



TENNESSEE STATE

PLAN ON AGING OCT. 1, 2021- SEPT. 30, 2025



Verification of Intent

The Tennessee State Plan on Aging, October 1, 2021 – September 30, 2025, is hereby submitted to the Administration for Community Living for Approval. It includes all assurances and plans to be conducted by the Tennessee Commission on Aging and Disability under provisions of the Older Americans Act. The Tennessee Commission on Aging and Disability has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purpose of the Act; i.e. the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for older Tennesseans.

This plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary of Aging.

The State Plan on Aging, October 1, 2021 – September 30, 2025, hereby submitted has been developed in accordance with all Federal Statutory and regulatory requirements.

June 8, 2021
Date

Jim Shulman
Jim Shulman, Executive Director
Tennessee Commission on Aging and Disability

I hereby approve this 2021-2025 State Plan on Aging and submit to the Administration for Community Living.

6/21/2021
Date

Bill Lee
Bill Lee, Governor

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Executive Summary

Since 1963, the Tennessee Commission on Aging and Disability (TCAD) has operated with the core function of protecting and ensuring the quality of life and independence of older Tennesseans and older adults with disabilities.

Between 2021 and 2031, the number of older Tennesseans age 60+ is projected to grow from 1.66 million to 1.93 million. Programs and services will be essential to address the needs of this large and rapidly growing population.

The Older Americans Act programs and other home and community based services administered by TCAD will continue to play a vital role in addressing these growing needs. The Tennessee State Plan on Aging for October 1, 2021 through September 30, 2025 will provide the framework for a comprehensive and coordinated system to address programs and services to allow older Tennesseans to age with dignity and the highest possible quality of life. The Tennessee State Plan on Aging addresses changes in demographics, funding and resources, and the challenges that Tennessee will face in the coming years.

Programs and services such as, but not limited to, Older Americans Act core programs, Administration for Community Living (ACL) discretionary programs, person-centered planning, elder justice, and an array of community services and programs will be necessary to meet the current and future needs. Information, assistance and referral; in-home supportive services; nutrition services; transportation options; senior centers; Medicare counseling; caregiver support; and dementia programming are included in the Tennessee State Plan on Aging.

The Tennessee State Plan on Aging will continue to target older individuals with greatest economic and social needs as well as initiatives outlined in the 2020 Older Americans Reauthorization Act.

From November 2020 through January 2021, the Tennessee Commission on Aging and Disability (TCAD) conducted a statewide survey of both older adults and their providers. This survey was designed to document what is currently working well to support our aging population, to allow participants to express concerns in an open-ended format, to gain a broad understanding of challenges faced by older adults, to better understand direct service providers' perspective of barriers to providing services, and to inform policies to make services more accessible, efficient, and effective. In order to maintain safe social distancing during the COVID-19 pandemic, these surveys were conducted online and on the phone. The data from these surveys was shared and subsequent data was collected during an open comment period and the Public Hearing on the Tennessee State Plan on Aging.

The comprehensive needs assessment consists of the results of these surveys, analysis of calls to Information & Assistance line, comments made during the Public Hearing, review of current literature, and a review of the previous data provided by the State Plan 2017-2021. Utilizing the data from the comprehensive needs assessment and other identified sources, the Tennessee State

Plan on Aging was developed. The Tennessee State Plan on Aging for provides policy makers, service providers, and the general population with appropriate data about trends and implications for the current population as well as the impact of the increase in the aging population due to the aging baby boomer generation.

According to the multiple data sources used to develop the Tennessee State Plan on Aging, Tennessee will be facing many challenges in addressing the aging and disability populations. A primary long-term challenge will be having the capacity to meet the increasing demand for programs and services. The two main challenges are financial constraints and lack of program capacity to meet the current and future demand. Additional discussion of these challenges is contained in the narrative of this document. The goals and objectives in the Tennessee State Plan on Aging reflect the work that must be done to maintain and grow programs and services for the current population while planning for the resources required to meet the increased needs of this rapidly growing population and changing demographics. To meet the challenges of the present and the future, infrastructure of Tennessee's aging network must be effective and efficient, and personnel must have the necessary skills, knowledge, and competencies. In addition, changes resulting from COVID-19 will pose both challenges and opportunities as services resume or continue after the pandemic.

Goal 1 will begin the process by ensuring that programs and services funded with federal appropriations including the Older Americans Act are cost effective and meet best practices. In order to accomplish Goal 1, the following SUA programs and services will be reviewed, evaluated and modified, as needed: information and assistance, case management, home and community based services, transportation, senior centers, legal assistance, congregate meals, home delivered meals, evidence-based health promotion, programs for family caregivers, ombudsman, elder abuse prevention, and overall program monitoring.

Goal 2 ensures that programs and services funded by state and other appropriations are cost effective and meet best practices. The SUA will continue to review, develop, and initiate strategies designed to increase access and improve efficiencies of the public guardianship and state-funded home and community based services.

Goal 3 pursues funding, strategies, and partnerships with aging network, community-based organizations, local governments, state legislature, healthcare providers, and state departments in order to advocate to reduce the gaps in services identified in the statewide needs assessment. This will ensure that programs and services are collaborative and meet both current and future needs of older Tennesseans.

Goal 4 will 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 plan for their financial futures, healthcare access, and long-term care. This will involve communication with local and state key decision makers, as well as the public, to the needs of seniors in Tennessee through increased communication and advocacy via publications and online resources. This will include but not be limited to information about Medicare and healthcare access as well as advance directives and legal needs

Chapter 1 – Mission, History, and Current Status

Mission

The Tennessee Commission on Aging and Disability brings together and leverages programs, resources, and organizations to protect and ensure the quality of life and independence of older Tennesseans and adults with disabilities.

History & Current Status

The Tennessee Commission on Aging and Disability (formerly the Commission on Aging) was created by the Tennessee General Assembly in 1963. The commission is the designated state unit on aging and is mandated to provide leadership relative to all aging issues on behalf of adults age 60 and over in the state.

The Tennessee Commission on Aging and Disability (TCAD) has been administering Older Americans Act services and providing oversight as mandated by the United States Administration on Aging (AoA) since 1965. In 2001, the Tennessee Legislature expanded the authority of the TCAD to provide home and community-based services to older persons to include adults with disabilities under age 60 in the state funded Options for Community Living Program. The Options Program was designed for individuals who do not qualify for long-term care services under the state medical assistance program. TCAD has administered federal funds to operate the statewide State Health Insurance Assistance Program (SHIP) since 2003. In 2004, the state Medicaid agency, the Bureau of TennCare, designated TCAD as the operating agency for the Statewide Home and Community Based Services Waiver for Elderly and Disabled. In 2008, the CHOICES Act enabled TennCare to contract with Managed Care Organizations (MCO's) to manage Medicaid-funded long-term support services. In 2013, the Governor formed the Task Force on Aging to create a plan to improve the lives and care of older Tennesseans and their families through a collaboration of public, private, and non-profit leaders. TCAD continues this collaboration with state and local leaders through the livable communities and local transportation initiatives. In 2014, the Tennessee General Assembly created the Elder Abuse Task Force spearheaded by TCAD to study Tennessee's current system for protecting, preventing, and prosecuting crimes of abuse against Tennessee's elders and its more vulnerable adults. In 2016, Senate Joint Resolution 678 was signed into law requiring TCAD to work with the TN Bankers Association, the TN Credit Union League, and other appropriate organizations to assist financial institutions in protecting consumers from fraudulent and other questionable transactions. Over the past several years the Tennessee General Assembly strengthened state laws to protect the state's elderly population from financial exploitation including Chapter 135 of the Public Acts of 2019 which created the Elder Abuse Task Force. TCAD also administers state funds for multi-purpose senior centers, public guardianship, homemaker and personal care services, and home-delivered meals.

TCAD has provided leadership in advocating for and implementing a statewide system to provide in-home services for people who choose to stay at home rather than being cared for in a long-term care facility. The average annual cost of nursing home care per patient is significantly higher than in-home care. By providing a system for in-home services, TCAD has not only championed the cause for Tennesseans age 60 and over and adults with disabilities to be cared

for in the setting of their choice but has also saved taxpayers millions of dollars.

Long Term Services and Supports (LTSS)

TennCare CHOICES in Long Term Services and Supports is the primary Medicaid program that provides services to older adults and adults with physical disabilities in Tennessee. Implemented in 2010, the program is a result of sweeping reform legislation: The Long-Term Care Community Choices Act of 2008. The key objectives include expanding access to home and community-based services, streamlining enrollment, improved coordination of services, support for family caregivers, continuous quality improvement focused on the member experience, and a more equitable balance in institutional versus HCBS expenditures.

CHOICES is an integrated Medicaid Managed Long Term Services and Supports program. TennCare-contracted Managed Care Organizations are responsible for coordinating physical and behavioral health and long-term services and supports, including nursing facility services and home and community-based services for Medicaid eligible members enrolled in the program.

The nine Area Agencies on Aging and Disability (AAADs) serve as the single point of entry for services provided through the Older Americans Act, the Options for Community Living Program, the State Health Insurance Assistance Program, the Public Guardianship for the Elderly Program, and the CHOICES home and community based services for new Medicaid applications. (MCOs assist their current members.) See Attachment G for additional description.

As of January 2021, 26,471 Tennesseans are enrolled in CHOICES, with 14,418 (53.45%) receiving nursing facility services, and 12,323 (46.55%) receiving home and community-based services.

In July 2016, Tennessee implemented a second program component of CHOICES focused on serving people with intellectual and developmental disabilities: Employment and Community First CHOICES. In addition to a comprehensive array of employment and supportive services, benefits in the new program include a number of services that are specifically targeted to support family caregivers, including respite, supportive home care, family caregiver stipend, family caregiver education and training, conservatorship alternatives counseling and assistance, and health insurance counseling and forms assistance. As of January 2021, the Employment and Community First CHOICES program serves 3,463 individuals with IDD.

Chapter 2 - Focus Areas and Programs

Older Americans Act Programs (OAA)

Older Americans Act (OAA) funds provide a comprehensive array of services and the administrative infrastructure to deliver all OAA programs. As the designated State Unit on Aging (SUA), TCAD receives an annual allotment under Title III of the Older Americans Act as amended, from the Administration on Community Living (ACL) in the U.S. Department of Health and Human Services. TCAD allocates OAA funds to nine (9) AAADs based on an approved intrastate funding formula. The AAADs plan, develop, and implement a system of services for persons age 60 and over in their respective Planning and Service Areas (PSA). They also oversee multi-purpose senior center activities. This comprehensive and coordinated system of services is described in the AAAD's Area Plans. OAA programs administered by TCAD include:

OAA Title III–B Supportive Services/In- Home Services

Supportive services funds provide a wide range of social services aimed at helping adults age 60 and over remain independent in their own homes and communities. Some of the services offered under Titles IIIB of the Act include services such as information and assistance, transportation, case management, legal assistance, adult day care, and activities in senior centers.

- **Information and Assistance**
The nine AAADs provide information, assistance, referrals, initial screening for program eligibility, and long-term care options counseling. The AAADs act as a single point of entry for federal and state programs. Information and Assistance is provided directly by the AAADs. This service may be accessed through the toll free, statewide number 1-866-836-6678. All AAAD Information & Assistance counselors are certified by AIRS (Alliance of Information & Referral Systems).
- **Transportation**
AAADs contract with senior centers or human resource agencies to provide limited transportation services that assist adults age 60 and over with accessible rides to medical appointments, senior center activities, meal sites, grocery stores, and pharmacies.
- **Case Management**
AAADs provide case management for clients who receive home and community-based services funding through the Title IIIB and State Options. The in-home services primarily include case management, personal care, homemaking, and home delivered meals.
- **Legal Assistance**
The Legal Assistance Program provides legal advice and representation by an attorney to older individuals and includes counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney. Referrals may also be made to another community service provider. Public education on legal issues is also provided.
- **Adult Day Care**

Adult Day Care provides personal care for dependent adults in a supervised, protective congregate setting during the daytime. Service sites may offer social and recreational activities, training and counseling, meals, rehabilitation, or medication assistance.

- **Senior Centers**

An important part of Tennessee's Aging Network is multipurpose Senior Centers that serve as local community focal points for information on aging and aging activities in at least one location in each of Tennessee's 95 counties. They offer a wide variety of group and individual services that promote healthy lifestyles, provide learning opportunities, and provide social interaction and volunteer opportunities. Senior Centers in Tennessee are supported through a combination of federal, state, and local funds.

OAA Title III–C Nutrition Services

The Aging Nutrition Program provides meals, socialization, and nutrition education and counseling to adults age 60 and over. These services are provided in 190 congregate settings such as senior centers or senior housing as well as in all 95 counties to homebound older adults. In furtherance of the programs purposes of addressing food insecurity, isolation, and wellness, partnerships are an increasing focus including SNAP outreach to eligible older Tennesseans.

OAA Title III–D Disease Prevention and Health Promotion

The nine (9) AAADs or their contractors provide evidence-based disease prevention and health promotion programs activities across the state. Individual or group sessions, most often conducted at senior centers, assist participants to understand how their lifestyles impact their physical and mental health and to develop personal practices that enhance their total well-being, including physical, emotional, and psychosocial factors. Examples are programs such as Chronic Disease Self-Management Program, Matter of Balance, Stay Active and Independent for Live, and Tai Chi.

OAA Title III–E National Family Caregiver Support Program

This program provides assistance to family caregivers caring for adults age 60 and over, adults with dementia, and grandparents or relative caregivers caring for a minor child. The Caregiver program provides information and assistance, individual counseling/support groups/training, respite, and supplemental services on a limited or one-time basis.

OAA Title IV Activities for Health, Independence, and Longevity Aging and Disability Resource Center (ADRC)

In Tennessee, the AAADs serve as Aging and Disability Resource Centers (ADRC).

OAA Title VI Services for Native Americans

Tennessee does not have an officially recognized Indian Tribal Organization and does not receive funding from Older Americans Act for Grants for Services for Native Americans.

OAA Title VI Services for Holocaust Survivors

Tennessee has approximately 50 Holocaust Survivors. While TCAD does not receive designated funding from Older Americans Act for services for Holocaust Survivors, TCAD

will work with partner agencies to provide person-centered, trauma-informed services to Holocaust survivors.

OAA Title VII Elder Rights Protection

- **Elder Rights**
TCAD advocates for the protection of older Tennesseans from abuse, neglect, exploitation, and discrimination. TCAD currently has an app designed for first responders to connect them to resources to assist those who need assistance. Additionally, through the State Legislature TCAD is administrating an Elder Abuse Task Force looking at Financial Abuse.
- **Long Term Care Ombudsman**
The program consists of a State Long Term Care Ombudsman, along with 11 District Long Term Care Ombudsman located in the nine Area Agency on Aging and Disability districts and assisted by approximately 200 Volunteer Ombudsman Representatives.

The Long-Term Care Ombudsman program is responsible for advocating for the rights of those residing in licensed nursing facilities, assisted living facilities and homes for the aged. The primary responsibility of this program is to resolve complaints that impact the health, safety, and welfare of residents of long-term care facilities, as well as educating residents of their rights. The Ombudsman's advocacy role takes two forms: 1) to receive and resolve individual complaints and issues by, or on behalf of, these residents; and 2) to pursue resident advocacy in the long-term care system, its laws, policies, regulations, and administration through public education, consensus building, and policy or legislative action .

The services of the Ombudsman are free, confidential, and state-wide. The program accepts complaints/concerns from anyone including, but not limited to, the residents of any nursing home, assisted living or residential home for the aged, family members or friends of a nursing home resident, the nursing home administrator, employees of the facility, or any other concerned citizen. This program will also assist individuals and families interested in considering long term care placement.

STATE-FUNDED GRANTS, PROJECTS & STATEWIDE PROGRAMS

Options for Community Living Program (Options): State-funded Home and Community-Based Long-Term Care Services

Since 2000, the SUA has received state funds for home and community-based long-term care services for adults age 60 and over and adults with physical disabilities who do not qualify for Medicaid long term care services. The Options Program provides homemaker, personal care, and home-delivered meals.

Public Guardianship for the Elderly Program

The Public Guardianship for the Elderly Program is designed to assist adults age 60 and over, or under age 60 with the Executive Director's approval, who are unable to manage their own affairs and have no family member, friend, bank, or corporation willing or able to act on their behalf. Public Guardians assist clients in obtaining the basic necessities of life including

making decisions regarding their finances or needed medical care. The program has the ability to act in a Power of Attorney capacity to allow for less restrictive alternatives as appropriate.

DISCRETIONARY GRANTS

Current TCAD discretionary grants include:

State Health Insurance Assistance Program (SHIP)

SHIP provides free and objective information, counseling and assistance to consumers, their adult children, caregivers, health care providers and other advocates about Medicare and all other related health insurance. An important aspect of the program is to provide information and assistance with enrollment in Medicare Part D and target outreach to low-income Medicare beneficiaries eligible for the Medicare Part D Low-Income Subsidy and Medicare Savings Programs and Duals with mental disorders or illness. The Administration for Community Living (ACL) funds the nationwide program. The statewide Tennessee SHIP operates through a small, but highly trained, paid and volunteer staff and through partnerships to provide this service. In addition to counseling, program staff and volunteers perform community education and outreach on Medicare and current related issues.

Senior Medicare Patrol: Empowering Seniors to Prevent Healthcare Fraud

Senior Medicare Patrol (SMP) is a nationwide program designed to help combat fraud, waste, and abuse in the Medicare and Medicaid programs and is funded by the Administration on Community Living. In Tennessee, the program is administered by the Upper Cumberland AAAD and provides statewide coverage through the participation of all nine (9) AAADs. Retired professionals across the state are recruited and trained to serve as volunteer community experts, educating Medicare and Medicaid beneficiaries on how to better monitor what is paid on their behalf and report discrepancies. SMP programs work cooperatively with SHIP programs described above, including but not limited to, joint training and utilization of statewide volunteers.

Medicare Enrollment Assistance Program (MIPPA)

The MIPPA grant has been administered by TN SHIP since its creation in 2008. This grant provides funding to TN SHIP to perform expanded outreach activities, and expanded screening and application assistance activities to help low-income seniors and persons with disabilities to apply for two programs that help pay for their Medicare costs:

1. The Medicare Part D Extra Help/Low-Income Subsidy (LIS/Extra Help), which helps pay for the Part D premium and reduces the cost of prescriptions at the pharmacy, and
2. The Medicare Savings Programs (MSPs), which help pay for Medicare Part B. Through the MIPPA grant, TCAD is able to provide Part D counseling to rural Medicare to promote Medicare's prevention and wellness benefits.

Lifespan Respite

The Lifespan Respite program will continue through August 2023. Through a partnership with the Tennessee Respite Coalition, training was provided for eight respite trainers to provide training to people willing to provide respite to caregivers. In the last year of the project a strategic respite plan will be developed.

Supplemental Nutrition Assistance Program (SNAP) Outreach

Through partnership with Tennessee Department of Human Services, TCAD conducts SNAP outreach to low-income older adults in Tennessee. The goal is to reduce the participation gap between the number of eligible older Tennesseans and those who participate in SNAP. A grant provides additional staff for SNAP outreach activities as well as better incorporating SNAP outreach into existing agency functions.

Alzheimer's Disease Program Initiative

Funded through the Administration for Community Living, the Alzheimer's Disease Program Initiative Grant (ADPI) grant runs from 06/01/2019 – 05/31/2022. The goal of the ADPI grant, or Dementia Capable TN grant, is to promote the development and expansion of a dementia-capable home and community-based service (HCBS) system in Tennessee. Action steps to reach this goal include training Information and Assistance Staff, Home and Community Based Service Program counselors, and home health staff. Additionally, this grant is supporting outreach to individuals living with their caregivers and hosting public webinars, education sessions, and screenings of Alive Inside. Lastly, this grant supports an intervention known as TN M.I.N.D.S. (Music Intervention Navigating Dementia Symptoms) in 5 target districts across the state. TN M.I.N.D.S. combines Powerful Tools for Caregivers with music for individuals with dementia to improve dementia symptom management and overall quality of life. Vanderbilt University Medical Center – Center for Quality Aging is serving as the third-party evaluator for all ADPI grant activities.

