. However, in the event of any complaint, GNRC will maintain a log of any complaints. A copy of the form for logging complaints is attached (**Attachment B-6_4c.PDF**)

5. List the total number of all contractors and provide the number and percentage of minority contractors, and the dollar amount and percentage expended with minority contractors.

	Number	Percentage	Amount Expended	Percentage Expended
Total Contractors	16			
Total Minority Contractors	2	12.5%	\$31,506.45	6.18%

6. Title VI requires agencies and sub-recipients to monitor contractors regarding the dissemination of the following information to the public: non-discriminatory policy, programs and services, complaint procedures, and minority participation on planning boards and advisory bodies. Describe the procedures taken to assure that this information is presented.

GNRC reviews Title VI and related requirements with all service providers as part of annual training meetings. This training is typically conducted by GNRC’s staff attorney and covers non-discrimination and complaint procedures, including required forms,

processes, and signage. The training also includes working with persons with limited English proficiency. After the group meetings, all handouts are also emailed to providers.

GNRC Quality Assurance staff also use the TCAD-issued Title VI review tool to review Title VI requirements annually as part of monitoring of providers.

Further, attorney Laura Brown will present on board make-up and responsibilities to senior center staff in April 2019.

Title VI refresher training is provided to all recipients on an annual basis. The training packet provided to subrecipients is attached (**Attachment B-6_6.PDF**). Further, every subrecipient contract includes the following language:

Nondiscrimination. The Contractor hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract or in the employment practices of the Contractor on the grounds of handicap or disability, age, race, creed, color, religion, sex, national origin, or any other classification protected by federal or state law. The Contractor shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination

7. There is a need for a clear understanding of the demographic diversity of a region and methods to provide information and education to the underserved populations even when there are waiting lists, there are other opportunities/resources unknown to these groups. List the strategies to achieve this outreach within those identified communities.
 - a. Describe how the Area Agency plans and coordinates activities to disseminate information about services and programs to minority populations in the planning and service area?

QA works with our senior centers to identify the minority groups in each center's area and in monitoring center efforts to connect to these groups to make sure all are aware of the center programming and that all are welcome. GNRC supplies the latest population data to center staff annually.

GNRC's Advisory Council is provided with information about services and programs to distribute in their communities along with county-specific population data that includes demographic data on minority populations.

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

The following data reflects diversity in all aspects of planning:

- **Programming:** Our home and community based services participants receive services based on a prioritization of their needs, and diversity is not a consideration for determining who receives benefits.

- **Participants:** Approximately 19% of all individuals served in FY 2019 (as of 1/31/2019) were of racial minority.
 - **Personnel:** Approximately 37% of all AAAD staff self-identify as a racial minority. Approximately 90% of all AAAD staff self-identify as women. Approximately 10% of all AAAD staff self-identify as individuals with disabilities.
 - **Service Providers:** Of our contracted service providers, 13% are owned by individuals of racial minority, and 13% are owned by women.
 - **Advisory Council:** 68% of the current members self-identify as female. 16% the current members self-identify as an individual of racial minority. 96% of current membership is over age 60.
- 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?

GNRC provides each of the funded Senior Centers with annual data from the American Community Survey that details the demographic characteristics of residents in their communities. This data is then used by the Centers to plan activities focused on increasing the participation of minority populations in their Center's programming. This information is reported back to GNRC as part of the QA process.

All outreach and educational activities conducted by GNRC staff are recorded and tracked in SAMS. While the database does have the ability to include notes on the target populations of these activities, unfortunately at this time it does not have the capability to run reports on this data.

TN SHIP documents demographics, including target population information, for all outreach events and individual counseling sessions. Information includes whether an individual meets low-income federal and state guidelines as set forth by MIPPA programs (LIS/MSP), lives in a rural area (based on zip code), is a non-native English-speaker, and their identified race. The collected information is entered into the Administration on Community Living's STARS database as of September 1, 2018. Data prior to that was entered into ACL's former database, SHIP Talk.

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
Increase outreach to LGBT Community	Identify appropriate further LGBT-specific training opportunities	Sarah Jane Glynn
Increase outreach to Hispanic community	Provide informational and outreach materials	All relevant staff
Increase outreach in rural communities	Provide informational and outreach materials to faith leaders, libraries, and other community resources	All relevant staff
	Increase volunteer outreach to rural communities	
Increase outreach to medical providers and community resources focused on low-income and minority populations	Provide informational and outreach materials	All relevant staff

AAAD Staffing

1. Include an Organizational Chart for the Area Agency with staff names, position/title, and funding source.

See **Attachment C-1_1.PDF**

2. List all new hires not included in the FY 2019 - 2022 Area Plan. Include the following information:

- Name and Position
- Full/Part time status (If the individual will have multiple roles, indicate each responsibility separately and the percent of time to be dedicated to each role)
- Required Qualifications (List the individuals' qualifications)

Staff Name	Position	Full/Part Time	% Time Dedicated	Required Qualifications
April Merritts (Hired 1/21/2019)	Aging Support Specialist	Full	100%	BA in Communications with a minor in Spanish, 4 years' relevant experience

3. What is the name of the individual who directly supervises the Director of the Area Agency on Aging and Disability?

Sarah Jane Glynn, Director of Aging and Disability Services

4. The total number of staff at the AAAD is: 41. Of the total number of AAAD staff the following are:

- Age 60+: **6**
- Female: **37**
- Minority: **15**
- Disabled: **4**

Exhibit C-2

Training and Staff Development Plan**FY2020 (to be up-dated annually)**

**Indicate if training is out-of-state in order to obtain pre-approval status. No additional TCAD approval will be required if listed here.*

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
Aging in America*	2			Apr 2020
CMS Regional Annual Update Training	2			Summer 2019
CNM Training	4			Ongoing
Conservatorship of TN Conference	2			Apr 2019
Diabetes Self-Management Program	2			TBA
Emergency Preparedness Conference*	2			Mar 2020
Excel training	2			TBD
HCBS Annual Conference*	1			Aug 2019
Disability Mega Conference	3			May 2020
N4A Conference*	1			Jul 2019
National AIRS Conference*	3			Jun 2020
National Guardianship Conference*	2			Oct 2019
SE4A/TFA Conference	30			Sep 2019
TCAD District Public Guardian Training	2			Apr 2019
TDDA Conference	15			TBA
Timothy Takacs Time Out Workshop	30			Jun 2020
TN AIRS Conference	3			Jun 2019
TN SHIP/SMP Volunteer Trainings			TBD	Ongoing
Upper Cumberland Vulnerable Adult Summit	2			Apr 2020
WellSky Annual SAMS Conference*	2			Sep 2019
Nutrition Provider Training	5	5		Quarterly, Ongoing
Options Provider Training	15	30		July 2019
Senior Directors' Meeting	8	25	5	TBD
SQL Reporting Training	2			TBA
WellSky Annual Training*	3			TBA

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
Don Ames	Business Community, General Public, Leader in Private or Voluntary Sectors, Age 60+
Faye Baldwin	Leader in Private or Voluntary Sectors, Age 60+, Resides in a rural area
Barbara Belcher	Family Caregiver, General Public, Age 60+
Ronnie Boyd	Family Caregiver, Age 60+, Resides in a rural area
Susie Boyd	Family Caregiver , Age 60+, Resides in a rural area
Ed Cole	Advocate for older persons, Service provider for older persons, leader in private or voluntary sectors, Age 60+
Dan Dillon	Advocate for Older Persons, Advocate for Persons with Disabilities, Leader in Private or Voluntary Sectors, General Public, Age 60+, Has a Disability
Monroe Gildersleeve	Advocate for Individuals with Disabilities, Local Elected Official, Age 60+, Minority age 60+
Susan Gould	Advocate for Older Persons, General Public, Age 60+, Resides in a rural area