Falls Prevention Grant

Funded through the Administration for Community Living, the Falls Prevention Grant will continue through June 30, 2021. In partnership with East Tennessee Area Agency on Aging and Disability, the goal of this grant is to expand the capacity of the Stay Active and Independent for Life (SAIL) program across Tennessee. SAIL is an evidence-based strength, balance, and fitness program for adults 65 and older.

TN Person Centered Music Program

The Tennessee Person-Centered Music Program offers residents at participating Tennessee nursing homes personalized music as part of their care. The program is funded by a three-year Civil Monetary Penalty Grant from the Centers for Medicare and Medicaid Services through the Tennessee Department of Health from February 1, 2019 to June 30, 2022. This program will improve the quality of life and care for up to 2,205 residents including those living with Alzheimer's and related dementia in 147 nursing homes across Tennessee. Key outcomes for nursing home residents will be: 1) Reduced reliance on antipsychotic, anti-anxiety, and anti-depressive medications; 2) Reduced physical, verbal, and other adverse behavioral symptoms of participating residents and; 3) Increased access to activities that engage residents and enhance person-centered care by staff.

Collaborative Response to Elder and Vulnerable Adult Abuse

Through a contract with the Office of Criminal Justice Programs in Tennessee TCAD provides emergency services and supports to older and vulnerable adults who are victims of crime. CREVAA works with local law enforcement, district attorneys, Adult Protective Services to provide assistance to those that need it. The assistance provide has to be related to

the crime and can include, personal care services, transportation, food, or many other types of emergency assistance.

Office of Criminal Justice Programs Elder Abuse Public Service Announcement

Through a contract with the Office of Criminal Justice Programs in Tennessee, and with a partnership with Nashville Public Television, West Tennessee Legal Services, Legal Aid Society of East Tennessee, and the Broadcaster's Association of Tennessee TCAD is creating and sharing a PSA for older and vulnerable Tennesseans to make them aware of the crimes, and help them find help. There is a statewide effort to help identify potential victims and make sure they know there is help for them, and they are not alone in what they are going through.

Chapter 3 - Statewide Needs Assessment

Overview

In order to gain understanding of challenges faced by older adults, a statewide comprehensive needs assessment was conducted and used to inform the **Tennessee State Plan on Aging for October 1, 2021 through September 30, 2025**. The Tennessee State Plan on Aging provides policy makers, service providers, and the general population with appropriate data about trends and implications for the current population.

The Tennessee statewide comprehensive needs assessment consisted of three main components: 1) a statewide survey of older adults, 2) a statewide survey of services providers, and 3) analysis of calls to the statewide Information & Assistance line. The major findings from each component are included in this section. Additionally, copies of each survey instrument and key findings are included in the Appendices.

Statewide Surveys

From November 2020 through January 2021, the Tennessee Commission on Aging and Disability (TCAD) conducted a statewide survey of both older adults and their providers. This survey utilized the same questions posed during prior statewide needs assessment conducted during 2016. This was designed to maintain questions and

- document needs and strengths both during the COVID-19 pandemic and beyond
- document what is currently working well to support our aging population
- allow participants to express concerns in an open-ended format
- gain a broad understanding of challenges faced by older adults
- better understand direct service providers' perspective of barriers to providing services
- inform policies to make services more accessible, efficient, and effective.

These surveys were conducted online, on the phone, on paper through local service providers. After surveys were completed, two TCAD staff members independently reviewed and categorized the open-ended responses. Any discrepancies were either reviewed by a third party or discussed until agreement was reached. Revisions to the categories were made as needed to accurately reflect all participant responses.

Older Adult Survey

A total of 833 older Tennesseans ages 60 and over and their caregivers were recruited from senior centers, nutrition programs, TCAD email listserv, partner agencies, and social media.

The older adult survey (Attachment F.2) asked the following 4 open-ended questions. The top 4 answers are listed for each.

1) *What are the 3 biggest ways COVID-19 has impacted older Tennesseans?*

- Social Isolation (85%)
- Worry / Fear / Anxiety (35%)
- Health (22%)
- Healthcare access / Delay of Care (20%)

2) *Thinking beyond COVID-19, what is currently working well in your community to support older adults?*

- COVID-19 Adaptations (24%)

- Senior Centers (19%)
 - Nutrition Programs (18%)
 - Social Support: family, friends, neighbors, etc. (17%)
- 3) ***Thinking beyond COVID-19, what challenges keep you from being more active in your community?***
- COVID-19 (63%)
 - Health / Healthcare (12%)
 - Financial Issues (8%)
 - Transportation (7%)
- 4) ***Thinking beyond COVID-19, what improvements would make your day to day life better?***
- COVID-19 (47%)
 - Social Support: family, friends, neighbors, etc. (12%)
 - Financial Improvements (8%)
 - Recreation / Activities (7%)

Service Provider Survey

A total of 231 direct service providers who focus on older adults were recruited through Tennessee’s Aging Network, academic partnerships, medical facilities, and professional organizations. Among those who completed the survey, there were 42 in-home care providers, 38 social workers, 32 staff members of senior centers, 23 physicians and medical providers, 22 state or local government employees, 19 healthcare employees, and others (Table 9). These service providers were located throughout 61 counties and had an average of 16.3 years of experience providing services to older adults.

The service provider survey (Attachment F.3) asked the following four open-ended questions. The top four answers are listed for each.

1. ***What are the 3 biggest ways COVID-19 has impacted older Tennesseans?***
 - Social Isolation (79%)
 - Access to Services (39%)
 - Stress / Fear / Anxiety (35%)
 - Health (28%)
2. ***Thinking beyond COVID-19, what are the three most common unmet needs you see in your older adult population?***
 - Social Needs (44%)
 - Transportation (33%)
 - Nutrition (29%)
 - Access to Healthcare (23%)
3. ***Thinking beyond COVID-19, what changes would improve daily life for older adults?***
 - Social Support (21%)
 - Home and Community Based Services (20%)
 - Transportation (20%)
 - Nutrition (15%)
4. ***Thinking beyond COVID-19, what is currently working well in your community to support older adults?***
 - Nutrition (27%)

- Senior Centers (16%)
 - Home and Community Based Services (13%)
 - Social Support- Family, Friends, Neighbors (13%)
5. ***Thinking beyond COVID-19, as a service provider, what is the greatest barrier you encounter in your efforts to improve the lives of older adults?***
- Not Enough Services / Organizations (26%)
 - Funding / Financial Barriers (24%)
 - Staffing issues (14%)
 - Other (12%)

Analysis of calls to the statewide Information & Assistance line

2019			2020		
25,788	36.5%	Health/In-Home Services	22,569	29.2%	Health/In-Home Services
13,107	18.6%	Health Benefits	11,953	15.4%	Health Benefits
12,119	17.2%	Nutrition	11,762	15.2%	Housing
5,622	8.0%	Public Benefits	9,918	12.8%	HCBS/OPTIONS
2,369	3.4%	Financial Assistance	7,013	9.1%	Nutrition
2,343	3.3%	Housing	3,911	5.1%	Public Benefits
2,009	2.8%	Transportation	1,750	2.3%	Financial Assistance
1,321	1.9%	Medicaid Services	1,632	2.1%	SHIP
1,005	1.4%	Options Information	1,409	1.8%	Transportation
991	1.4%	Benefit Counseling	1,228	1.6%	Medicaid Services

Chapter 4 – Challenges

The State of Tennessee will be facing many challenges in addressing the aging and disability populations according to the multiple data sources used to develop the **Tennessee State Plan on Aging for October 1, 2021 through September 30, 2025**. These sources include input from TCAD and AAAD staff, a provider survey conducted during the Statewide Needs Assessment, and other publicly available data sources. The long-term challenge Tennessee faces will be the ability to keep up with the increasing and changing demand for programs and services. The number of Tennesseans ages 60 and older is projected to grow from an estimated 1.66 million in 2021 to over 1.91 in 2030.

Capacity of Programs and Services

Lack of Organizations, Services, and Providers in Some Communities:

While there is a shortage of organizations, services, medical specialists, and other providers across all parts of the state, this is particularly true in rural and other underserved areas. These areas may have hard to reach populations, lack of funding, pockets of poverty and high unemployment rates resulting in very little local funding. Approximately 26% (60) of surveyed service providers statewide stated that there was a lack of services or organizations in their community. This is compounded by a lack of affordable transportation to other areas, making local resources even more critical. Services providers specifically mentioned the following challenges:

- Transportation: As mentioned in past State Plans on Aging, transportation continues to be a challenge, especially in rural areas. While all 95 counties in TN have public transportation, the need often exceeds capacity. More affordable, accessible, and flexible transportation services, including personalized door-through-door transportation, are needed. Limited access to transportation can create an additional barrier for accessing other services.
- Technology Access: With the rise of COVID-19, more services are being provided through technology. However, for individuals who do not have technology/internet access in the home, this can create an additional barrier to services.

The lack of available services and programs makes locating, applying, and enrolling in support services difficult. While local AAADs serve as single points of entry, providers, seniors, and caregivers may find it difficult to navigate the different agencies and providers.

Staffing

One challenge Tennessee is facing is adequate staffing to provide necessary services. Among the 231 service providers surveyed for the statewide needs assessment, 14% stated that staffing challenges such as staffing levels, wages, and turnover were a significant barrier to providing services to older Tennesseans. This represents a significant increase compared to the 4% of providers who cited staffing as a barrier during the same needs assessment four years ago.

Waitlists: The current capacity of the aging network is unable meet the immediate needs of the aging population and several programs have active waiting lists for enrollment. Statewide, the Options Program currently has a wait list of over 2,800 individuals who need these services to remain in their home. Similarly, the home delivered meals program has a waitlist of approximately 1,700 individuals. Through concerted efforts during the past four years, these

waitlists have been reduced by more than 50%. In the prior statewide needs assessment, waitlists were mentioned as a barrier by 8% of providers; however, during this needs assessment, it was only mentioned as a barrier by 3% of providers. While we recognize this to be important progress, efforts across the next 4 years will be made to further address this challenge.

Changes Resulting from COVID-19

During 2020 and 2021, the ongoing COVID-19 pandemic posed challenges for all Tennesseans, especially older adults, and persons with disabilities. As the predominant at-risk population, older adults were the earliest recommended to “shelter in place” at home in March 2020. During the pandemic, programs and services were adapted to continue to meet the needs of older Tennesseans, the pandemic caused many older Tennesseans to delay or stop some services and activities. As vaccinations continue and the pandemic continues to improve, it will be vital to the health and safety of older Tennesseans that communities continue to safely engage this population.

Demographic Changes

One challenge noted by AAADs were changing funding levels and population needs based on shifting demographics. While population growth among older Tennesseans continues to outpace that of the overall population, the distribution and overall demographics of these individuals continues to change.

Fiscal Challenges

Although Older Americans Act and other aging programs have seen increased support over the past four years, funding remains a challenge. Among the 231 service providers surveyed for the statewide needs assessment, 24% stated that funding levels and requirements were a significant barrier faced when providing services to older Tennesseans. Some providers specified concern that OAA funding will not grow in proportion to the growth of the 60+ population.

Additional Challenges identified by the data include restrictive rules and regulations, awareness of resources (among both Providers and Older Adults), lack of communication between provider agencies, lack of participation by older adults, and lack of family involvement. In addition to challenges noted above, numerous other state agencies have some responsibility and funding for providing aging and disability services in addition to TCAD. These agencies provide crucial services and each face unique challenges (Attachment G)

Chapter 5 – Outcomes and Performance Measures

As the number of adults ages 60 and older continues to grow, Tennessee must have a State Plan that utilizes all available resources, including both people and money, in the most efficient, effective, and equitable way possible. Such a plan will require that solutions are:

- Collaborative – build on new and existing partnerships
- Diverse - provide a greater variety of services and programs to meet the needs of all populations
- Streamlined – create easier access to services and programs
- Data-driven - use data to inform decisions and track successes, and.
- Anticipatory - address both immediate and future needs of older

However, this is only the starting point for TCAD. TCAD will continue to engage policy makers in decision-making processes that elevate the needs of adults age 60 and over and adults with disabilities to the forefront while recognizing the strengths and contributions of this population. TCAD will also continue to seek state and federal funding aimed at addressing the need for services. TCAD will continue to strive to maintain and expand quality services, programs, and staff.

The goals, objectives, strategies, and performance measures have been developed for the **Tennessee State Plan on Aging for October 1, 2021 through September 30, 2025** utilizing the following statewide surveys conducted from November 2020 through January 2022; TCAD's Strategic Plan (approved by the Commission Members), and the Public Hearing held May 28th, 2021. The following are the goals, objectives, strategies, and performance measures for the Tennessee State Plan on Aging. These are based on funding sources (Older Americans Act and State appropriations) and a multifaceted approach of reducing the many unmet needs of older adults through advocacy and increased awareness.

Goal 1: Ensure that programs and services funded with federal appropriations including the Older Americans Act are cost effective and meet best practices

Objective 1-1: Ensure access and efficiency to home and community-based services

Strategy 1-1.1: Review and revise the RFP process for service providers based on the revised contract language and policies and procedures.

Strategy 1-1.2: Review the III-B in-home services programs to ensure that they are administered in the most cost-effective manner and best meets the needs of individuals receiving services.

Measures / outcomes

- a) By 2022, TCAD will convene work group to standardize and update language for the 4-year Area Plan RFPs
- b) Each fiscal year, TCAD staff will review plans submitted AAADs to ensure that the funds are maximized to ensure the in-home needs of older adults are met and they are receiving services.

Objective 1-2: Provide Information and Assistance services that are easily accessible through telephone, email, and text messages.

Strategy 1-2.1: Create and maintain Statewide Resource Directory

Strategy 1-2.2: Expand and improve technology to create a more streamlined I&A system

Strategy 1-2.3: Continue to ensure that all I&A staff are AIRS certified

Measures / outcomes

a) By 2023, TCAD will research technology and best practices regarding efficient and effective I&A systems

b) All eligible I&A staff will have current AIRS certification at each annual review

Objective 1-3: Leverage Older Americans Act transportation funding to expand community transportation resources

Strategy 1-3.1: Compile database of transportation programs and mobility options.

Strategy 1-3.2: Collaborate with partner agencies to bolster existing transportation infrastructure using Older Americans Act funds.

Measures / outcomes

a) By December of each year, ensure annual update of Statewide Transportation Map to ensure better coordination of transportation programs, mobility options, and services for the aging and disability population

Objective 1-4. Identify and implement strategies to ensure that the Ombudsman program is more effective and efficient in advocating for all patients in all long-term care facilities.

Strategy 1-4.1: Ensure that the data from the Ombudsmanager database is accurately recorded and in a timely manner and the data used to evaluate and improve the program.

Strategy 1-4.2: Ensure that all Ombudsman federal and state reports are submitted annually as required.

Strategy 1-4.3: Evaluate how to distribute funding for the Ombudsman program more efficiently and effectively taking into consideration the location of the long-term care beds.

Strategy 1-4.4: Provide monitoring and technical assistance for District Ombudsman programs to ensure that programs are meeting the goals and guidelines.

Strategy 1-4.5: Update the Volunteer Ombudsman Representative (VOR) manual and training materials to maintain the most current data available.

Strategy 1-4.6: Conduct volunteer on-line and face-to-face training in each district annually led by the State Long-term Care Ombudsman.

Strategy 1-4.7: Continue to stay updated on the emerging Ombudsman issues such as the role of the Ombudsman program in the Managed Long-Term Care Support Services.

Strategy 1-4.8. Revise, if needed, the contract scope of service based on the revised policies and procedures for the Ombudsman program.

Strategy 1-4.9: Participate in Regional Survey Team meetings to build the relationship with the Department of Health.

Measures / outcomes

a) 100% of Ombudsmanager reports will be evaluated each quarter to ensure that all appropriate data has been collected.

b) By December 15 each year each district Ombudsman will be required to submit his/her annual report to the State LTC Ombudsman to ensure that the Federal Annual report is submitted on time

- c) State LTC Ombudsman will meet with the Financial Director on an annual basis to review the budget and determine funding for the program based on the amount and location of long-term beds.
- d) Each year the State LTC Ombudsman will make a visit to each district every year to meet with the volunteers, conduct trainings, and to ensure that all volunteers and District Ombudsman staff have the most current information.
- e) The State LTC Ombudsman will attend the annual State LTC Ombudsman conference annually, and participate in calls and webinars from ACL, and other agencies to maintain the most current information
- f) All District LTC Ombudsman will attend quarterly Regional Survey Team meetings for the grand region where their district is located.
- g) The State LTC Ombudsman will attend all Regional Survey Team meetings to guide the program and facilitate the partnership.
- h) All trainings, conferences, calls, webinar, and meetings will be documented in Ombudsmanager.

Objective 1-5. 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.

Strategy 1-5.1: Enhance the partnership with APS to build awareness of APS services and how citizens should contact APS for needed services.

Strategy 1-5.2: Identify and replicate successful public outreach campaigns/education and promote, and conduct public outreach, education, and awareness campaigns to reduce and prevent elder abuse, neglect, and exploitation.

Strategy 1-5.3: Provide input and assistance (when requested) with Vulnerable Adult Protective Investigative Teams (VAPIT) to continue building relationships with District Attorneys, APS, and local law enforcement across the state.

Strategy 1-5.4: Develop and provide training and training resources for those involved in elder abuse, neglect, and exploitation prevention, investigation, and prosecution in partnership with stakeholders.

Measures / outcomes

- a) By 2022, form at least one (1) new ongoing partnership among agencies involved in elder abuse, neglect, and exploitation prevention.

Objective 1-6: Ensure access to a comprehensive, sustainable set of quality services/interventions that are dementia-capable and provide innovative services to the population with dementia and their caregivers.

Strategy 1-6.1: Ensure TN has a sustainable dementia-capable service system beyond the Alzheimer's Disease Program Initiative (ADPI) grant period (Grant end date May 31, 2022).

Strategy 1-6.2: Ensure all target districts are prepped on maintenance and continuation of TN M.I.N.D.S. (Music Intervention Navigating Dementia Symptoms).

Strategy 1-6.3: Continue to promote best practices and evidence informed dementia capable services

Measures / outcomes

- a) By May 2022, identify 1 TCAD staff member responsible for updating the ADPI / Dementia-Capable website
- b) By May 2022, formalize plan to maintain dementia trainings via a dedicated website or training portal
- c) By May 2022, Create and distribute TN M.I.N.D.S. toolkit to all 9 districts
- d) By May 2022, Train 5 target districts to provide TN M.I.N.D.S. volunteer training
- e) By May 2022, educate all 9 districts on how to use OAA funding to continue Powerful Tools for Caregivers to continue TN M.I.N.D.S.
- f) By August 2022, review and incorporate data from Vanderbilt University Medical Center - Center for Quality Aging (VUMC-CQA) into dementia-capable program guidelines
- g) By December 2022, incorporate dementia-capability measures into SUA quality improvement and monitoring forms

Objective 1-7: Identify and implement strategies to improve cost efficiency for congregate and home delivered meals programs

Strategy 1-7.1: Continue to encourage use of alternative meal providers to improve access to meals, client choice and expanded capacity to serve in both urban and rural areas.

Strategy 1-7.2: Identify emergency planning resources, and capabilities within the current nutrition program structure.