Area Plan 2020 Update

Members	Represents
Patti Harris	Family Caregiver, Advocate for Older Persons, Service Provider for Older Persons, Business Community, Provider of Veterans' Health Care, Other Health Care Provider, General Public, Age 60+, Resides in a rural area
Stephanie Harville	Advocate for Older Persons, Service Provider for Older Persons, Business Community, Other Health Care Provider
Judy Hayes	General Public, Age 60+
Raul Hernandez	Family Caregiver, Advocate for Older Persons, Advocate for Individuals with Disabilities, Leader in Private or Voluntary Sectors, Age 60+, Minority age 60+, Resides in a rural area, Has a Disability
Yvonne Hunter	Family Caregiver, Advocate for Older Persons, Service Provider for Older Persons, Business Community, Age 60+, Has a Disability
Martha Kinel	Advocate for Older Persons, Age 60+
Karin Landers	Business Community, Age 60+, Resides in a rural area
Amber Locke	Family Caregiver, Advocate for Older Persons, Advocate for Individuals with Disabilities, Business Community, General Public, Age 60+, Resides in a rural area
Betty McNeely	Service Provider or Older Persons (retired), Advocate for Individuals with Disabilities, Service Provider for Individuals with Disabilities (retired) , Age 60+
Goldine Miller	General Public, Age 60+, Resides in a rural area
Barbara Payne	Advocate for Older Persons, General Public, Veteran, Age 60+
Ann Peek	General Public, Age 60+, Resides in a rural area
Lawrence Saunders	General Public, Age 60+, Resides in a rural area
Hershell Warren	Local Elected Official, Age 60+, Minority age 60+, Has a Disability
Cheryl Wilson	Advocate for Older Persons, Business Community, General Public, Leader in Private or Voluntary Sectors, Age 60+
Katie Wilson	Family Caregiver, Advocate for Individuals with Disabilities, Leader in Private or Voluntary Sectors, Age 60+, Minority age 60+, Has a Disability

B. SCHEDULE OF ADVISORY COUNCIL MEETINGS for FY 2019
(Updated annually)

Give Dates and Times of Scheduled Meetings

FY 2019

September 17, 2018 at 10:00 a.m.

December 17, 2018 at 10:00 a.m.

March 4, 2019 at 10:00 a.m.

May 20, 2019 at 10:00 a.m.

FY 2020

August 19, 2019 at 10:00 a.m.

November 18, 2019 at 10:00 a.m.

February 18, 2020 at 10:00 a.m.

May 18, 2020 at 10:00 a.m.

C. OFFICERS & OFFICE

Name of Officer	Office	Date Term Expires
Patti Harris	Chair	December 2020
Don Ames	Vice Chair	December 2020

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

See **Attachment C-3_D.PDF**

Advisory Council Bylaws

**Only Update if there have been changes to the Bylaws*

No changes have been made to the Advisory Council Bylaws.

Public Hearings on Area Plan

A. PUBLIC HEARING INFORMATION

Date(s) of Public Hearing	
Time(s) when hearing was held	
Place(s) where hearing was held	
Was Place Accessible?	
Type of Notice(s) or Announcement(s)	
Date(s) of Notices or Announcements (attach copy)	

B. ATTENDANCE*

County	# of Advisory Council Members from County	Total from County**
Total # Advisory Council Members in column 2		
Total Attendance*		

* 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. Document efforts to outreach to rural, minority and low income populations for their participation in this planning effort.

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 this plan as a result of comments made at public hearing(s).

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.

Monday, March 4, 2019 (planning and review meeting)

Tuesday, March 12, 2019 (full document sent to all members for feedback)

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

Advisory Council members were sent the four-year Objectives and Strategies for review and feedback on Wednesday, February 20, 2019 via email and mail (depending on member preference). The Council then met on Monday, March 4, 2019. During this meeting, the Advisory Council members were asked for their input and ideas on fulfilling these objectives and strategies.

Advisory Council members were sent the entire Area Plan document for review on Tuesday, March 12, 2019 via email and/or mail (depending on member preference) with a request to submit feedback via email, phone, or mail by Wednesday, March 20, 2019.

See **Attachment D-2_2.PDF** for record of emails sent to the Advisory Council regarding the review of the Area Plan Update and for minutes from the March 4th meeting.

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

Don Ames*

Faye Baldwin*

Barbara Belcher*

Ronnie Boyd*

Susie Boyd*

Ed Cole*

Dan Dillon

Monroe Gildersleeve*

Susan Gould

Patti Harris*

Stephanie Harville

Judy Hayes

Raul Hernandez*

Yvonne Hunter

Martha Kinel*

Karin Landers

Amber Locke*

Betty McNeely*

Goldine Miller*

Barbara Payne*

Ann Peek

Lawrence Saunders*

Hershell Warren*

Cheryl Wilson

Katie Wilson

**indicates members who were present at March 4th planning and review meeting. All members were actively involved in the process via email/mail/phone.*

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

The Advisory Council commented that they were pleased with and approved of the completed Area Plan Update. Members felt that their recommendations given at the March 4th meeting were incorporated into the plan well.

One advisory council member requested clarification about the nutrition strategies and performance measures and about the list of senior centers provided in the plan. Once this clarification was given, the member had no further questions or concerns.

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

At the March 4th Advisory Council meeting, members offered suggestions for strategies and performance measures to help achieve the goals and objectives outlined in the four-year Area Plan.

Members suggested reaching out to faith communities, community centers, and libraries to help disseminate information about the programs and services offered and to better reach underserved communities. In general, members felt that an emphasis should be made on making connections with existing resources in their communities in order to raise awareness of services available. These suggestions were incorporated in the performance measures and targeting activity objectives for FY 2020.

All Advisory Council members were provided with the completed Area Plan for review on March 12, 2019 and were asked to give feedback. Members did not have any recommended changes to the completed plan.

**Request for Waiver for FY 2020
Greater Nashville Regional Council AAAD**

Direct Provision of Services Provided by Older Americans Act Funding

Please check the service(s) for which the AAAD is requesting waiver(s) to provide the service(s) directly instead of through contracts with area service providers. Then, answer the related questions under each service checked.

X Case Management (also known as Service Coordination or Options Counseling)

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

- Amerigroup
- Elledge Case Management, Geriatric Care Management Services
- Life-Links Geriatric Care Management
- Blue Care
- FiftyForward Knowles
- Nashville Care Management
- Care Counselors, LLC
- Jewish Family Service of Nashville & Middle TN
- United Healthcare
- Catholic Charities of Tennessee

2. Explain how the current level of service in the PSA is inadequate to meet the need.

The providers in #1 generally only provide case management for individuals seeking services in which their agency provides. Also, many of the above agencies operate in only a few of the thirteen (13) counties within the GNRC PSA. The MCOs (Blue Care, Amerigroup, and United Healthcare) have representation in all thirteen (13) counties, but they are subject to having a conflict of interest because they also provide other services. We are the only agency which solely provides case management so that when an applicant is seeking to select an agency we are not in conflict with other agencies providing similar services.

3. Explain how this service is directly related to the AAAD's administrative function.

The case management service works seamlessly with the other components of what we do at the AAAD. The applicant must have difficulty caring for themselves or their home. Eligible persons are given a list of agencies within their county who provide the needed services the applicant is seeking to use. An AAAD Options Counselor is assigned to each eligible person who has been approved for Home and Community Based Services. The AAAD Options Counselor does an assessment to determine needs, and if eligible, coordinates the needed services. These in-home services are provided by a network of providers already established and approved to work with GNRC's Home and Community Based Services. Unlike the MCOs, the AAAD is not in competition with the other providers available to deliver services.

4. Explain why it is more cost effective for the AAAD to provide this service than contracting it out on a unit cost contract. Include the AAAD cost per client for Case Management Services.

GNRC AAAD has been doing this for decades and we have become more efficient over the years. In addition, we have established partnerships and are trusted in the community. Our cost per client for case management services is \$214.10.

Nutrition Services Administration

(Note: Nutrition Site Waivers are no longer required because 2015 State Law now requires a minimum of 10 participants at each site. This State Law cannot be waived; sites with fewer participants must be closed.)

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
3. Explain how this service is directly related to the AAAD's administrative function.
4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.

Ombudsman

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
3. Explain why it is a best practice for the AAAD to provide this service directly.

X National Family Caregiver Support Program

(Note: NFCSP provides supportive services such as information and assistance, case management, outreach, individual counseling, support groups, caregiver training, and respite care and supplemental services. AAADs that provide information and assistance, case management, outreach, individual counseling, support groups, and caregiver training directly must complete a waiver.)