Strategy 1-7.3: Identify alternative food suppliers for drop ship frozen meals, and hot meals that could be used in an emergency basis

Strategy 1-7.4: Increase and expand resources for nutrition program volunteers

Strategy 1-7.5: Research and Identify whether the current Nutrition program screening tool is sufficient to the changing needs of older adults in TN.

Measures / outcomes

- a) By July 2023 compile ""Small Business Initiative"" Start-Up and Best Practices
- b) Identify emergency planning resources, and capabilities within the current nutrition program structure
- c) By December 2022, Create a database of backup nutrition suppliers in case of emergency
- d) December 2022, develop written a plan nutrition contracting during emergency declarations
- e) By December 2022, Offer additional training opportunities to nutrition volunteers
- f) By December 2024, Develop and distribute a Nutrition Volunteer Handbook template that can be used by subcontractors.
- g) By June 2022, recruit dietician intern to assist with analysis of nutrition screening tools
- h) By December 2023, Complete analysis of currently available nutrition screening tools that include elements of measure for social isolation and support systems for congregate nutrition clients
- i) By June 2024, fully adopt use of new congregate screening tool and implement any necessary changes to Independent Living Assessment for home delivered clients.

Objective 1-8. Increase access to services and supports to caregivers in effort to assist family caregivers to continue providing care for their care receivers.

Strategy 1-8.1: Implement quarterly phone calls with AAAD staff who oversee the National Family Caregiver Support Program to discuss specific caregiving issues and how to best support the needs of caregivers facing these issues.

Strategy 1-8.3: Continued partnerships with the TN Respite Coalition (TRC) to ensure that the National Family Caregiver Support Program focuses on the needs of the caregivers and include the strategies developed in the Respite Strategic Plan to expand the availability of respite and support to caregivers.

Strategy 1-8.4: Partner with the TN Respite Coalition (TRC) in the creation and development of an app that will make accessing TRC respite services easier to caregivers in TN.

Strategy 1-8.5: Research and Identify whether the current Nutrition program screening tool is sufficient to the changing needs of older adults in TN.

Strategy 1-8.6: Explore opportunities for virtual access to evidence-based programs for caregivers

Strategy 1-8.7: Increase cross referrals by Caregiver Support staff to Evidence Based Programs.

Strategy 1-8.2: Explore innovative ideas and models to support family caregivers specifically around targeted outreach and respite services in an effort to serve more caregivers and reduce the waiting list.

Measures / outcomes

- a) By 2023, work with partner organizations to implement the strategic plan developed through the Lifespan Respite federal grant
- b) Conduct annual monitoring of the National Family Caregiver Support Program using standardized monitoring tools, review monthly IFR, and monthly reporting by AAAD.
- c) By 2024, increase Caregiver Support referrals to evidence-based programs by 5%.

Objective 1-9. Increase the availability and sustainability of evidence-based programs that improve quality of life, health, level of independence, and overall well-being

Strategy 1-9.1: Foster partnerships that promote access, funding, and development of evidence-based health promotion programs

Strategy 1-9.2: Research additional evidence-based programming for statewide implementation with emphasis on falls prevention

Strategy 1-9.3: Disseminate information about variety of choices in in evidence-based programming

Strategy 1-9.4: Explore the use of technology to implement evidence-based programming through virtual platforms.

Strategy 1-9.5: Provide annual training to aging network staff on evidence-based programs and data/reporting

Measures / outcomes

- a) By 2025, add three (3) new partners assisting in obtaining funding for evidence-based programs for adults 60 and over and adults with disabilities.
- b) Annually, increase by one (1) percent statewide the number of consumers who participate in evidence-based programs as evidenced by the SAMS database

- c) By 2023, increase the use of technology for the implementation of providing evidence-based programs through virtual platforms.

Goal 2. Ensure that programs and services funded by **state and other appropriations** are cost effective and meet best practices

Objective 3-1. Ensure access and efficiency in the OPTIONS program (home and community-based services)

Strategy 2-1.1: Review and revise the RFP process for service providers based on the contract language and policies and procedures.

Strategy 2-1.2: Review options for continued support and funding of the OPTIONS program to address the needs the individuals on the waiting list for services

Strategy 2-1.3: Conduct a feasibility study to look at using OPTIONS funds to support individuals with Alzheimer's disease.

Measures / outcomes

- a) By December 2022, TCAD will convene work group to standardize and update language for the 4-year Area Plan RFPs
- b) By June of each state fiscal year, do an analysis of the OPTIONS spending and establish goals for AAADs to ensure that fund will be expended each fiscal year and individuals are receiving services.
- c) By December 2022, establish a work group to look at the feasibility of expanding the OPTIONS program to include individuals with Alzheimer's disease.

Objective 2-2. Continue the Public Guardianship for the Elderly Program to assist those referred by the Court who are unable to manage healthcare and/or financial decisions

Strategy 2-2.1: Increase public awareness of the Public Guardianship Program.

Strategy 2-2.2: Increase public awareness of the requirements of conservatorships and availability of powers of attorney

Strategy 2-2.3: Redesign Public Guardianship Policies.

Measures / outcomes

- a) By September 2025, meet with Chancellors and members of the Bar to discuss the purpose and goals of the Public Guardianship program and thus increase the number of vulnerable clients helped by the program.
- b) By December 2022, promulgate rules to take the place of Public Guardianship policies.
- c) By January 2023, ensure rules are available on TCAD website to further assist in the goal of public awareness of the program.
- d) By December 2025, work with interested parties and older adults to increase awareness and understanding of POAs
- e) By December 2022, develop and train on when conservatorships and powers of attorneys are needed and how to get them
- f) By December 2021, develop literature about the difference between a power of attorney and conservatorship

Objective 2-3. Use standardized tools for information gathering, data analysis, and reporting to evaluate activities provided with state allocations.

Strategy 2-3.1: Assure provider agencies' compliance with federal and state regulations, contractual agreements, and TCAD program policies.

Strategy 2-3.2: Ensure that services are provided at an acceptable level of quality and provider agencies continually strive to maintain or improve their services.

Strategy 2-3.3: Ensure that necessary safeguards are established to protect and ensure the health, safety, welfare, and satisfaction of participants.

Strategy 2-3.4: Ensure establishment of an ongoing evaluation process in which all entities, including TCAD, AAADs, provider agencies and participants play a vital role ensuring individual access, person-centered service planning and delivery, provider agency capacity and capabilities, client safeguards, client rights and responsibilities, participant outcomes are satisfactory, and system performance.

Strategy 2-3.5: Ensure that an individual receives appropriate, effective, and efficient service which allows the individual to retain or achieve his/her optimal level of independence.

Strategy 2-3.6: Ensure financial accountability for funds expended through state resources including collection of client liability and documentation of cost of services rendered. Including protecting public funds from waste, fraud, and abuse.

Measures / outcomes

- a) Ensure that TCAD State allocations are serving the appropriate number of consumers as evidenced by AAAD contract scope of service outlining performance measures-based unit cost

Goal 3. Pursue **funding, strategies, and partnerships** with aging network, community-based organizations, local governments, state legislature, healthcare providers, and state departments in order to **advocate to reduce the gaps in services** identified in the statewide needs assessment.

Objective 3-1. Collaborate with other State agencies and the Aging Network to develop Elder Abuse Prevention practices.

Strategy 3-1.1: Follow-through with Commitments to the Legislative Elder Abuse Task Force recommendations

Strategy 3-1.2: Continue to lead and provide technical assistance to the Statewide Elder Abuse Coordinating Coalition.

Measures / outcomes

- a) By January 2022, submit to state legislature the report that identifies the impact of financial exploitation of older adults, review best practices, and include recommendations to address gaps in service

Objective 3-2: Work with partners to increase access to mental health information and services

Strategy 3-2.1: Review and revise current program assessments to include the use of standardized behavioral health assessment protocols and tools where appropriate

Strategy 3-2.2: Working with partner agencies, offer older adult specific Question, Persuade, Refer (QPR) Trainings to all program staff and program volunteers annually.

Strategy 3-2.3: Offer workplace suicide prevention training to all aging network staff annually.

Strategy 3-2.4: Increase awareness of mental health services for older adults.

Strategy 3-2.5: Implement a standardized mental health service guide in all volunteer program guides

Strategy 3-2.6: Increase the number of aging network staff who have received Mental Health Training

Measures / outcomes

- a) Each year participate in meetings, events, and/or webinars to related to mental health services for older adults.
- b) By July 2022, compile list of current programs and services available for mental health, substance abuse, and/or suicide prevention.
- c) By July 2023, publish list of current programs and services on website.
- d) By December 2024, market/promote list of current programs and services to increase access and communication.
- e) Increase the number of aging network staff who have received Mental Health Training by 10% over the baseline annually.

Objective 3-3. Participate in and provide administrative support for TN Palliative Care and Quality of Life Council

Strategy 3-3.1: Continually assess the current status of palliative care in the state and to review the barriers that exist that prevent such care from being obtained and utilized by the people who could benefit from such care

Strategy 3-3.2: Participate in palliative care advisory council meetings no less than twice yearly

Measures / outcomes

- a) Annually by January 15th, submit to state legislature report that addresses barriers to palliative care access, analyzes service utilization data, and provides recommendations and best practices to address gaps in service

Objective 3-4. Strengthen partnerships to improve transportation services for Older Tennesseans

Strategy 3-4.1: Participate in special committee to study improvement of transportation services as established through TN general assembly

Strategy 3-4.2: Support and provide technical assistance in creating community-based, volunteer transportation programs.

Measures / outcomes

- a) Each year, participate in statewide workgroup stakeholder meetings and disseminate pertinent information to partners.
- b) By Dec 2023, host (1) webinar to current volunteer transportation programs to hear updates and provide overview of best practices.
- c) By July 2024, publish volunteer transportation toolkit on website.

Objective 3-5. Increase public awareness and strategies to alleviate economic insecurity among older Tennesseans

Strategy 3-5.1: Increase capacity to assist in reducing economic insecurity through benefits outreach and counseling.

Strategy 3-5.2: Develop documentation and advocacy strategy concerning economic insecurity among older adults in TN.

Strategy 3-5.3: Form partnerships throughout the state to address issues surrounding economic insecurity.

Strategy 3-5.4: Conduct outreach and training to adults with disabilities and adults ages 50 and older on financial planning for the future.

Measures / outcomes

- a) By 2022, formalize one partnership to address economic security among older Tennesseans
- b) By 2024, conduct outreach and training on financial planning for the future

Objective 3-6. Working with partners, improve quality of life and care for long-term residents including those with ADRD in TN nursing homes

Strategy 3-6.1: Train care professionals and volunteers on setting up individualized music playlists.

Strategy 3-6.2: Incorporate individualized music into each resident’s individual care plan notes after their playlist has been created.

Strategy 3-6.3: Increase access to activities that engage long-term care residents and enhance person-centered care by staff

Strategy 3-6.4: Offer free one-time arts and music program for all residents in participating nursing homes.

Measures / Outcomes

- a) By June 2022 improve the quality of life and care for 2,205 residents including those living with dementia
- b) By June 2022, implement TN persons centered music program in in 147 nursing homes across TN

Objective 3-7. Collaborate with other State agencies and the Aging Network to develop and promote livable communities for older Tennesseans.

Strategy 3-7.1: Identify best practices/standards for livability, promote community self assessment, and engage local leaders in conducting the self-assessment.

Strategy 3-7.2: Work with partner agencies to advocate for livable communities

Measures / outcomes

- a) Each year participate in meetings, events, and/or webinars to related to livability for older adults.
- b) By July 2023, provide best practices for livability and link to self-assessment to local leaders.
- c) By July 2024, identify (1) new partner agency advocating for livable communities

Objective 3-8. Address the unmet needs, both emergent and ongoing, of elder and vulnerable adult victims of crime across TN through the Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA) Program.

Strategy 3-8.1: Sub-contract with quasi-government entities, non-profit, and/or aging service providers who will provide advocates to assist victims, work with stakeholders, including Adult Protective Services (APS), District Attorneys (DA’s), law enforcement, and aging service providers to provide services to clients, and to provide education and outreach in the community

Strategy 3-8.2: Receive referrals from several sources, including VAPIT teams, and will identify elders and vulnerable adult victims of crime referred to the CREVAA program. CREVAA Program Advocates will seamlessly locate, coordinate, and ensure the provisions of victim-centered services and resources to victims of crime across TN.

Strategy 3-8.3: Provide training and technical assistance to new and existing advocates and their respective agencies

Strategy 3-8.4: Provide education and outreach about the CREVAA program as well as elder and vulnerable adult abuse, neglect, and exploitation to other state agencies, the general public, caregivers, stakeholders, and service providers.

Measures / Outcomes

- a) Annually research and analyze demographic data for each region of the state to identify vulnerable populations and develop outreach plans in each region, during the Annual Spring Training conducted in July, to better serve those populations.
- b) By June 1st of each year, host CREVAA training for advocates and stakeholders.
- c) Continue to develop education and outreach for the CREVAA program, for elder and vulnerable adult abuse and prevention of abuse to the general public, caregivers, stakeholders, and service

Objective 3-9. Develop partnerships and provide awareness and training to ensure that services are provided to older individuals and adults with disabilities in underserved communities.

Strategy 3-9.1 Analyze updated population data to ensure services are being targeted to meet the needs of older adults

Strategy 3-9.2: Translate outreach tools to multiple languages and ensure circulation in non-English speaking communities.

Strategy 3-9.3: Increase outreach and communication efforts aimed at non-English speaking populations

Strategy 3-9.4: Consider development of any culturally appropriate outreach efforts that could be most effective for non-English speaking populations.

Strategy 3-9.5: Promote policies and initiatives that improve minority health

Strategy 3-9.6: Encourage public awareness of health issues affecting special populations including low-income, underserved, rural, and minorities.

Strategy 3-9.7: Continue to monitor (through reported data) participation in TCAD directed programs to ensure that participants in services represent the general population of the area.

Strategy 3-9.8: Review Area Agency Plans to ensure that agencies are identifying and addressing disparities in service.

Strategy 3-9.9: Ensure Aging Network has accessible and available trainings on OAA and targeting services to the most at-risk and underserved older Tennesseans.

Strategy 3-9.10: Assertively seek opportunities to meet with diverse groups, listen and provide information about services that are available through TCAD.

Measures / outcomes

- a) By December 2022, by analyze 2020 Census data to ensure services are being adequately targeted to address the needs of older Tennesseans in rural areas
- b) Increase the number of contacts to non-English speaking communities by 1% annually
- c) Annually by September 31, conduct at least one marketing campaign to OAA target populations

Objective 3-10. Working with partners, increase public awareness and strategies to alleviate social isolation among older Tennesseans and persons with disabilities

Strategy 3-10.1: Research and disseminate innovative and best practices for addressing social isolation

Strategy 3-10.2: Increase access to telephone reassurance programs

Strategy 3-10.3: Use informed collaborative resources to socially connect with caregivers and older adults through supporting mental health and prevent social isolation.

Strategy 3-10.4: Increase weekly check-in calls to older Tennesseans and caregivers.

Strategy 3-10.5: Expand outreach efforts to ensure caregivers and older adults are knowledgeable and able to access relevant programs to address social isolation

Strategy 3-10.6: Maintain training and develop materials to increase topics for volunteers to encourage social connection

Strategy 3-10.7: Coordinate marketing strategies by increasing outreach and promotional tools to increase volunteer participation.

Strategy 3-10.8: Increase access to technology for communication and social connectedness

Measures / Outcomes

- a) By July 2022, publish toolkit for telephone reassurance best practices
- b) By July 2021, staff will analyze quarterly data from program support requests in Care through Conversation Program
- c) By August 2021, evaluate outreach and marketing finding ways of continuous quality improvement
- d) By December 2021, obtain a quality improvement survey from volunteers to maintain dialog and information support.

Objective 3-11. Work with partners to increase access to services through technology including telehealth

Strategy 3-11.1: Assess current status of technology-based programs within Tennessee's aging network

Strategy 3-11.2: Identify partners to increase access through technology and telehealth

Strategy 3-11.3: Research and disseminate best practices for address social determinants of health through technology and telehealth

Strategy 3-11.4: Research framework for streamlining enrollment referrals across programs

Strategy 3-11.5: Identify training opportunities to teach older adults about using technology

Strategy 3-11.6: Identify best practices to increase access to services through technology and telehealth in rural areas

Measures / Outcomes

- e) By September 2022, research and publish best practices for implementation of technology lending library
- f) By December 2022, partner with AAADs to assess use of technology-based programs within aging network program
- g) By December 2023, host a conference or meeting with aging network partners on use of teleservices within the aging network and collaborate on best practices and challenges
- h) By 2023, TCAD staff will compile a list of potential technology-based programs eligible for OAA funding, including evidence-based programs
- i) By 2023, identify at least 2 partner agencies to work with in implementing older adult technology-based programming

- j) By 2024, publish information on TCAD website with links to educational information sessions on technology assistance and funding opportunities

Goal 4: Ensure that Tennesseans have access to information about aging issues, programs, and services in order 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.

Objective 4-1. Through Statewide Insurance Assistance Program (SHIP), provide objective one-on-one counseling, and assistance on Medicare, Medicaid, low-income assistance, and all other health insurances for consumers with Medicare, their adult children, their caregivers, and their advocates to include providing public and media outreach.

Strategy 4-1.1: Conduct Medicare training for state employees.

Strategy 4-1.2: Maintain a cadre of trained SHIP counselors and volunteers in each district

Strategy 4-1.3: Disseminate information about Medicare and related insurance benefits that help to maintain healthy aging.

Strategy 4-1.4: Design and implement community outreach to individuals eligible for Medicare with emphasis on targeting hard to reach populations such as disabled, Native American, low income, rural, and native non-English speaking populations.

Strategy 4-1.5: Assist beneficiaries with finding affordable prescription drugs plans; screen and provide application assistance for low income subsidy or Medicare Savings Program.

Strategy 4-1.6: Ensure that all SHIP staff and volunteers receive annual training to update the information needed to provide accurate and effective counseling services

Measures / outcomes

- a) Annually research and analyze demographic data for each region of the state to identify vulnerable populations and develop outreach plans in each region, during the Annual Spring Training conducted in April, to better serve those populations.
- b) By June 1st of each year, host Medicare training for state employees.
- c) Continue to develop healthy aging social media campaign focused on Medicare and related insurance benefits, with emphasis on target our hard to reach populations, and submit at least 2 posts each month to be uploaded to TCAD's social media and/or website.
- d) 100% of staff and volunteers will complete update training and testing yearly.
- e) By the end of each grant cycle, reach a minimum of 6% of Tennessee's total Medicare-eligible population.

Objective 4-2. Direct the attention of local and state key decision makers, as well as the public, to the needs of seniors in TN through increased communication and advocacy via publications and online resources.

Strategy 4-2.1: Direct attention to issues affecting older adults through outreach using "The State of Aging in TN: A County by County Snapshot".

Strategy 4-2.2: Organize and lead statewide social media campaigns to direct attention to and promote healthy living among older adults.

Strategy 4-2.3: Host statewide webinars to review relevant data on aging issues.

Strategy 4-2.4: Continue to update and make improvements to the TCAD webpage.

Measures / outcomes

- a) Host (1) event to promote State of Aging County by County.
- b) Annually by December 31, host at least 1 statewide webinar to review relevant data on aging issues.

Objective 4-3. Design and oversee a resource mapping of all federal and state funding sources and funding streams as well as resources for nonprofit and other nongovernmental entities that support the health, safety, and welfare of older adults in this state who are sixty (60) years of age or older.