1. List all agencies in the PSA that provide this service to elderly persons.
 - Barton House Memory Care
 - The Lodge at Natchez Trace
 - Riverside Chapel
 - Belmont Village Assisted Living
 - McKendree Village
 - Provision Living of Hermitage
 - Vanderbilt Memory & Alzheimer's Center
 - Vanderbilt Frontotemporal Dementia Caregiver Support
 - Mary Queen of Angels Assisted Living
 - Elmcroft of Brentwood
 - Mental Health Association
 - Tennessee Respite Coalition

2. Explain how the current level of service in the PSA is inadequate to meet the need.

The need for caregivers and the care they provide is constantly increasing worldwide. The value of services provided by informal caregivers has steadily increased over the last decade, with an estimated economic value of \$470 billion in 2013, up from \$450 billion in 2009 and \$375 billion in 2007. [AARP Public Policy Institute. (2015). Valuing the Invaluable: 2015 Update.] The number of hours dedicated to caregiving increases with the age of the caregiver. AAAD's commitment is to reach out to caregivers who are willing to commit their limited time to obtaining support in group session.

3. Explain how this service is directly related to the AAAD's administrative function.

AAAD's goal and mission remain to provide the family with necessary assistance in an effort to give seniors the option of staying out of nursing homes that are typically paid for by the government; are more expensive; and rob the individual of pride, dignity, and the ability to remain with family.

4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.

This particular support group has been in existence for multiple years and is held at a local community church where members are comfortable sharing with others. This site allows us to target minority population with a staff person who routinely meets with them. Most importantly, many support groups are diagnosis specific and this group is non diagnosis specific, allowing caregivers of all kinds to attend. This was developed because we have found that many minorities commented that they did not go to support groups because they did not see anyone that looked like them.

Legal Assistance

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the service capacity in the PSA is inadequate to meet the need.
3. Explain why the Legal Services Corporation funded agency serving the region does not have the capacity to meet the need.

Senior Center/Office on Aging

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
3. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.

Other

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
3. Explain how this service is directly related to the AAAD's administrative function.
4. Explain why it is more cost effective for the AAAD to provide this service than contracting it out.

Area Plan 2020 Update

SIGNATURES:



Sarah Jane Glynn, Director
Aging and Disability Services
Greater Nashville Regional Council

3/25/19
Date



Michael Skipper, Executive Director
Greater Nashville Regional Council

3/20/19
Date



Patti Harris, Chair
AAAD Advisory Council

3/21/19
Date

PSA: Greater Nashville Region
Plan Period: FY 2019 – FY 2022

() Original, Dated:
(X) Update, Dated: FY 2020

**Request for Waiver for FY 2020
Greater Nashville Regional Council AAAD**

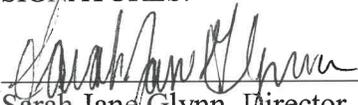
Five Day Requirement

Background: The Older Americans Act requires that nutrition projects provide at least one meal per day for five or more days per week. TCAD, as State Unit on Aging, may authorize a lesser frequency under certain circumstances (42 USC 3030e; 42 USC 3030f). TCAD’s implementation of this requirement is as follows:

- Sites located in counties containing only rural-designated areas (see Table 1 below) may serve meals less than five days per week by requesting a waiver from the site.
- Sites located in counties containing urban-designated areas (see Table 2 below) may serve meals less than five days per week provided that meals are served five days per week by the combined operations of all sites within the county.

If an AAAD wishes to request a waiver of the five day requirement for any of its sites per the criteria outlined above, please note in Column A: *Requesting Five Day Waiver for Site* of the Area Plan Nutrition Site Listing spreadsheet.

SIGNATURES:



 Sarah Jane Glynn, Director
 Aging and Disability Services
 Greater Nashville Regional Council

3/25/19

 Date



 Michael Skipper, Executive Director
 Greater Nashville Regional Council

3/20/19

 Date



 Patti Harris, Chair
 AAAD Advisory Council

3/21/19

 Date