Strategy 4-3.1: Compile inventory of all federal and state funding sources that support these older adults in TN

Strategy 4-3.2: Compile inventory of all state, federal, or government subsidized services and programs offered to these older adults in this state, set out by program, target population, geographical region, agency, or any other grouping that would assist the general assembly in determining whether there are overlapping programs that lead to duplication within the state, gaps in service delivery, and any administrative inefficiencies

Strategy 4-3.3: Compile inventory of the funds for older adults for which TN may be eligible, but is currently not receiving or using, and the reasons why the funds are not being used

Measures / outcomes

- a) By August 1 annually, submit formal data request to partner agencies and organizations
- b) By December 15 annually, submit a full resource mapping report to the State Legislature

Objective 4-4. Expand the availability of relevant data for SUA staff, AAADs, Commission, and Legislature for the purposes of planning, program development, and advocacy.

Strategy 4-4.1: Ensure stakeholders have timely access to relevant demographic estimates by county

Strategy 4-4.2: Provide annual update or policy brief highlighting top issues identified in Statewide needs assessment

Strategy 4-4.3: Ensure partner organizations have access to relevant data as needed for application of grants or federal funding

Strategy 4-4.4: Increase visibility of data through social and electronic media

Strategy 4-4.5: Develop a robust report library

Measures / outcomes

- a) By December 2022, compile and distribute updated 2020 Census demographic estimates to all relevant stakeholders
- b) Annually by March 1, analyze and distribute updated American Community Survey demographic estimates to all relevant stakeholders
- c) Annually by December 31, release focus publication on at least 1 top issue identified in the Statewide Needs Assessment
- d) Increase engagement with data related posts through social media by 1% annually
- e) By 2024, develop dedicated webpage with all published reports.

Chapter 6- Quality Management

In order to maintain the quality in programs, TCAD utilizes the goals of quality improvement within a continuous cycle through use of standardized tools to evaluate activities carried out under the Older Americans' Act as well as state and local funds to support older people and adults with disabilities.

The goals of Quality Improvement are:

- 1) To ensure provider agencies' compliance with federal and state regulations, contractual agreements, and TCAD program policies.
- 2) To ensure that services are provided at an acceptable level of quality and provider agencies continually strive to maintain or improve their services.
- 3) To ensure that necessary safeguards are established to protect and ensure the health, safety, welfare, and satisfaction of participants.
- 4) To ensure establishment of an ongoing evaluation process in which all entities, including TCAD, AAADs, provider agencies and participants play a vital role ensuring individual access, person-centered service planning and delivery, provider agency capacity and capabilities, client safeguards, client rights and responsibilities, participant outcomes are satisfactory, and system performance.
- 5) To ensure that an individual receives appropriate, effective, and efficient service which allows the individual to retain or achieve his/her optimal level of independence.
- 6) To ensure financial accountability for funds expended through the Older Americans' Act, other federal and state resources including collection of client liability and documentation of cost of services rendered. Including protecting public funds from waste, fraud and abuse.

Quality Management is based upon three key areas:

- 1) Collection and maintenance of accurate data and records
- 2) Remediation of problem areas
- 3) Continuous Improvement

Collection and Maintenance of Accurate Data and Records

TCAD evaluates the quality and appropriateness of supportive services administered by the subrecipients (AAAD) through on-site monitoring visits and/or desk reviews, performance data validation, policy guidance, technical assistance and training. Examination of Fiscal practices in regard to tracking expenditures and assessing the internal controls is also essential feature of monitoring.

Monitoring focuses on the AAAD's program compliance, internal control, administrative and fiscal functions. Following each review, TCAD provides the AAAD with a report detailing any monitoring findings. When the monitoring results in findings, the AAAD will submit a plan of correction (POC) to TCAD documenting how the findings will be rectified. TCAD will work with the AAAD to ensure all findings are corrected.

Retrospective audits of the AAADs may also be performed to determine the accuracy of financial closeout reports, adequacy of internal accounting and administrative controls, compliance with applicable laws, regulations, and contract requirements.

TCAD routinely checks on a quarterly basis subrecipient performance data, budgets, expenditures and at year-end, providing each AAAD with reports detailing all questionable and missing

performance data. These reports can assist the AAAD in resolving or explaining discrepancies in data submissions. TCAD is available to the AAADs for technical assistance to ensure complete and accurate data are entered into Tennessee's National Aging Program Information System (NAPIS) State Report Tool (SRT).

TCAD analyzes both financial and performance data to identify patterns that may indicate the need for further attention. To support improved program compliance and performance, TCAD provides AAADs with written guidance, and ongoing technical assistance via conference calls and on-site visits. TCAD targets these efforts as necessary to address emerging issues

Remediation of Problem Areas

After the TCAD monitors issue the final monitoring report, the agency is given 30 working days to process and mail the final monitoring report to the agency (AAAD Director), and copy to the Grantee Director. Upon receipt of the signed return receipt requested confirmation to TCAD from the AAAD Director, the AAAD Director has 30 calendar days to respond to TCAD on their Plan of correction. Respondents are asked to respond to the findings with "We concur", "We concur in part" or "We do not concur." If they concur, the agency is instructed to devise a plan for their compliance. If the agency response is to concur in part, evidence must be provided to TCAD for re-consideration. If the agency does not concur, then they explain their reason for non-agreement. The time between the plan of compliance and the acceptance of the plan is the period that the TCAD program staff, TCAD monitoring staff, and Area Agency staff work together to design a plan of compliance that is mutually agreeable and allows the Area Agency and TCAD to improve the management of both the Area Agency and TCAD.

Continuous Improvement

Using accurate and complete data collection and remediation of problems areas, TCAD aims to maintain a cycle of continuous quality improvement through systematic and continuous actions that lead to measurable improvements. This approach builds upon the goals of quality improvement by emphasizing the organization and its systems. We strive to use data to continually analyze and improve processes, with a focus on processes and outcomes.

Attachments and Tables

Attachment A. State Plan Assurances and Required Activities

Attachment B. Information Requirements

Attachment B.1 – Continuity of Operations Plan (COOP)

Attachment C. Intrastate Funding Formula

Attachment D. State of Tennessee Policy of Non-Discrimination

Attachment E. Demographic Data

- *Table 1 - Demographic Characteristics of Tennesseans ages 60+*
- *Table 2 - Population within Funding Formula by District*
- *Table 3 - Individuals Served during FY2016*
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Attachment F. Needs Assessment

Attachment F.1 - Intro, Purpose and Scope

Attachment F.2 - Older Adult Survey Instrument

Attachment F.3 - Service Provider Survey Instrument

Attachment F.4 - Older Adult Survey Results

- *Table 5 – Demographic Profile of Older Adult Survey Participants*
- *Table 6 – Older Adult Responses Question 1*
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Attachment F.5 - Service Provider Survey Results

- *Table 10 – Demographic Profile of Service Provider Survey Participants*
- *Table 11 – Service Provider Responses Question 1*
- *Table 12 – Service Provider Responses Question 2*
- *Table 13 – Service Provider Adult Responses Question 3*
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Attachment F.6 – I&A Phone Call Data

Attachment G. Programs Provided by Other State Agencies

Attachment H. Aging Network

Attachment I. Map of Area Agencies on Aging and Disability

Attachment J. TCAD Commission Members

Attachment K. Cost Sharing Rule

Attachment L. Financial Plan

Attachment M. Title VI of the Civil Rights act of 1964 – Implementation Plan

Attachment N. Goals Workbook

Attachment O. Public Hearing

**State Plan Guidance
Attachment A**

**STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2020**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning

and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES OR AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

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

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

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

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

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

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

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

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

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

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for

providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

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

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

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

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

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

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

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

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to

low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount

expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

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

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

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

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in

the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...


Signature and Title of Authorized Official Date May 5, 2021

Attachment B

Information Requirements

Section 305(a)(2)(E)

The mechanisms for assuring that preference will be given to providing services to older individuals with the greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) include:

1. The Intrastate Funding Formula is weighted to address the population age 60 and over; low-income elderly; low income minority elderly; elderly living in rural areas, and the population age 80 and above.
2. The State Unit on Aging is in compliance with Title VI (Civil Rights) and submits a Title VI Implementation Plan to the Tennessee Commission on Human Rights annually for approval. The plan includes how outreach and services are provided and monitored in each district annually.
3. The Area Plans include a section on “Targeting” low-income, rural and minority populations.
4. Monitoring activities include the evaluation of persons served who are low-income, rural, and/or minority.

Section 306(a)(6)(I)

The mechanisms for assuring that each Area Plan will include information detailing how the Area Agency will coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals will include:

1. The State Agency will ensure that Area Agencies are aware of the services the Tennessee Technology Access Program (TTAP) provides and will include information in the Area Plan template.
2. Area Agencies will be required to include in detail in the Area Plan a plan for disseminating information about TTAP and the services they provide including how older adults can access services.
3. Area Agencies will be encouraged to detail plans to partner with Assistive Technology Centers across Tennessee to provide training to staff in an effort to increase the independence of older adults with disabilities through the use of assistive technology devices and services.

Section 306(a)(17)

The mechanisms for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery include:

1. The Tennessee Emergency Management Agency (TEMA) requires that all state agencies have a Continuity of Operation Plan (COOP). TEMA requires that each state agency designate an Emergency Services Coordinator (ESC) who serves as the staff who has the authority to coordinate emergency services under the auspices of the agency. TEMA also requires that the ESC has completed the TEMA certification training.
2. The SUA has a certified ESC and an alternate.
3. The SUA has a COOP (emergency preparedness plans).
4. All Area Plans contain a section on Emergency Preparedness.
5. Each AAADs and senior center is required to have an Emergency Preparedness Plan that is reviewed by the State ESC.

Section 307(a)(2)

The SUA develops the budget categories for the budgets contained in each Area Agency Plan. The budget categories include:

1. Planning and Administration
2. III-B Supportive Services (including information and assistance, senior centers, legal services, ombudsman, transportation, in-home services; adult day care)
3. IIIC-1 Congregate Meals
4. IIIC-2 Home Delivered Meals
5. IIID- Preventive Health
6. IIIE-Family Caregiver
7. VII-Ombudsman; Elder Abuse
8. Options HCBS (state funds)
9. Other

Area Plan budgets are approved by the Fiscal Director as part of the annual Area Plan approval process.

Section 307(a)(3)

In regard to services for older individuals residing in rural areas, 15% of the Intrastate Funding Formula is weighted for rural elderly. The State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000. For FY2021 and each of the following 3 years, 15% of the total OAA funds that is to be targeted for the rural older adults would be \$4,322,565 (OAA total \$28,817,100) annually.

Section 307(a)(10)

The Intrastate Funding Formula is weighted and takes the needs of older individuals living in rural areas into consideration. The weights are as follows: population over age 60 is 35%; low income elderly is 30%; low income minority elderly is 10%; elderly living in rural areas is 15%; and population age 80 and over is 10%. According to the Social Assessment Management Software (SAMS) database records, 43,320 individuals received AoA registered services, non-registered services, and family caregiver services in FY2020. Of those individuals served 22,016 resided in rural areas (50.8%).

Section 307(a)(14)

As of 2020, there are an estimated 23,745 of low-income minority older individuals age 65+ in Tennessee. Among older Tennesseans age 60 and older approximately 50,482 (3.2%) speak a language other than English at home, and approximately 25,241 (1.6%) report speaking English less than “very well.” As described above in Section 305(a)(2)(E), the Title VI Implementation Plan describes outreach to low-income minority older individuals and individuals with limited English proficiency. The State has a contract with Avaza Language Services Corporation for translation services. The translation service is available at all AAADs. Posters are displayed prominently at the SUA and AAADs that list 24 languages that can be translated by the service along with directions on how staff can access the services. This translation service was used by 7 AAADs for translation of 10 languages during state fiscal year 2020.

Section 307(a)(21)

There is no identified Native American tribe or reservation in Tennessee. According to the Native American Indian Association of Tennessee, there are 25,000 Native American residents in Tennessee. The Association states that “there has been no state or federal recognition of the Indian population and no services directed to them.”

Section 307(a)(27)

Under the statewide service delivery model, the State is prepared for anticipated changes in the number of older individuals during the next 10-years.

1. Between 2021 and 2031, the number of older Tennesseans age 60+ is projected to grow from 1.66 million to 1.93 million. This growth in population will affect various demographics including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency. The distribution of demographics will be reviewed no less than annually to ensure funding and efforts are being targeted appropriately to meet the needs of this growing population.
2. The SUA routinely analyses of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State. This analysis includes information gleaned from updated through demographic estimates, legislative studies, academic literature, and feedback provided by partners and stakeholders. As necessary, the SUA updates its Program and Policy Manual in which all programs administered by the SUA are outlined and policies issued, including fiscal policies and procedures. From time to time, as policies need to be revised, workgroups are comprised of SUA staff and Area Agency staff to make recommendations. Program Instructions are issued to the Area Agencies and contractors when changes take place to ensure knowledge is shared among aging network stakeholders.
3. Between 2021 and 2031, the number of older Tennesseans age 85+ is projected to grow from 133,500 to 202,400. This is expected to increase the need for supportive services over the next decade.

Section 307(a)(28)

As described above in Section 306(a)(17), the SUA follows the lead of the Tennessee Emergency Management Agency (TEMA) which requires all State agencies, local emergency response agencies, local governments, and others to have Continuity of Operations Plans. The coordinating entity across State government is TEMA.

Section 307(a)(29)

As described above in Section 306(a)(17), the SUA has an emergency preparedness plan called the Departmental Operational Guide and a Continuity of Operation Plan as required by the Tennessee Emergency Management Agency.

Section 705(a)(7)

As described in Attachment F, a statewide needs assessment was conducted in 2020 and consisted of the results of these surveys, analysis of calls to statewide Information & Assistance line, comments made during the Public Hearing, review of current literature, and a review of the previous data provided by the State Plan 2018-2021. Participants included citizens, the aging network, and stakeholders. The information was analyzed, and the top ten needs were identified. The goals and objectives of the State Plan target the needs identified. A public hearing was held on the State Plan in which the identified needs and goals and objectives were discussed. Area Agencies are required to hold public hearings prior to the submission of the 4-year area plan and in each year if there are significant changes. The Area Plan format includes goals and objectives for the Elder Rights program, Ombudsman, and Legal Assistance.

The SUA developed and routinely up-dates its *Program and Policy Manual* in which all programs administered by the SUA are outlined and policies issued, including fiscal policies and procedures. From time to time, as policies need to be revised, workgroups are comprised of SUA staff and Area Agency staff to make recommendations. Program Instructions are issued to the Area Agencies and contractors when changes take place.



CONTINUITY OF OPERATIONS PLAN (COOP)

Tennessee Commission on Aging and Disability

January 30, 2019

State of Tennessee
Commission on Aging and Disability
502 Deaderick Street
Nashville, TN 37208



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Annual Review Table

Element(s) Reviewed	Date of Review	Individual(s) Conducting Review
Core Plan Appendixes B, D, F	9/23/20	Emily Gateley, Jim Shulman, Ryan Ellis, Charles Ferguson, Sheryl Smith
Continuity Checklists	9/24/20	Emily Gateley, Ryan Ellis Donna Odom
Core Plan Appendixes B, D, F	04/13/21	Emily Gateley, Jim Shulman, Ryan Ellis, Charles Ferguson, Sheryl Smith, Gayle Wilson

Document Change Table

Change #	Section	Date of Change	Individual Making Change	Description of Change
1.	IV	9/23/20	Emily Gateley	Updated to reflect new position titles
2.	IV	4/13/21	Emily Gateley	Changed to reflect new personnel
3	Appendix D	4/13/21	Emily Gateley	Changed to reflect Alternate Work Space Policy

Document Transmittal Record

Date of Delivery	# of Copies Delivered	Method of Delivery	Name, Title, and Organization of Receiver

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BASIC PLAN

I. PROMULGATION STATEMENT

The Commission on Aging and Disability's mission is to bring together and leverages programs, resources and organizations to protect and ensure the quality of life and independence of older Tennesseans and adults with disabilities. To accomplish this mission, the Tennessee Commission on Aging and Disability (TCAD) must ensure its operations are performed efficiently with minimal disruption, especially during an emergency. This document provides planning and program guidance for implementing the TCAD Continuity Plan and programs to ensure the organization is capable of conducting its essential missions and functions under all threats and conditions.

Key TCAD personnel who are relocated under this plan are collectively known as the Emergency Relocation Group (ERG). Upon plan activation, these members will deploy to the Greater Nashville Regional Council. Upon arrival, continuity personnel will establish an operational capability and perform essential functions within 12 hours from the time of the activation of the Continuity Plan, for up to a 30-day period or until normal operations can be resumed.

This plan is developed in accordance with guidance in the *National Continuity Policy Implementation Plan*; Continuity Guidance Circular 1 (CGC 1) , *Continuity Guidance for Non-Federal Governments (States, Territories, Tribes, and Local Government Jurisdictions)*, dated July 2013; Continuity Guidance Circular 2 (CGC 2), *Continuity Guidance for Non- Federal Governments*, dated October 2013; Emergency Management Accreditation Program (EMAP), *Emergency Management Standard*, dated April 2016; and other related Directives and guidance.

Jim Shulman
Executive Director
Tennessee Commission on Aging and Disability

II. PURPOSE, SCOPE, SITUATIONS, AND ASSUMPTIONS

A. PURPOSE

The **Tennessee Commission on Aging and Disability**'s mission is to bring together and leverages programs, resources and organizations to protect and ensure the quality of life and independence of older Tennesseans and adults with disabilities. To accomplish this mission, **Tennessee Commission on Aging and Disability (TCAD)** must ensure its operations are performed efficiently with minimal disruption, especially during an emergency. This document provides planning and program guidance for implementing **TCAD** Continuity Plan and programs to ensure the organization is capable of conducting its essential missions and functions under all threats and conditions. While the severity and consequences of an emergency cannot be predicted, effective contingency planning can minimize the impact on **TCAD** missions, personnel, and facilities.

The overall purpose of continuity planning is to ensure the continuity of the essential functions under all conditions. The current changing threat environment and recent emergencies, including acts of nature, accidents, technological emergencies, and military or terrorist attack-related incidents, have increased the need for viable continuity capabilities and plans that enable organizations to continue their essential functions in an all-hazards environment and across a spectrum of emergencies. These conditions have increased the importance of having continuity programs that ensure continuity of essential functions across all levels of government.

B. SCOPE

This Continuity Plan applies to the functions, operations, and resources necessary to ensure the continuation of **TCAD**'s essential functions in the event its normal operations are disrupted or threatened with disruption and that **TCAD** is capable of conducting its essential missions and functions under all threats and conditions, with or without warning. This plan applies to all **TCAD** personnel, unless specified otherwise. **TCAD** staff should be familiar with continuity policies and procedures and their respective continuity roles and responsibilities.

C. SITUATION OVERVIEW

According to the National Continuity Policy Implementation Plan, it is the policy of the United States to maintain a comprehensive and effective continuity capability. To that end, by continuing the performance of essential functions through a catastrophic emergency, **TCAD** supports the ability of the State of Tennessee to perform the Tennessee Essential Functions (TNEFs) and ensure that essential services are provided to the State's citizens. A comprehensive and integrated continuity capability will enhance the credibility of our state security posture and enable a more rapid and effective response to, and recovery from, an emergency. Continuity planning should be based on the assumption that organizations will not receive warning of an impending emergency.

The **TCAD** continuity facilities were selected based on a review of hazard considerations, capability assessments and accessibility requirements. All facilities within Tennessee are vulnerable to a number of hazard and threat events. The State of Tennessee identifies thirteen hazards of prime concern which all state government continuity plans should consider: drought, earthquake, extreme temperature, wildfire, flood, geologic, severe weather, tornado, communicable disease, dam/levee failure, hazardous materials release, terrorism, and infrastructure incidents. The State of Tennessee Hazard Mitigation Plan provides a complete risk assessment of the thirteen hazards of prime concern along with hazard assessments for state

government owned and/or leased properties. **The TCAD** Continuity Plan is designed to be capable of continuing essential functions with minimal or no disruption during all types of hazard and threat events.

D. PLANNING ASSUMPTIONS

This Continuity Plan is based on the following assumptions:

- **The TCAD** continuity operations must be implementable for emergency events with or without warning.
- Successful implementation of continuity operations requires senior leadership support, tested procedures, and effective communications.
- An emergency condition may require the relocation of the **TCAD's** Emergency Relocation Group (ERG) to a designated continuity facility.
- The continuity facility will support the ERG and the continuation of the **TCAD** essential functions by available communications and information systems within 12 hours from the time the Continuity Plan is activated, for potentially up to a 30-day period or until normal operations can be resumed
- The **TCAD** regional operations, if unaffected, will be available to support actions as directed by the **Executive Director**, or a successor. However, in the event that ERG deployment is not feasible due to the loss of personnel, **TCAD** will devolve in accordance with the devolution guidelines set forth in this plan.

E. OBJECTIVES

The **TCAD** continuity objectives are as follows:

1. Ensuring that organization can perform its essential functions under all conditions.
2. Reducing the loss of life and minimizing property damage and loss.
3. Executing a successful order of succession with accompanying authorities in the event a disruption renders that organization's leadership unable, unavailable, or incapable of assuming and performing their authorities and responsibilities of office.
4. Reducing or mitigating disruptions to operations.
5. Ensuring there are facilities from where organizations can perform essential functions.
6. Protecting personnel, facilities, equipment, records, and other assets critical to the performance of essential functions in the event of a disruption.
7. Achieving the organization's timely and orderly recovery and reconstitution from an emergency.
8. Ensuring and validating continuity readiness through dynamic and integrated continuity testing, training, exercising, and operational capability.

F. SECURITY AND PRIVACY STATEMENT

This document is "For Official Use Only." Portions of the Plan contain information that raises personal privacy or other concerns, and those portions may be exempt from mandatory disclosure under the Freedom of Information Act (see 5 United States Code §552, 41 Code of Federal Regulations Part 105-60). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with departmental policies and is not to be released without prior approval of the Executive Director to the public or other personnel who do not have a valid "need to know."

Some of the information in this Plan, if made public, could endanger the lives and privacy of employees. In addition, the disclosure of information in this plan could compromise the security of essential equipment, services, and systems of the TCAD or otherwise impair its ability to carry out essential functions. Distribution of the Continuity Plan in whole or part is limited to those personnel who need to know the information in order to successfully implement the plan.

The TCAD Executive Director will distribute copies of the Continuity Plan on a need to know basis via electronic copy. In addition, copies of the Plan will be distributed to other organizations as necessary to promote information sharing and facilitate a coordinated inter-organization continuity effort. Further distribution of the plan is not permitted without approval from the Executive Director.

The Executive Director will distribute updated versions of the Continuity Plan when applicable, or as critical changes occur. An updated copy of the plan will be provided to the Tennessee Emergency Management Agency (TEMA) on an annual basis, or as needed.

III. CONCEPT OF OPERATIONS

A. PHASE I: READINESS AND PREPAREDNESS

TCAD will participate in a full spectrum of readiness and preparedness activities to ensure personnel can continue essential functions in an all-hazard/threat environment.

- TCAD personnel will familiarize themselves with the contents of this plan and, where applicable, their specific roles and responsibilities. Organizational readiness and preparedness will be maintained by all TCAD staff, including training and exercise involvement.
- TCAD personnel will prepare for a continuity event and plan in advance for what to do in an emergency. The www.ready.gov website provides guidance for developing a Family Support Plan and includes a "Get Ready Now" pamphlet that explains the importance of planning and provides a template that can be tailored to meet family-specific planning requirements.
- Alternate continuity facilities will be tested for operational capability annually to ensure the availability of radio, digital and phone line communications.
- The COOP will be integrated into an operation or exercise to test the elements of the plan.
- A specific COOP exercise, as a collective whole, will be conducted on a five (5) year cycle.

B. PHASE II: ACTIVATION

To ensure the ability to attain operational capability at continuity facilities, with minimal disruption to operations, TCAD will execute activation plans as described in the following sections.

Decision Process

Continuity Plan activation is a scenario-driven process that allows flexible and scalable responses to the full spectrum of all-hazards/threats that could disrupt operations with or without warning and during work or non-work hours. Continuity Plan activation will not be required for all

emergencies or disruptions, since other actions may be more appropriate. The decision to activate the **TCAD** Continuity Plan and related actions will be tailored for the situation and based on projected or actual impact and severity that may occur with or without warning.

In the event that normal operations are interrupted, or if such an incident appears imminent that it becomes necessary to evacuate the **TCAD** facility, the **TCAD** Continuity Plan may be activated by one of the following methods, including the designation of a COOP coordinator if needed:

1. The state governor, or governor's designee, may initiate continuity activation.
2. The **Executive Director**, or a designated successor, may initiate the Continuity Plan activation for the entire organization, based on an emergency or threat directed at the organization.

As the decision authority, the **TCAD Executive Director** will be kept informed of the threat environment using all available means, including the State Watch Point within TEMA, regional notification processes, local operations and State and local reporting channels and news media. The **TCAD Executive Director** will evaluate all available information relating to:

1. Direction and guidance from higher authorities
2. The health and safety of personnel
3. The ability to execute essential functions
4. Changes in threat advisories
5. Intelligence reports
6. The potential or actual effects on communications systems, information systems, office facilities, and other vital equipment
7. The expected duration of the emergency situation

Alert and Notification Procedures

TCAD maintains plans and procedures for communicating and coordinating activities with personnel before, during, and after a continuity event.

Personnel in **TCAD** will monitor advisory information. In the event normal operations are interrupted or an incident appears to be imminent, **TCAD** will take the necessary steps to communicate the organization's operating status with all staff. Notifications of Continuity Plan activation will be made based on the current **TCAD** Organizational Chart via phone tree or mass email notification. **TCAD** personnel will notify their respective family members, next of kin, and/or emergency contacts, as applicable.

Upon the decision to activate the Continuity Plan, **TCAD** will notify all **TCAD** personnel, as well as affected and interdependent entities with information regarding continuity activation status, operational and communications status, and the anticipated duration of relocation. These entities include, but are not limited to:

- State Watch Point (615-741-0001)
- All **TCAD** employees with instructions and guidance regarding the continuity activation
- Organization headquarters

Notifications to the public will also be made by the Department's Public Information Officer (PIO) to instill a sense of confidence and ease concerns.

Relocation Process

Once the Continuity Plan is activated and personnel are notified, **TCAD** will relocate continuity personnel and Essential Records to **TCAD** continuity facility(ies) if necessary. **TCAD** continuity personnel will deploy/relocate to the continuity facility(ies) to perform **TCAD's** essential functions and other continuity-related tasks. A map and directions to the continuity facility is located **APPENDIX I/Operational Procedures**.

Emergency procedures will be implemented as follows:

1. The ERG must move immediately to establish operations to perform the mission. The ERG will move the minimum equipment necessary to begin emergency operations and establish the alternate facility within **2 business days**.
2. Continuity personnel, including ERG personnel, if applicable, will depart to the designated continuity facility from the primary operating facility or current location.
3. Non-continuity personnel present at the primary operating facility or another location will receive instructions from the **Executive Director**. In most scenarios, non-continuity personnel will be directed to proceed to their homes or other **State of TN** facilities to wait for further guidance.
4. At the time of notification, if available, information will be provided regarding safety precautions and routes to use when leaving the primary operating facility.

Non-continuity personnel may be required to replace or augment continuity personnel during activation. These activities will be coordinated by the **Executive Director** with the replacement staff on a case-by-case basis. Non-continuity personnel will remain available to replace or augment continuity personnel, as required or until further notice.

In the event of an activation of the Continuity Plan, **TCAD** may need to procure necessary personnel, equipment, and supplies that are not already in place for continuity operations on an emergency basis. The **Fiscal Director** maintains the authority for emergency procurement. Instructions for these actions are found **APPENDIX G/Logistics and Resources**.

C. PHASE III: CONTINUITY OPERATIONS

Upon activation of the Continuity Plan, **TCAD** will continue to operate at its primary operating facility until ordered to cease operations by the **Executive Director**. At that time, essential functions will transfer to the continuity facility. **TCAD** should ensure that the continuity plan can be operational within 12 hours of plan activation.

The ERG will be first to arrive at the continuity facility to prepare the site for the arrival of the continuity personnel. Upon arrival at the continuity facility, the ERG will:

1. Ensure infrastructure systems, such as power and heating, ventilating, and air conditioning are functional
2. Establish communications
3. Establish internet services
4. Establish warning systems
5. Secure facility and establish safety and security systems as needed (fire extinguishers, security cameras, locks, etc...)
6. Establish any additional operational and mission-related functions
7. Establish administrative and fiscal support systems

As continuity personnel arrive, the ERG will conduct in-processing to ensure accountability. In-processing procedures are conducted in a central location of the continuity facility, to be

determined by the ERG. This location will be clearly labeled and procedures will include, at a minimum: Name, Organization, Position, Phone Number, and Email. In addition, the office will identify all organization leadership available at the continuity facility.

Upon arrival at the continuity facility, and after check-in/in-processing, **TCAD** continuity personnel will:

- Receive all applicable instructions and equipment
- Report to their respective workspace as notified during the activation process
- Retrieve pre-positioned information and activate specialized systems or equipment
- Monitor the status of **TCAD**'s personnel and resources
- Continue **TCAD**'s essential functions
- Prepare and disseminate instructions and reports, as required
- Comply with any additional continuity reporting requirements with **TCAD**
- If applicable, notify family members, next of kin, and emergency contacts of preferred contact methods and information

A requirement of continuity personnel is to account for all **TCAD** personnel. Continuity personnel will utilize the most current **TCAD** Organizational Chart/List to account for all personnel. In the event that the primary facility is impaired or evacuated without warning, **TCAD** personnel will utilize the phone tree method to communicate.

During continuity operations, **TCAD** may need to acquire necessary personnel, equipment, and supplies on an emergency basis to sustain operations for up to 30 days or until normal operations can be resumed. The **Fiscal Director** maintains the authority for emergency acquisition. Instructions for these actions are found **APPENDIX G/Logistics and Resources**.

D. PHASE IV: RECONSTITUTION OPERATIONS

Within **2 business days** of an emergency relocation, a Reconstitution Manager/Team will be designated as needed. After receiving approval from the appropriate State and local law enforcement and emergency services, steps will be taken to initiate and coordinate operations to salvage, restore, and recover **TCAD** primary operating facility.

Reconstitution will commence when the **Executive Director** or other authorized person ascertains that the emergency situation has ended and is unlikely to reoccur. These reconstitution plans are viable regardless of the level of disruption that originally prompted implementation of the Continuity Plan. Once the appropriate **TCAD** authority has made this determination in coordination with other State, local and/or other applicable authorities, one or a combination of the following options may be implemented, depending on the situation:

- Continue to operate from the continuity facility
- Reconstitute **TCAD** primary operating facility and begin an orderly return to the facility
- Begin to establish a reconstituted **TCAD** in another facility or at another designated location

Before relocating to the primary operating facility or another facility, appropriate security, safety, and health assessments will be conducted to determine building suitability. In addition, all systems, communications and other required capabilities will be verified and that **TCAD** is fully capable of accomplishing all essential functions and operations at the new or restored primary operating facility.

Upon a decision by the **TCAD Executive Director**, or other authorized person, that **TCAD** primary operating facility can be reoccupied, or that **TCAD** will be reestablished in a different facility, the **TCAD Executive Director** or authorized authority, will:

- Notify the Stakeholders/Partners when available, and other applicable operations centers with information regarding continuity activation status, **TCAD** continuity facility, operational and communication status, and anticipated duration of relocation.
- Develop space allocation and facility requirements.
- Notify all personnel that the emergency or threat of emergency has passed and actions required of personnel in the reconstitution process.
- Coordinate with the applicable facility management group to obtain office space for reconstitution, if the primary operating facility is uninhabitable.
- Develop procedures, as necessary, for restructuring staff
-

TCAD will continue to operate at its continuity facility until ordered to cease operations by the **Executive Director**. Essential functions, records and other critical elements will return to the original facility in the same order as displacement.

An After Action Review (AAR) will be held after all elements have been reconstituted to capture corrective actions. The AAR will address the effectiveness of the continuity plans and procedures, identify areas for improvement, document these in **TCAD** corrective action program (CAP), and then develop a remedial action plan as soon as possible after the reconstitution. This is to be completed and maintained by the Emergency Services Coordinator (*see Tennessee Code Annotated 58-2-108*).

E. DEVOLUTION OF CONTROL AND DIRECTION

TCAD will be prepared to transfer all of its essential functions and responsibilities to personnel at a different location should emergency events render leadership or staff unavailable to support the execution of **TCAD**'s essential functions. If deployment of continuity personnel is not feasible due to the unavailability of personnel, temporary leadership of **TCAD** will devolve to **Greater Nashville Regional Council** as applicable.

The **Emergency Services Coordinator** maintains responsibility for ensuring the currency of **TCAD** devolution planning.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

Key staff positions within **TCAD**, to include individual continuity members, those identified in the orders of succession and delegation of authority, **TCAD** Continuity Coordinator, continuity managers, and others possess additional continuity responsibilities. **TCAD** has identified the below roles and responsibilities for continuity preparation in advance of a COOP activation. The responsibilities and assignments of all continuity personnel are delineated **APPENDIX B/Continuity Personnel**.

Position	Responsibilities
Executive Director	<ul style="list-style-type: none"> • Provide strategic leadership and overarching policy direction for the continuity program • Implement the Continuity Plan when necessary, or when directed by a higher authority • Update and promulgate orders of succession and delegations of authority • Ensure adequate funding is available for emergency operations • Ensure all organization components participate in continuity exercises
Emergency Services Coordinator (ESC)/ COOP Coordinator	<ul style="list-style-type: none"> • Coordinate COOP Planning process • Serve as the COOP program point-of-contact • Coordinate with leadership personnel on policy, development, approval, and maintenance of the COOP and integration of other emergency plans • Provide departmental information on essential functions, systems, personnel, and records for COOP planning • Conduct reviews of COOP documents, materials, and the plan • Update Continuity Plan annually • Implement Emergency Support Function (ESF), if applicable
TCAD General Counsel	<ul style="list-style-type: none"> • Review status of Essential Records, files, and databases
Communications/IT Manager(s)	<ul style="list-style-type: none"> • Conduct alert and notification tests • Review status of electronic databases
Administrative Services Assistant II	<ul style="list-style-type: none"> • Update telephone rosters monthly
Continuity Personnel	<ul style="list-style-type: none"> • Be prepared to deploy and support organization essential functions in the event of Continuity Plan implementation • Provide current contact information to manager • Be familiar with continuity planning and know individual roles and responsibilities in the event of Continuity Plan activation • Participate in continuity training and exercises as directed • Have a telework agreement for position, if applicable

TCAD COOP Manager/Coordinator will coordinate with the TEMA COOP Manager for continuity guidance, training and development, to ensure continuity preparation.

V. DIRECTION, CONTROL, AND COORDINATION

During activation of the Continuity Plan, the **Executive Director** maintains responsibility for control and direction of TCAD. Should the **Executive Director** become unavailable or incapacitated; the organization will follow the order of succession laid out in **APPENDIX F/Orders of Succession/Delegations of Authority**.

VI. DISASTER INTELLIGENCE

During a continuity event, TCAD will require the collection and dissemination of critical information. While specific incidents may create additional or specialized reporting requirements, information that would be collected and reported regardless of incident type can be found in the Essential Elements of Information (EEI) guide, maintained by TEMA. Disaster intelligence will be collected and disseminated from the Public Information Officer by the Emergency Services Coordinator or by Executive Director, as applicable.

VII. COMMUNICATIONS

Available and redundant critical communications systems have been identified at both the primary operating and continuity facilities. TCAD maintains fully capable continuity communications that support organization needs during all hazards/threats, to include pandemic and other related emergencies, and give full consideration to supporting social distancing operations including telework and other virtual offices. All TCAD's necessary and required communications and IT capabilities should be operational within 12 hours of continuity activation.

Additional detailed information on TCAD's communications systems and requirements is found in **APPENDIX E/Continuity Communications**.

VIII. PLAN DEVELOPMENT AND MAINTENANCE

The **Emergency Services Coordinator** is responsible for maintaining TCAD Continuity Plan. Development, maintenance and annual review of continuity capabilities will be carried out in accordance with TCAD policies and procedures.

Plan Review

The Continuity Plan, TCAD essential functions, and supporting activities, will be reviewed by the Emergency Services Coordinator and updated annually in the **Annual Review Table** from the date of publication, as part of the maintenance of continuity plans and procedures. Revision of the plan will be conducted on a five (5) year cycle. The Emergency Services Coordinator is responsible for the plan review and update.

Non-Headquarters' components of the COOP should be reviewed annually by their respective organization. Updated components will be submitted to TCAD.

This plan will be updated or modified when there are significant organizational, procedural changes, or other events that impact continuity processes or procedures and will be revised on a five (5) year cycle. Comments or suggestions for improving this plan may be provided to the Department's COOP Manager.

An updated copy of the plan will be provided to TEMA annually for review.

Record of Changes

Any changes occurring outside of the regular review cycle will be tracked and recorded in the **Document Change Table**.

Record of Distribution

TCAD will maintain records of distribution of the COOP to other agencies and/or stakeholders that do not have regular access in the **Document Transmittal Record Table**.

IX. AUTHORITIES AND REFERENCES

- 1) **Rules Of Tennessee Commission On Aging And Disability**
- 2) **Tennessee Code Annotated**
 - a. **TCA 71-2-101 et seq**
 - b. **TCA 58-2-106** Emergency Management Responsibility and Powers
 - c. **TCA 58-2-107** Emergency powers of the Governor
 - d. **TCA 58-2-108** Designation of Emergency Services Coordinators
 - e. **TCA 71-2-101 et seq** Options for Community Living
 - f. **TCA 34-7-101 et seq** Public Guardian
- 3) Homeland Security Presidential Directive 8, *National Preparedness*, dated December 2003.
- 4) Homeland Security Presidential Directive 20, *National Continuity Policy*, dated May 2007.
- 5) Continuity Guidance Circular 1 (CGC 1), *Continuity Guidance for Non-Federal Governments (States, Territories, Tribes, and Local Government Jurisdictions)*, dated July 2013.
- 6) Continuity Guidance Circular 2 (CGC 2), *Continuity Guidance for Non-Federal Governments: Mission Essential Functions Identification Process (States, Territories, Tribes, and Local Government Jurisdictions)*, dated September 2013.
- 7) FEMA National Preparedness Directorate's Comprehensive Preparedness Guide 101, *Developing and Maintaining Emergency Operations Plans*, dated November 2010.
- 8) Emergency Management Accreditation Program (EMAP), *Emergency Management Standard*, dated April 2016.
- 9) Older Americans Act of 1965, As Amended Through P.L. 114-144, Enacted April 19, 2016. Section 307(a)(29).
- 10) Tennessee State Plan on Aging

Attachment C

Intrastate Funding Formula

Intrastate Funding Formula

$$Y = (.35 * (\%60)) + (.3 * (\%LI)) + (.1 * (\%LIM)) + .15 * (\%RUR) + .1 * (\%80)$$

Factors	Weights
Population Age 60 and over	35%
Low Income Elderly	30%
Low Income Minority Elderly	10%
Elderly Living in Rural Areas	15%
Population Age 80 and Above	10%

TENNESSEE STATE PLAN 2021 - 2025
Intrastate Funding Formula (IFF) Addendum

Demonstration of the allocation of funds through the Intrastate Funding Formula (IFF)

Without transfers or hold harmless

Funding Allocation	Planning Allocation & Computation										Total					
	Base Allocation	St. Sr. Ctr & Nutrition Funds	Allocation	Percentage	Excess	IIIC-1 Admin	IIIE Admin	Total Admin	IIIB	IIIC1		IIIC2	IIID-EB	IIIE	Ombud.	El. Abuse
FIRST	100,000	177,600	166,100	9.556%		238,600	27,500	266,100	726,200	595,400	504,200	45,900	318,300	34,800	6,100	2,497,000
EAST	100,000	339,400	317,500	18.262%		365,000	52,500	417,500	1,535,700	1,259,100	1,066,100	97,100	673,100	73,700	13,000	5,135,300
SE	100,000	187,100	175,000	10.067%		246,000	29,000	275,000	824,300	675,800	572,200	52,100	361,300	39,600	7,000	2,807,300
UC	100,000	170,100	159,100	9.153%		232,800	26,300	259,100	566,900	464,800	393,500	35,800	248,500	27,200	4,800	2,000,600
GNRC	100,000	317,700	297,200	17.094%		348,000	49,200	397,200	1,585,500	1,299,800	1,100,600	100,200	694,900	76,100	13,400	5,267,700
SC	100,000	162,100	151,600	8.722%		226,500	25,100	251,600	611,700	501,500	424,600	38,700	268,100	29,400	5,200	2,130,800
NW	100,000	117,700	110,100	6.333%		191,900	18,200	210,100	423,400	347,200	294,000	26,800	185,600	20,300	3,600	1,511,000
SW	100,000	113,100	105,800	6.086%		188,300	17,500	205,800	402,500	330,000	279,400	25,400	176,400	19,300	3,400	1,442,200
ACMS	100,000	273,700	256,000	14.727%		313,600	42,400	356,000	1,223,100	1,002,800	849,100	77,300	536,100	58,700	10,300	4,113,400
TOTALS	100.000%	1,858,500	1,738,400	100.000%		2,350,700	287,700	2,638,400	7,899,300	6,476,400	5,483,700	499,300	3,462,300	379,100	66,800	26,905,600

Pursuant to Tenn. Comp. R. & Regs. 0030-01-10-.01(1)(e), no public service area ("PSA") will receive less than ninety-five percent (95%) of the prior year's funding. This rule ensures that PSAs do not experience a rapid decrease in funding each year. The language and representative distribution pursuant to this TCAD rule is below.

"No PSA shall receive a percentage allocation of administrative funds, as described in section (1)(a) above, or direct service funds, as described in section (1)(b) above, that is less than ninety-five percent (95%) of the previous year's allocation of administrative funds or direct service funds respectively. Should additional funds be necessary to maintain the ninety-five percent (95%) funding level for any PSA, they shall be taken proportionately from federal funds allocated to other PSAs." Tenn. Comp. R. & Regs. 0030-01-10-.01(1)(e).

Demonstration of the allocation of funds through the Intrastate Funding Formula (IFF)

Without transfers or hold harmless

Funding Allocation	Planning Allocation & Computation										Total					
	Base Allocation	St. Sr. Ctr & Nutrition Funds	Allocation	Percentage	Excess	IIIC-1 Admin	IIIE Admin	Total Admin	IIIB	IIIC1		IIIC2	IIID-EB	IIIE	Ombud.	El. Abuse
FIRST	100,000	177,600	166,100	9.556%		238,600	27,500	266,100	921,500	200,000	692,300	45,600	316,200	34,600	6,100	2,482,400
EAST	100,000	339,400	317,500	18.262%		365,000	52,500	417,500	1,525,600	633,300	1,676,600	96,500	688,600	73,200	12,900	5,104,200
SE	100,000	187,100	175,000	10.067%		246,000	29,000	275,000	818,900	671,300	568,400	51,800	358,900	39,300	6,900	2,790,500
UC	100,000	170,100	159,100	9.153%		232,800	26,300	259,100	563,200	461,700	390,900	35,600	246,800	27,000	4,800	1,989,100
GNRC	100,000	317,700	297,200	17.094%		348,000	49,200	397,200	1,575,000	873,500	1,511,200	99,600	690,300	75,600	13,300	5,235,700
SC	100,000	162,100	151,600	8.722%		226,500	25,100	251,600	595,000	526,300	406,400	38,400	266,300	29,200	5,100	2,118,300
NW	100,000	117,700	110,100	6.333%		191,900	18,200	210,100	445,200	120,000	425,800	27,400	190,200	20,800	3,700	1,543,200
SW	100,000	113,100	105,800	6.086%		188,300	17,500	205,800	438,600	359,600	304,500	27,700	192,200	21,000	3,700	1,553,100
ACMS	100,000	273,700	256,000	14.727%		313,600	42,400	356,000	1,363,500	996,200	843,500	76,800	532,500	58,300	10,300	4,237,100
TOTALS	100.000%	1,858,500	1,738,400	100.000%		2,350,700	287,700	2,638,400	8,346,500	4,841,900	6,819,600	499,400	3,462,000	379,000	66,800	27,053,600

Attachment D.

State Of Tennessee Policy Of Non-Discrimination

Pursuant to the State of Tennessee's policy of non-discrimination, the Tennessee Commission on Aging and Disability does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its policies, or in the admission or access to, or treatment or employment in, its programs, services, or activities.

Equal Employment Opportunity/Affirmative Action inquiries or complaints should be directed to the Tennessee Commission on Aging and Disability EEO/AA Officer, Nashville, Tennessee 37243-0860, 615-741-2056. ADA inquiries or complaints should be directed to the Tennessee Commission on Aging and Disability ADA Coordinator at the same location.

Assistance for those with speech, hearing and visual impairments is available through the Tennessee Relay Center at 1-800-848-0299.

Attachment E - Demographic Estimates

*Table 1. Demographic Information for Tennesseans 60 and older
(2019 ACS 5-Year Estimates)*

Individuals		n = 1,499,390
<u>Gender</u>		
Female		54.8%
Male		45.2%
<u>Race</u>		
White		85.5%
Black or African American		12.1%
American Indian and Alaska Native		0.3%
Asian		1.0%
Native Hawaiian and Other Pacific Islander		0.0%
Some Other Race		0.3%
Two or more races		0.8%
<u>Ethnicity</u>		
Hispanic / Latino		1.4%
<u>Marital Status</u>		
Married		58.0%
Widowed		19.7%
Divorced		15.7%
Separated		1.2%
Never Married		5.3%
<u>Educational Attainment</u>		
Less than high school		17.0%
High-school graduate, GED, or alternative		34.4%
Some college or Associate Degree		25.5%
Bachelor's degree or higher		23.2%
<u>Responsible for Grandchildren</u>		2.2%
<u>1 or more disability</u>		34.7%
<u>Language Spoken at Home</u>		
English Only		97.0%
Language other than English		3.0%
<u>Civilian Veterans</u>		16.7%
<u>Poverty Status in Past 12 months</u>		
Below 100% of FPL		10.1%
100-149% FPL		10.2%
At or above 150% FPL		79.6%
House holds		n=921,143
<u>Housing Tenure</u>		
Owner-occupied		81.0%
Renter Occupied		19.0%
<u>Household by Type</u>		
Family Hosueholds		57.8%
Nonfamily Households		42.2%
Nonfamily Households, Householder living alone		39.6%

	Population 60+		Low Income 65+		Low Income Minority 65+		Rural 65+ Census 2010		Pop 80+	
	n	%	n	%	n	%	n	%	n	%
FIRST	140,846	9.394%	10,068	10.245%	515	2.169%	35,220	10.838%	23,669	9.899%
EAST	307,023	20.477%	19,871	20.220%	1,978	8.330%	70,400	21.664%	50,831	21.258%
SE	159,788	10.657%	10,496	10.680%	2,079	8.756%	32,510	10.004%	26,890	11.246%
UC	96,132	6.411%	7,336	7.465%	414	1.744%	40,470	12.454%	15,552	6.504%
GNRC	352,418	23.504%	18,149	18.468%	5,201	21.904%	42,620	13.115%	51,322	21.463%
SC	106,417	7.097%	7,175	7.301%	949	3.997%	42,050	12.940%	17,418	7.284%
NW	64,006	4.269%	5,446	5.542%	1,092	4.599%	26,870	8.269%	12,045	5.037%
SW	62,474	4.167%	4,965	5.052%	1,592	6.705%	21,930	6.749%	10,483	4.384%
ACMS	210,286	14.025%	14,767	15.027%	9,925	41.798%	12,890	3.967%	30,905	12.925%
TOTALS	1,499,390	100.000%	98,273	100.000%	23,745	100.000%	324,960	100.000%	239,115	100.000%

Table 3. Estimated Individuals Served through OAA Registered Services (FY 2020)*

	<u>Total</u>	<u>%</u>
<u>Age</u>		
Under 60	457	1.1%
60-74	19,374	47.6%
75-84	13,083	32.2%
85 and over	7,763	19.1%
<u>Gender</u>		
Female	27,562	67.8%
Male	14,866	36.5%
<u>Race</u>		
White, Non-Hispanic	30,610	75.3%
American Indian or Alaskan Native	169	0.4%
Asian	128	0.3%
Native Hawaiian / Other Pacific Island	37	0.1%
Black / African American	8,925	21.9%
White- Hispanic	452	1.1%
One other race alone	181	0.4%
Two or more races	405	1.0%
<u>Ethnicity</u>		
Hispanic / Latino	0	
Not Hispanic / Latino	38,090	93.6%
<u>Resident of Rural Area</u>	22,016	54.1%
<u>Low Income Non-Minority</u>	12,047	29.6%
<u>Low Income Minority</u>	6,339	15.6%
<u>Lives Alone</u>	20,340	50.0%
Total Served	40,677	

**Does not include unregistered services or ombudsman*

Table 4. Units of Service (FY20)

	Total
Assisted Transportation	1,186
Case Management	44,149
Chore	16
Congregate Meals	388,128
Home Delivered Meals	2,680,843
Homemaker	223,291
Information and Assistance	62,457
Legal Assistance	9,832
Nutrition Counseling	44
Nutrition Education	84,139
Ombudsman (Complaints Received)	2,469
Outreach	18,225
Personal Care	45,291
Transportation	114,566

Attachment F.1 – Needs Assessment

Introduction

In order to gain understanding of challenges faced by older adults, TCAD, and other state departments and agencies serving adults age 60 and over, conducted a statewide comprehensive needs assessment during 2020-2021.

The Tennessee statewide comprehensive needs assessment consisted of two main components.

1. Statewide survey
 - a. Of older adults
 - b. Of service providers
2. Analysis of I&A phone calls

The results of these two components as well as a review of literature regarding the differences between the current older adult population and a review of the previous data provided by the State Plan 2018-2021 were used in the development of the Tennessee State Plan on Aging 2021-2025. Additionally, they will be used to give policy makers pertinent information about trends and themes expected to evolve with the increasing aging population.

Purpose and Scope

The needs assessment was designed to aid in the development of the Tennessee State Plan on Aging 2021-2025. However, it was also intended to provide community members the opportunity to provide input about their needs, to identify emerging needs, and to ensure that programs and services are efficient and effective to meet current and future needs. From the identified challenges, the goals, objective, strategies and performance measures were developed.

TCAD is taking the opportunity to use the data gathered from the needs assessment to review and assess its internal structure to ensure that the programs and services are cost effective and meet best practices. This effort will include identifying the competencies, knowledge, and skills needed for each position and to implement staffing patterns and job plans to match those competencies, knowledge, and skills. Such a review might also include revisions to the Program and Policy Manual, monitoring tools, contract scope of service, and the data collection system.

Attachment F.2 – Older Adult Survey

The Tennessee Commission on Aging and Disability, in an effort to assess the status of older adults across the state, wants your input on the needs of individuals in your community.

By taking this survey, you will help develop Tennessee's State Plan on Aging; your answers will be combined with others to write the plan. The survey takes about 3 minutes to complete. You can skip questions or stop at any time, and all of your answers will remain anonymous.

For questions or concerns about this survey, contact
Emily Long Gateley at 615-741-1428 or emily.long.gateley@tn.gov.

Thank you for your help!

Jim Shulman
Executive Director

Today's Date: ___/___/___

Thinking about COVID-19

1. What are the 3 biggest ways COVID-19 has impacted older Tennesseans?

Thinking beyond COVID-19

1. What is working well in your community to support older adults?

2. What challenges keep you from being more active in your community? (This can include issues related to health concerns, services, money, or anything that makes doing what you wish difficult.)

3. What improvements would make your day-to-day life better?

4. Are you a primary caregiver for another person?

- Yes: If yes is this person (*circle one*): Another adult A minor under 18 years of age
 No

5. How old are you? _____(years)

6. What county do you live in? _____

7. Are you male or female

- Male
 Female

8. What is your race?

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White – Non Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White - Hispanic |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> More than one race |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____ |

9. What is your ethnicity?

- Hispanic
 Non-Hispanic

Attachment F.3 - Service Provider Survey

- **Are you a direct provider of services to older adults?**
 - Yes
 - No
 - If no: This concludes the survey. Thank you for participating!
- **What is your primary profession?**
 - I&A Specialist
 - Staff of Licensed Long-term Care Facility
 - If yes, what is your primary role? _____
 - Physician or Medical Provider
 - If yes, what is your primary specialty: _____
 - Social Worker
 - Senior Center Staff
 - State / Government employee
 - If yes, what department?
 - Other: _____
- **In what county are you located?**
- **What is your primary target population (veterans, older adults, homeless, general public, etc)? _____**
- **Approximately, how long have you been serving older adults? _____ (years)**

Thinking about COVID-19

1. **What are the 3 biggest ways COVID-19 has impacted older Tennesseans?**
 - i.
 - ii.
 - iii.

Thinking beyond COVID-19

2. **What are the three (3) most common unmet needs you see in your older adult population?**
 - i.
 - ii.
 - iii.
 3. **In Tennessee, what changes would improve daily life for older adults?**

 4. **What is currently working well in your community to support older adults?**

 5. **As a service provider, what is the greatest barrier you encounter in your efforts to improve the lives of older adults?**

 6. **Would you like to receive more information about services provided by Tennessee Commission on Aging and Disability?**
 - Yes
 - If yes,
Name: _____
Address: _____

Email: _____
- No - Thank you for participating!

Attachment F.4 Older Adult Survey Results

Table 5. Characteristics of Older Adult Survey Participants (n=833)

	<i>Mean or n</i>	<i>SD or %</i>
Average Age	69.60	9.42
Sex		
Male	228	28.7%
Female	597	72.3%
No Response	8	
Race		
White Alone, Not Hispanic	686	87.3%
Black or African American	44	5.6%
White Alone, Hispanic	37	4.7%
American Indian or Alaska Native	3	0.4%
Asian	1	0.1%
Native Hawaiian or Pacific Islander	1	0.1%
More than One Race	9	1.1%
Other	4	0.5%
Missing or Prefer not to respond	48	
Ethnicity		
Not Hispanic	764	98.6%
Hispanic	11	1.4%
Missing or Prefer not to respond	58	
Caregiver		
No	661	79.4%
Caregiver for Child <18	3	0.4%
Caregiver for Another adult	163	19.6%
Caregiver for both Child under 18 and another adult	6	0.7%

Table 6. Older Adult Responses Question 1

What are the 3 biggest ways COVID-19 has impacted older Tennesseans?			
Rank	Answer	n	%
1	Social Isolation	709	85.1%
2	Worry / Anxiety	295	35.4%
3	Health	187	22.4%
4	Healthcare access / delay of care	163	19.6%
5	Depression	118	14.2%
6	Food Insecurity	103	12.4%
7	Access to Services	96	11.5%
8	Death	92	11.0%
9	Financial Issues	87	10.4%
10	Other	49	5.9%
11	Travel restrictions	43	5.2%
12	Recreation / Activities	40	4.8%
13	Long-term Care	36	4.3%
14	Difficulty getting household supplies	36	4.3%
15	Technology Access / Digital Divide	28	3.4%
16	Loss of Independence	27	3.2%
17	Difficulty shopping	27	3.2%
18	Lack of Exercise	26	3.1%
19	Caregiver burden	9	1.1%
20	Housing	4	0.5%

Table 7. Older Adult Responses Question 2

What is currently working well in your community to support older adults?			
Rank	Answer	n	%
1	COVID-19 Adaptation	196	23.5%
2	Senior Centers	159	19.1%
3	Nutrition	146	17.5%
4	Social Needs	140	16.8%
5	Church / Faith Based Community	83	10.0%
6	Other	83	10.0%
7	Transportation	34	4.1%
8	Housing	30	3.6%
9	Recreation / Activities	30	3.6%
10	Exercise / Physical Activity	27	3.2%
11	HCBS / OPTIONS / Choices	25	3.0%
12	Access to Healthcare	24	2.9%
13	Long-Term Care Needs	11	1.3%
14	Financial Issues	8	1.0%
15	I&A or Referrals	5	0.6%
16	Alzheimer's / Dementia	4	0.5%
17	Caregiver Support	4	0.5%
18	Emergency Services (police, ambulance)	3	0.4%
19	Health Promotion & Disease Mgmt	2	0.2%
20	Legal Services	2	0.2%
21	Mental Health	2	0.2%
22	Prescription Drug Costs	2	0.2%
23	Dental	1	0.1%
24	Medicare / Insurance / SHIP	1	0.1%
25	SCSEP/Continued employment	1	0.1%
26	Workforce Development	1	0.1%

Table 8. Older Adult Responses Question 3

What challenges keep you from being more active in your community?			
Rank	Answer	n	%
1	COVID-19	524	62.9%
2	Health / Healthcare	98	11.8%
3	Financial Issues	63	7.6%
4	Transportation	58	7.0%
5	Social Needs	54	6.5%
6	Other	45	5.4%
7	Accessibility / Mobility	36	4.3%
8	Recreation / Activities	32	3.8%
9	Caregiver Support	20	2.4%
10	Ageism / Bias / Perceptions of Aging	16	1.9%
11	Technology	14	1.7%
12	Lack of time	12	1.4%
13	Exercise / Physical Activity	8	1.0%
14	Senior Centers	7	0.8%
15	Vision	7	0.8%
16	I&A or Referrals	5	0.6%
17	Mental Health	5	0.6%
18	Nutrition	5	0.6%
19	Weather	5	0.6%
20	Hearing Aids / Audiology	4	0.5%
21	HCBS / OPTIONS / Choices	4	0.5%
22	Long-Term Care Needs	3	0.4%
23	SCSEP/Continued employment	3	0.4%
24	Alzheimer's / Dementia	2	0.2%
25	Dental	2	0.2%
26	Elder Abuse (financial, physical, verbal)	2	0.2%
27	Church / Faith Based Community	1	0.1%
28	Emergency Services (police, ambulance)	1	0.1%
29	Housing	1	0.1%
30	Legal Services	1	0.1%
31	Prescription Drug Costs	1	0.1%
32	Workforce Development	1	0.1%

Table 9. Older Adult Responses Question 4

What improvements would make your day-to-day life better?			
Rank	Answer	n	%
1	COVID-19	393	47.2%
2	Social Needs	97	11.6%
3	Financial Issues	66	7.9%
4	Recreation / Activities	56	6.7%
5	Transportation	47	5.6%
6	Nutrition	39	4.7%
7	Technology	38	4.6%
8	Other	33	4.0%
9	Senior Centers	28	3.4%
10	Exercise / Physical Activity	27	3.4%
11	Government / Political changes	27	3.4%
12	Access to Healthcare	25	3.0%
13	Accessibility / Mobility	17	2.0%
14	Chores / Housekeeping	16	1.9%
15	Health Promotion & Disease Mgmt	14	1.7%
16	HCBS / OPTIONS / Choices	12	1.4%
17	Caregiver Support	10	1.2%
18	Church / Faith Based Community	10	1.2%
19	I&A or Referrals	10	1.2%
20	Housing	9	1.1%
21	Prescription Drug Costs	9	1.1%
22	Long-Term Care Needs	6	0.7%
23	Outreach / Information	5	0.6%
24	Deliberly Services	5	0.6%
25	Elder Abuse (financial, physical, verbal)	3	0.4%
26	Emergency Services (police, ambulance)	3	0.4%
27	Legal Services	3	0.4%
28	Mental Health	3	0.4%
29	Alzheimer's / Dementia	2	0.2%
30	Care Coordination	2	0.2%
31	Medication Mgmt	2	0.2%
32	SCSEP/Continued employment	2	0.2%
33	Substance Abuse	2	0.2%
34	Workforce Development	2	0.2%
35	Safety	2	0.2%
36	Adult Day Care	2	0.2%
37	Ageism / Bias / Perceptions of Aging	1	0.1%
38	Emergency Preparedness	1	0.1%
39	Vision	1	0.1%

Attachment F.5 Service Provider Survey Results

Table 10. Characteristics of Provider Survey Participants (n=231)

	<i>Mean or n</i>	<i>%</i>
Average Number of Years working with Older Adults	16.26	
Primary Profession		
In-Home Care Provider	42	9.8%
Social worker	38	8.9%
Senior center staff	32	7.5%
Physician or medical provider	23	5.4%
State or government employee	22	5.2%
Other	20	4.7%
Healthcare provider	19	4.4%
Staff of licensed long-term care facilities	12	2.8%
Not for Profit	8	1.9%
Legal Services Provider	6	1.4%
AAAD	6	1.4%
Long-term Care	3	0.7%

Table 11. Provider Responses Question 1

What are the 3 biggest ways COVID-19 has impacted older Tennesseans?			
		n	%
1	Social Isolation	182	78.8%
2	Access to services	89	38.5%
3	Stress/Anxiety	81	35.1%
4	Health	65	28.1%
5	Healthcare access	63	27.3%
6	Depression	49	21.2%
7	Other	29	12.6%
8	Food insecurity	27	11.7%
9	Financial	25	10.8%
10	Technology / Digital Divide	24	10.4%
11	Death	22	9.5%
12	Caregiver Burdern	7	3.0%
13	Longterm care	5	2.2%
14	loss of independence	4	1.7%

Table 12. Provider Responses Question 2

What are the three most common unmet needs you see in your older adult population?			
		n	%
1	Social Needs	101	43.7%
2	Transportation	77	33.3%
3	Nutrition	68	29.4%
4	Access to healthcare	53	22.9%
5	Financial Issues	49	21.2%
6	Home and Community Based Services	47	20.3%
7	Housing	47	20.3%
8	Other	32	13.9%
9	Mental Health	30	13.0%
10	Prescription Drug Cost	23	10.0%
11	Caregiver support	16	6.9%
12	I&A	13	5.6%
13	COVID-19	12	5.2%
14	Med Management	10	4.3%
15	Dental	9	3.9%
16	Care Coordination	8	3.5%
17	Health	8	3.5%
18	Chores	6	2.6%
19	Legal Assistance	5	2.2%
20	Long-term Care	5	2.2%
21	Exercise / Physical Activity	4	1.7%
22	Recreation / Activities	4	1.7%
23	Ageism	3	1.3%
24	Elder Abuse Services	3	1.3%
25	Alzheimer's Disease / Dementia Suppot	2	0.9%
26	Care Transitions	2	0.9%
27	Hearing Aids / Audiology	2	0.9%
28	Vision	2	0.9%
29	Workforce Deve	2	0.9%

Table 13. Provider Responses Question 3

Thinking beyond COVID-19, what changes would improve daily life for older adults?			
		n	%
1	Social Support	49	21.2%
2	Home and Community Based Services	46	19.9%
3	Transportation	46	19.9%
4	Nutrition	34	14.7%
5	Housing	33	14.3%
6	Access to healthcare	32	13.9%
7	Financial Support	28	12.1%
8	Other	17	7.4%
9	Recreation	17	7.4%
10	Prescription Drug Cost	16	6.9%
11	COVID-19	14	6.1%
12	Technology Access	13	5.6%
13	Caregiver support	12	5.2%
14	I&A	12	5.2%
15	Mental Health	12	5.2%
16	Access to Services	10	4.3%
17	Care Coordination	9	3.9%
18	Elder Abuse	8	3.5%
19	Long-term care	8	3.5%
20	Workforce Development	8	3.5%
21	Ageism	7	3.0%
22	Dental	7	3.0%
23	Exercise / Physical Activity	7	3.0%
24	Legal Services	5	2.2%
25	Accessibilty / Mobility	4	1.7%
26	Alzheimer's Disease / Dementia	3	1.3%
27	Health / Disease Management	3	1.3%
28	Vision	2	0.9%
29	Chores	2	0.9%
30	Hearing Aid / Audiology	2	0.9%
31	Medicare	2	0.9%
32	Medication Management	2	0.9%

Table 14. Provider Responses Question 4

What is currently working well in your community to support older adults?			
		n	%
1	Nutrition Programs	62	26.8%
2	Senior Centers	36	15.6%
3	Home and Community Based Services	31	13.4%
4	Social Support	29	12.6%
5	Other	28	12.1%
6	Transportation	19	8.2%
7	AAADs	17	7.4%
8	Healthcare	17	7.4%
9	COVID-19 Adaptations	15	6.5%
10	Technology	11	4.8%
12	Faith Based Community / Church	8	3.5%
13	Recreation / Activities	7	3.0%
14	Care Coordination	6	2.6%
15	Caregiver Support	6	2.6%
16	Exercise / Physical Activity	6	2.6%
17	Housing	6	2.6%
18	Financial Assistance	5	2.2%
19	I&A	5	2.2%
20	Legal Services	5	2.2%
21	Long-term care	5	2.2%
23	Alzheimer's / Dementia Programs	3	1.3%
24	Dental	3	1.3%
25	Health Promotion	3	1.3%
26	Adult Day Care	3	1.3%
27	Emergency Services	2	0.9%
28	Medication Management	2	0.9%
29	Mental Health	2	0.9%
30	Volunteers	2	0.9%

Table 15. Provider Responses Question 5

<u>As a service provider, what is the greatest barrier you encounter in your efforts to improve the lives of older adults?</u>			
		n	%
1	Not enough Services / Organizations	60	26.0%
	Transportation	19	8.2%
	Technology	6	2.6%
2	Funding	56	24.2%
3	Staffing	32	13.9%
4	Other	28	12.1%
5	COVID-19	23	10.0%
6	Rules/Regulations	20	8.7%
7	Getting OA to participate	17	7.4%
8	Family / Caregiver	16	6.9%
9	Workforce Development	10	4.3%
10	Not knowing whats available	8	3.5%
11	Poor communication	7	3.0%
12	Waitlist	6	2.6%
13	Time	4	1.7%
14	Geographic Restriction	3	1.3%
15	Count of Barrier- Community	3	1.3%
16	Physical Space	3	1.3%

Attachment F.6 - I&A Phone Call Data

2019			2020		
25,788	36.5%	Health/In-Home Services	22,569	29.2%	Health/In-Home Services
13,107	18.6%	Health Benefits	11,953	15.4%	Health Benefits
12,119	17.2%	Nutrition	11,762	15.2%	Housing
5,622	8.0%	Public Benefits	9,918	12.8%	HCBS/OPTIONS
2,369	3.4%	Financial Assistance	7,013	9.1%	Nutrition
2,343	3.3%	Housing	3,911	5.1%	Public Benefits
2,009	2.8%	Transportation	1,750	2.3%	Financial Assistance
1,321	1.9%	Medicaid Services	1,632	2.1%	SHIP
1,005	1.4%	Options Information	1,409	1.8%	Transportation
991	1.4%	Benefit Counseling	1,228	1.6%	Medicaid Services

Attachment G

Programs Provided by Other State Agencies

Resource Map of Expenditures for Older Tennesseans

FY 2019-2020

Tennessee Commission on Aging and Disability
12-15-2020



**STATE OF TENNESSEE
COMMISSION ON AGING AND DISABILITY**

Andrew Jackson State Office Building
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243

Jim Shulman
Executive Director

December 15, 2020

The Honorable Rusty Crowe
Chairman
Senate Health and Welfare Committee
Tennessee General Assembly
720 Cordell Hull Building
Nashville, TN 37243

The Honorable Bryan Terry
Chairman
House Health Committee
Tennessee General Assembly
646 Cordell Hull Building
Nashville, TN 37243

RE: TCAD Resource Mapping Report

Dear Chairman Crowe and Chairman Terry,

As required by Public Chapter 548, this memorandum transmits the Resource Mapping Report from the Tennessee Commission on Aging and Disability due on Wednesday, December 15, 2020. The purpose of this report is to map federal and state funding for services related to older adults in Tennessee. We have partnered with fiscal and programmatic representatives of the state agencies serving older Tennesseans to assure coordination in implementation of related requirements for resource mapping.

Mapping the federal and state funding streams for services for older Tennesseans is a daunting task. We are very appreciative of the thoughtful involvement and input provided by stakeholders from across the many departments and agencies. These Stakeholders have proven invaluable as we have worked together to identify the most efficient and effective ways to collect data that can be used to provide meaningful information for public policy decisions. This report provides a brief history of the legislation, overview of data collected, and observations and insights into services provided for older Tennesseans. If you are interested in receiving a briefing on this report individually or before committees, please contact Anna Lea Cothron, Legislative Liaison, 615-770-3901 or annalea.cothron@tn.gov or Ryan Ellis, Legislative and Communications Director, 615-253-4083 or ryan.j.ellis@tn.gov. We look forward to collaborating with the General Assembly in the use of information provided through the resource mapping process.

Jim Shulman

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Executive Summary

The purpose of Public Chapter 548 (2018) is to develop a resource map of services and programs for older Tennesseans to better inform the Governor and members of the General Assembly in making policy decisions that affect the State's older population. P.C. 548 requires the Tennessee Commission on Aging and Disability (TCAD) to design and oversee a resource mapping of all federal and state funding streams that support the health, safety, and welfare of older adults in Tennessee who are sixty (60) years of age or older. P.C. 548 requires the Commission to update and maintain a current resource map of the funds used to serve older adults in Tennessee.

Although Tennessee has a variety of programs and initiatives for older adults, there is no comprehensive inventory of all the services available or what funding sources are currently being used. This means it is not currently possible to identify and address gaps or duplication in services between agencies, community providers, and other government entities. For this reason, the Resource Mapping legislation aims to obtain the necessary information to gain a better understanding of the broad range of programs and services available in Tennessee, the amount of money dedicated to these programs, and gaps or duplication in services.

The program and fiscal information contained in this report were submitted by all departments with programs serving older Tennesseans.

Resource Mapping Statewide Overview - FY 20

- Number of Agencies: 26
- Number of Programs: 81
- Number of Older Adults Served: 1,014,507
- Total Expenditures: 3,389,036,158

This report, as required by Tenn. Code Ann. § 71-2-115 provides an overview of current services and programs within Tennessee.

TCAD Resource Mapping Report

Tennessee should be a state where all people are valued, regardless of their age or ability, and are able to achieve their highest possible quality of life. The current system of services and supports consists of many pieces and players that must adapt collaboratively to support our aging population by promoting choices and independence. An array of services and supports is provided through multiple federal, state, local governments, and non-governmental agencies across Tennessee to meet the needs of older adults. However, interagency planning, collaboration and coordination of efforts is necessary to create a comprehensive vision and integrated service delivery plan across agencies. The purpose of Public Chapter 548 (2018) is to develop a resource map of services and programs for older Tennesseans to better inform the Governor and members of the General Assembly in making policy decisions that affect the State's older population. P.C. 548 requires the Tennessee Commission on Aging and Disability (TCAD) to design and oversee a resource mapping of all federal and state funding streams that support the health, safety, and welfare of older adults in Tennessee who are sixty (60) years of age or older. P.C. 548 requires the Commission to update and maintain a current resource map of the funds used to serve older adults in Tennessee. This report, as required by Tenn. Code Ann. § 71-2-115 provides an overview of current services and programs within Tennessee

History and Background

SB1777/HB1750 was filed in January 2018 during the 110th General Assembly to amend TCA Title 71, Chapter 2. Senator Rusty Crowe was the lead sponsor of the bill in the Senate; Representative Dale Carr was the lead sponsor of the bill in the House. The legislation passed in both the Senate and House and was subsequently signed into law by Governor Bill Haslam on March 9, 2018. This legislation was built upon the success of Public Chapter 1197 (2008), which requires the Tennessee Commission on Children and Youth (TCCY) to design and oversee resource mapping of all federal and state funding streams that support the health, safety, permanence, growth and development, and education of children in Tennessee.

Although Tennessee has a variety of programs and initiatives for older adults, there is no comprehensive inventory of all the services available or what funding sources are currently being used. This means it is not currently possible to identify and address gaps or duplication in services between agencies, community providers, and other government entities. For this reason, the Resource Mapping legislation aims to obtain the necessary information to gain a better understanding of the broad range of programs and services available in Tennessee, the amount of money dedicated to these programs, and gaps or duplication in services.

Preliminary report was submitted to the Chairs of Senate Health and Welfare Committee and House Health Committee on January 15, 2019. The current December 2020 submission is the first full report submitted appropriate Committee Chairs.

Data

The program and fiscal information contained in this report were submitted by all departments with programs serving older Tennesseans.

Resource Mapping Statewide Overview - FY 20

- Number of Agencies: 26
- Number of Programs: 81
- Number of Older Adults Served: 1,014,507
- Total Program Expenditures: 3,389,036,158

It is important to note that “Number of Older Adults Served” does not represent unduplicated persons served across all programs. Older Tennesseans often receive services from multiple departments/agencies. For example, some individuals may participate in a property tax relief program as well as Supplemental Nutrition Assistance Program (SNAP). Current data systems in Tennessee do not allow for tracking of older Tennesseans across departments/agencies. In addition, many agencies programs reported that current data systems do not allow funding to be specifically tracked based on age or other demographics. Therefore, for some programs, it is not possible to distinguish what proportion of the funds were specifically spent on services for older adults

Program Expenditures by Agency

Agency	FY20 Program Expenditures
Arts Commission	193,197
Bureau of Investigation	75,000
Commission on Aging and Disability	34,761,788
Comptroller of the Treasury	38,000,000
Council on Developmental Disabilities	152,582
Department of Agriculture	3,816,300
Department of Commerce and Insurance	305,005
Department of Health	17,187,722
Department of Human Services	27,233,794
Department of Intellectual and Developmental Disabilities (DIDD)	565,007,800
Department of Labor and Workforce Development	12,325,464
Department of Safety and Homeland Security	74,200
Department of Transportation	3,073,176
Department of Veterans Services	3,417,743
Finance and Administration	2,077,408
Finance and Administration - Division of TennCare	2,482,977,222
Housing Development Agency	143,225,922
State Veterans' Homes Board	54,941,615
Volunteer Tennessee	190,220
Total	3,389,036,158

Home and Community Based Services

(See Appendix E)

Across all agencies, largest category of expenditures for older Tennesseans is Home and Community Based Services (HCBS). Home and Community-Based Services (HCBS) include a variety person-centered of health and human services of delivered in the home and community. HCBS programs address the needs of people with functional limitations who need assistance with everyday activities, like meals, getting dressed or bathing. HCBS programs may offer a combination of services. In Tennessee there are at least 11 programs providing various HCBS. These programs vary in both eligibility requirements and the services they provide.

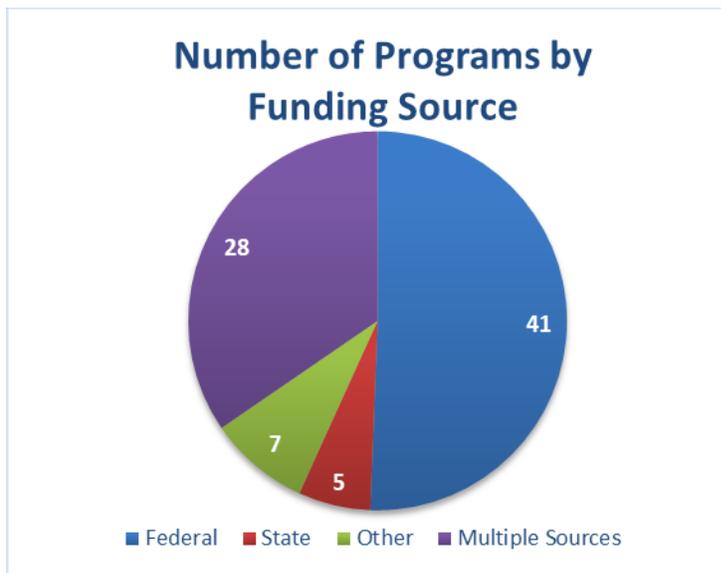
Programs and Funding by Eligibility Requirements

Of the 81 programs, 65 had eligibility requirements. Most programs (42) had age or income requirements. However a significant number (49), had more specific requirements such as health or functional abilities, veteran status, employment, or other criteria

	Number of Programs	FY20 Expenditures
No Eligibility Requirements	17	19,162,663
Age Only	11	15,861,847
Income Only	1	3,816,300
Other Criteria Only	23	99,782,228
Age + Income	3	4,688,171
Income + Other Criteria	7	241,249,811
Age + Income + Other Criteria	19	3,004,475,138

Funding by Source

Of the 81 programs reported, 42 were fully funded through federal funds, 5 were fully funded by State appropriations, 7 were funded through other sources, and 27 were funded through a combination of funding sources.



Funding Source	Number of Programs	Total FY20 Expenditures
Federal	41	160,966,312
State	5	49,607,094
Other	7	39,840,479
Federal, State	14	2,502,644,564
Federal, Other	1	64,740
State, Other	2	77,669
Federal, State, Other	11	635,835,300

FY20 Expenditures and Anticipated Expenditures for FY21

(see Appendix F)

Each program reported expenditures for FY20 and anticipated expenditures for FY21. Although the program data reported includes data for the duration of FY2020, it is important to note that many programs experienced change in timeline, scope, and/or overall funding levels related to the COVID-19 pandemic. Some programs reported additional funding authorized through the CARES Act and/or Families First Act, whereas other programs altered program structure to reduce risk of transmission. The State of Emergency and Major Disaster Declaration related to the COVID-19 began in March 2020 and are currently ongoing. Therefore, these effects on funding and programmatic numbers overlap with both fiscal years 2020 and 2021.

Resource Mapping 2020 Inventory of Funds

Public Chapter 548 from 2018 has been codified in Tennessee Code Annotated Title 71, Chapter 2, Part 1 where section 72-2-115 requires “An inventory of the funds for which the state may be eligible, but is currently not receiving or using, and the reasons why the funds are not being used.” Tennessee relies heavily on federal funding for the provision of essential services and supports for Tennessee children and families. A significant number of major ongoing federal grants/funding streams are capped entitlements. State departments take advantage of these entitlements and typically utilize virtually all federal funding allocated to Tennessee. There are a small number of federal funding streams that are uncapped entitlements, meaning the state can draw down as many federal dollars as it can match. The largest source of uncapped funding is Medicaid, with a match rate of 75 percent Federal, 25 percent State. The Supplemental Nutrition Assistance Program (SNAP), more commonly known as Food Stamps, has a 50-50 Federal-State matching rate for administrative funds, but Food Stamps are 100 percent federal funding and do not have a state cap. A substantial number of competitive federal funding announcements are released on an ongoing basis. These announcements are reviewed by staff and throughout state departments to identify appropriate opportunities to apply for funding; any agency application for a new federal grant of more than \$100,000 is reported to of a Chairs of the Finance, Ways and Means committees of the Senate and the House of Representatives and to the Office of Legislative Budget Analysis.

Due to current limitations in data, TCAD staff was unable to provide further detail on “funds for which the state may be eligible, but is currently not receiving or using, and the reasons why the funds are not being used.” For inclusion in future reports, TCAD staff will collect information from State departments/agencies to assess challenges experienced and/or anticipated related to applications for federal funding.

Conclusion

Older Tennesseans are supported by an array of services and supports funded through multiple federal, state, local governments, and non-governmental agencies across the State. However, interagency planning, collaboration and coordination of efforts is necessary to create a comprehensive vision and integrated service delivery plan across agencies. This report, as

required by Tenn. Code Ann. § 71-2-115 provides an overview of current services and programs within Tennessee. This report will inform the Governor and members of the General Assembly in making policy decisions that affect the State's older population.

In its first year, the Resource Mapping Initiative did have both challenges and success in the collection and reporting of this data. Many agencies and programs reported that current data systems do not allow funding to be specifically tracked based on age or other demographics. Therefore, it is not possible to distinguish what proportion of the funds were specifically spent on services for older adults. In addition, the first year of full data collection for resource mapping project occurred simultaneously with COVID-19. As discussed, the COVID-19 pandemic created many differences in funding and program structure of various agencies, which may not be predictive of future program funding or outcomes. Despite these challenges, the first year of implementation had significant success in increasing collaboration and information sharing across at least 25 State departments and agencies. This collaboration will lead to long-term success and impact of the Resource Mapping Initiative.

With this ongoing collaboration with other state agencies and departments, TCAD expects to make significant progress to address the challenges presented and continue to make progress on the Resource Mapping Initiative during the upcoming year. The next full report will be available to the General Assembly by December 15, 2021, with data from two fiscal years (FY20 and FY21) included in the report

Appendices

- Appendix A – Resource Mapping Legislation
- Appendix B – Data Collection Form
- Appendix C – List of Programs and Authorizing Legislation
- Appendix D – Expenditures by Program
- Appendix E – HCBS
- Appendix F – Expenditures for FY20 and FY21



State of Tennessee

PUBLIC CHAPTER NO. 548

SENATE BILL NO. 1777

By Crowe, Jackson, Massey

Substituted for: House Bill No. 1750

By Carr, Kumar; Madam Speaker Harwell; Gilmore, Clemmons, Turner

AN ACT to amend Tennessee Code Annotated, Title 71, Chapter 2, relative to the Tennessee commission on aging and disabilities.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 2, Part 1, is amended by adding the following as a new section:

71-2-115.

(a) The commission shall design and oversee a resource mapping of all federal and state funding sources and funding streams as well as resources for nonprofit and other nongovernmental entities that support the health, safety, and welfare of older adults in this state who are sixty (60) years of age or older. The resource mapping shall include, but not be limited to:

(1) An inventory of all federal and state funding sources that support these older adults in this state;

(2) An inventory of all state, federal, or government subsidized services and programs offered to these older adults in this state, set out by program, target population, geographical region, agency, or any other grouping that would assist the general assembly in determining whether there are overlapping programs that lead to duplication within the state, gaps in service delivery, and any administrative inefficiencies generally;

(3) A description of the manner in which the funds are being used within the agencies or organizations, the performance measures in place to assess the use of such funding, and the intended outcomes of the programs and services;

(4) Government mandates for the use of the funds, if any; and

(5) An inventory of the funds for which the state may be eligible, but is currently not receiving or using, and the reasons why the funds are not being used.

(b) The commission shall update the report each year and shall subsequently assure that the resource map is periodically and timely updated, so as to maintain a current resource map of the funds used to support these older adults in the state.

(c) The comptroller of the treasury and each department of state government or agency in this state shall provide assistance upon request to the commission in effectuating the purpose of this section.

(d) On or before January 15, 2019, the commission shall provide a preliminary report to the health and welfare committee of the senate and the health committee of the house of representatives. On or before December 15, 2020, and each successive year thereafter, the commission shall provide a full report to the health and welfare

SB 1777

committee of the senate and the health committee of the house of representatives. The full report shall include, but not be limited to, the resource map and any recommendations, including proposed legislation, for improving the efficiency and effectiveness of programs offered to older adults who are sixty (60) years of age or older in this state.

SECTION 2. This act shall take effect on becoming law, the public welfare requiring it.

TCAD Resource Collection Form

Program Description

Department Name *

Name of person completing form *

First Name

Last Name

Title

Email *

Phone

Primary Program Service Delivery *

1915c home and community based services waivers

Absentee Ballots for 60+

Adult Protective Services (APS) Investigations of Elder Abuse

Appendix B – Data Collection Form

11/30/2020	TCAD Resource • Formstack
<input type="radio"/> Adult/Dis-located Worker (DW) Program	
<input type="radio"/> Age Discrimination Claims	
<input type="radio"/> AmeriCorps programs targeting older adults	
<input type="radio"/> Burial Benefits	
<input type="radio"/> CHOICES	
<input type="radio"/> Chronic Disease Prevention	
<input type="radio"/> Commodity Supplemental Food Program	
<input type="radio"/> Complaint mediation	
<input type="radio"/> Conservatorship	
<input type="radio"/> Council Presentations	
<input type="radio"/> Creative Aging	
<input type="radio"/> Diabetes Prevention & Control	
<input type="radio"/> Emergency Repair Program	
<input type="radio"/> Employee Services	
<input type="radio"/> Employment and Community First CHOICES	
<input type="radio"/> Family Violence Prevention Services Act Programs (FVPSA)	
<input type="radio"/> Fire safety education / "Remembering When"	
<input type="radio"/> Get Alarmed TN	
<input type="radio"/> Great Choice Loan Program	
https://stateofennessee.formstack.com/forms/tcad_resource	2/8

Appendix B – Data Collection Form

11/30/2020	TCAD Resource • Formstack
<input type="radio"/> Health Care Facilities	
<input type="radio"/> Housing Choice Voucher	
<input type="radio"/> Housing Modification and Ramp Program (through United Cerebral Palsy)	
<input type="radio"/> Housing Trust Fund Competitive Grant Program	
<input type="radio"/> Independent Living	
<input type="radio"/> Information about disability best practices, events, and policy updates	
<input type="radio"/> Investigations of Elder Abuse	
<input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP)	
<input type="radio"/> Medicare Dual Eligible Special Needs Plans (DSNPs)	
<input type="radio"/> Medicare Savings Program	
<input type="radio"/> Mental Health Programs for Seniors	
<input type="radio"/> Migrant & Seasonal Farmworker Program (MSFW)	
<input type="radio"/> Music & Memory Tennessee	
<input type="radio"/> Nursing Home Civil Monetary Penalty Reinvestment Program	
<input type="radio"/> Partners in Policymaking™ Leadership Institute	
<input type="radio"/> Pre-Admission Screening and Resident Review (PASRR)	
<input type="radio"/> Programs for All Inclusive Care of the Elderly (PACE)	
<input type="radio"/> Property Tax Relief	
<input type="radio"/> Re-Employment Services & Eligibility Assessment (RESEA)	
https://stateoftennessee.formstack.com/forms/tcad_resource	3/8

Appendix B – Data Collection Form

11/30/2020	TCAD Resource - Formstack
<input type="radio"/> Residential placement services	
<input type="radio"/> Scam Prevention	
<input type="radio"/> Senior Community Service Employment Program (SCSEP)	
<input type="radio"/> Senior Discounts	
<input type="radio"/> SeniorSafe	
<input type="radio"/> Sexual Assault Services Program (SASP)	
<input type="radio"/> Social Services Block Grant Program (SSBG) Adult Day Care	
<input type="radio"/> Social Services Block Grant Program (SSBG) Homemaker	
<input type="radio"/> State Veterans Home - Clarksville	
<input type="radio"/> State Veterans Home - Humboldt	
<input type="radio"/> State Veterans Home - Knoxville	
<input type="radio"/> State Veterans Home - Murfreesboro	
<input type="radio"/> Supplemental Nutrition Assistance Program - Employment & Training (SNAP E&T)	
<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	
<input type="radio"/> Telecommunications Devices Access Programs (TDAP)	
<input type="radio"/> TennCare non Long-term Services and Supports	
<input type="radio"/> Tennessee Disability Pathfinder	
<input type="radio"/> Tennessee Repair Loan Program	
<input type="radio"/> Tennessee Technology Access Program	

https://stateoftennessee.formstack.com/forms/tcad_resource 4/8

Appendix B – Data Collection Form

11/30/2020	TCAD Resource • Formstack
<input type="radio"/> The Council's Scholarship Fund	
<input type="radio"/> The Emergency Food Assistance Program (TEFAP)	
<input type="radio"/> TN Highway Safety Office Senior Driver Program- (includes CARFIT, Yellow Dot, and Safety Around Trucks)	
<input type="radio"/> Trade Adjustment Assistance (TAA) program	
<input type="radio"/> Transportation Alternatives Program (TAP)	
<input type="radio"/> TVA 5310 Program	
<input type="radio"/> Victims of Crime Act (VOCA)	
<input type="radio"/> Weatherization Assistance	
<input type="radio"/> Other:	
Description of Program	
Briefly describe and identify the primary purpose of the program	
Location for Service Delivery	
<input type="checkbox"/> Home	
<input type="checkbox"/> Community	
<input type="checkbox"/> Long-term Care	
<input type="checkbox"/> Hospital	
<input type="checkbox"/> Other:	
https://stateofkentucky.formstack.com/forms/tcad_resource	5/8

11/30/2020

TCAD Resource • Formstack

Target Population

Communities

Families

Groups

Individuals

Other:

Service Population

Eligibility Requirements *

Yes

No

Does the program have eligibility requirements?

Is the program available statewide *

Yes

No

Number of Tennesseans 60+ Served (FY 20) *

Identify the number of older Tennesseans served during the preceding FY

11/30/2020

TCAD Resource • Formstack

Actual or Estimate *

Actual

Estimate

Select whether the number served above is actual or estimate

Older Tennesseans Served Calculation Method *

Explain how the number served is determined. For example, is it based upon funded slots or number of individuals served. Describe any details on the manner which is used to calculate this number

Funding Details

Funding Source *

Identify all sources of funding (federal, state, local, other)

Funding Source Description

Expenditures in FY20

Actual program expenditures in FY20

Estimated Expenditures for FY21

Estimated Expenditures for FY21

Appropriated/Projected Funding for FY21

Amount of funding appropriated for FY21

Funding History

11/30/2020

TCAD Resource • Formstack

Explain significant variations such as increases and decreases in funding between years. Describe the reason for variation and the impact of change on program

Federal and State Funding Statutes Governing Program

Identify the Act(s) that enable the program and for which there are either state or federal regulations that must be complied with

Notes

Effectiveness/Results of Services and Funding

Describe the measures in place for determining the effectiveness/results of the services/funding

Other Notes

Other notations you would like to make regarding funding sources and/or program

Related to COVID-19 in FY20, did your agency receive any additional appropriations or provide additional services for older adults . If so, please explain:

Submit Form

Appendix C - List of Programs and Authorizing Legislation

<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
Arts Commission	Annual Grants for Senior Arts Programming	Annual grants are a competitive process where 501c3 organizations and governmental agencies submit application proposals that support arts activities and programs including those that support seniors being involved in the arts. The primary grant categories that support this work are Arts Access, Arts Project Support, Partnership Support, Arts Build Communities, and Arts Education-Community Learning.	
	Tennessee Person-Centered Music Program (TPCMP) - formerly Music & Memory Tennessee	The Tennessee Arts Commission received a \$1M grant from the Centers for Medicare and Medicaid Services (CMS) and the Tennessee Department of Health (TDH) to provide individualized music to residents in nursing homes as a way to reduce medication usage and improve health outcomes. The program, Tennessee Person-Centered Music Program, will be implemented over three and a half years (February 1, 2019 - June 30, 2022) and will reach 2,205 residents in 147 nursing homes.	42 CFR 488.442g
Bureau of Investigation	Investigations of Elder Abuse	The TBI Medicaid Fraud Control Division works cases of elder abuse that occurs within skilled nursing facilities as well as incidents that occur in group homes or board and care facilities.	42 CFR 1007.19

Appendix C - List of Programs and Authorizing Legislation

<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
Commission on Aging and Disability	Alzheimer's Disease Program Initiative	In June 2019, the Tennessee Commission on Aging and Disability (TCAD) received a 3-year federal grant from the Administration for Community Living (ACL) to make Tennessee Dementia Capable. The purpose of this program is to promote the development and expansion of a dementia-capable home and community-based service (HCBS) system in Tennessee. Through this program, Area Agencies on Aging and Disability (AAADs) and local service providers will show improvement in organizational dementia capability, family caregivers will have improvements in self-efficacy and access to formal supports, and individuals and caregivers will receive support through TN M.I.N.D.S. (Music Intervention Navigating Dementia Symptoms).	Title IV of the Older Americans Act of 1965, Public Law 89-73, As Amended Through P.L. 116-131.
	Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA)	The Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA) is a Victims of Crime Act (VOCA) grant funded program in Tennessee. The CREVAA program provides emergency services and supports to older and vulnerable adult victims of crime in all 95 counties in Tennessee. CREVAA works closely within the community to provide resources to clients and addresses the	Victims of Crime Act 1984

Appendix C - List of Programs and Authorizing Legislation

<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		unmet needs of those who have been the victim of crime.	
	Families First Act - Older Adult Nutrition Program	Special COVID 19 funding supplement to OAA Title III-C program	Families First Coronavirus Response Act (FFCRA)
	Health Promotion and Prevention (Title IIID)	Provides evidence-based programs for health promotion and disease prevention which offer proven ways to encourage and support healthy aging among older adults.	Title III-D Older Americans Act of 1965, Public Law 89-73, As Amended Through P.L. 116-131., TCA 72-2-1
	Information & Assistance	A service for older individuals that— (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up	Title III Older Americans Act of 1965, Public Law 89-73, As Amended Through P.L. 116-131., TCA 72-2-1

Appendix C - List of Programs and Authorizing Legislation

<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		procedures; and (E) serves the entire community of older individuals, particularly— (i) older individuals with greatest social need; (ii) older individuals with greatest economic need; and (iii) older individuals at risk for institutional placement	
	Legal Assistance for Older Adults	Legal representation for adults over the age of 60. Priority cases are set by TCAD, but other cases can be taken.	Title III-B Older Americans Act of 1965, Public Law 89-73, As Amended Through P.L. 116-131., TCA 72-2-1
	Lifespan Respite Program	The primary purpose of the program is to advance a statewide respite voucher program that will provide support to family caregivers and provide a much needed break from the demands of caregiving.	Title XXIX of the Public Health Service Act (42 U.S.C 201)
	Long-term Care Ombudsman	This program provides assistance to elderly Tennesseans residing in nursing homes, homes for the aged, and assisted care living facilities. The Ombudsman is available to help residents and their families resolve questions or problems and will advocate for solutions to problems for qualified residents of long-term care facilities.	Older Americans Act of 1965, Public Law 89-73, As Amended Through P.L. 116-131., Tenn. Code Ann. § 72-2-109

Appendix C - List of Programs and Authorizing Legislation

<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
	State Health Insurance Assistance Program (SHIP)	SHIP is a national program that provides free and objective one-on-one counseling, information distribution and assistance to people with Medicare, potential Medicare consumers, their families and other advocates by community-based, grassroots network of local SHIP offices via telephone and face-to-face interactive sessions, public education presentations and programs and media activities. TN SHIP may not endorse any insurance company, agency, agent or plan-to the extent that we are prohibited from making even the appearance of an endorsement. Whereas, other entities offering education or assistance regarding Medicare are most often motivated by potential sales, the SHIP's goal is solely to help consumers make informed decisions.	Omnibus Budget Reconciliation Act of 1990, Tenn. Code Ann. § 71-2-105
	Older Americans Act Senior Nutrition Program	The Older Americans Act Senior Nutrition Program provides nutritionally balanced meals for adults 60+ through either congregate meals at nutrition sites, or through home delivered meals.	Title III-C of Older Americans Act of 1965, Public Law 89-73, As Amended Through P.L. 116-131.

Appendix C - List of Programs and Authorizing Legislation

<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
	Older American's Act: National Family Caregiver Support Program	The purpose of the National Family Caregiver Support Program is to help families care, as long as possible, for older relatives with chronic illness or disability in their homes.	Title III-E of the Older Americans Act of 1965, Public Law 89-73, As Amended Through P.L. 116-131.
	Older American's Act: Title IIIB In-home Services	The services are designed to enhance the capacity of individuals age 60 and over to remain self-sufficient in their homes and to maximize the informal support provided by caregivers. The services may include homemaker services, personal care services, adult day services, and chore services.	Title III-B Older Americans Act of 1965, Public Law 89-73, As Amended Through P.L. 116-131.
	OPTIONS	OPTIONS for Community Living (referred to as OPTIONS) is a state-funded program created to provide home and community-based services to adults age 60 and over and adults (18 years of age or older) with disabilities. OPTIONS is available through the local Area Agencies on Aging and Disability (AAAD). Services may include homemaker, personal care, and home delivered meals.	Tenn. Code Ann. § 71-5-1419

Appendix C - List of Programs and Authorizing Legislation

<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
	Public Guardian	<p>The Tennessee Public Guardianship for the Elderly program ensures the health and welfare of some of the state's most vulnerable residents by serving as the court-appointed guardian for individuals age 60 and over who, due to physical or mental limitations, are unable to make personal decisions regarding their health and financial resources.</p> <p>The court utilizes the program as a public option of last resort for individuals who have no other family member, friend, bank or corporation willing, able or suitable to act on their behalf. Entrusted since 1986, this program is funded by the state of Tennessee and administrated by the Tennessee Commission on Aging and Disability. The program is available in all 95 counties through the local grantee agency of the Area Agency on Aging and Disability (AAAD). There are nine district public guardians throughout the state.</p>	Tenn. Code Ann. § 34-7-103
	Stay Active and Independent for Life (SAIL) - Fall Prevention	SAIL is an evidence-based, strength, balance and fitness program for individuals 65 and older to help prevent falls.	Consolidated Appropriations Act, 2017 Pub. L. 115-31, Title II; P, 42 U.S.C. §§ 300u-2 and 300u-3 ; 42 U.S.C. § 300u-11d

Appendix C - List of Programs and Authorizing Legislation

<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
Comptroller of the Treasury	Property Tax Relief	Tennessee state law provides for property tax relief for low-income elderly and disabled homeowners, as well as disabled veteran homeowners or their surviving spouses. This is a state program funded by appropriations authorized by the General Assembly. Tax collecting officials, including county trustees, receive applications from taxpayers who may qualify.	Tenn. Code Ann. 67-5-701 through 67-5-704
Council on Developmental Disabilities	Tennessee Disability Pathfinder	Tennessee Disability Pathfinder, a statewide multilingual information and referral service for disability resources operated by Vanderbilt Kennedy Center and funded by a group of state agencies led by the TN Council on Developmental Disabilities	The Federal Developmental Disabilities Act of 2000
Department of Agriculture	The Emergency Food Assistance Program (TEFAP)	Helps supplement the diets of low-income people by providing emergency food assistance at no cost. USDA makes foods available to states base on the number of unemployed and the number of people with incomes below poverty level. Foods are distributed through a network of food banks and community action programs.	USDA CFR 7 250 and 251
Department of Commerce and Insurance	Low income Fee Waiver	Applicants seeking licensure from TDCI's Regulatory Boards Division who participate in a qualifying program may be eligible to receive a waiver of initial state licensure fees; this applies to applicants for	Tenn. Code Ann. § § 62-76-105.

Appendix C - List of Programs and Authorizing Legislation

<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		initial individual licenses, business licenses where the owner-applicant qualifies, and first-time licenses for LLCs, partnerships, and corporations where a majority of the entity is owned by an applicant that qualifies	
	Complaint mediation	TDCI Consumer Insurance Services Agency mediates complaints for Tennessee residents who need assistance with insurance related issues	--
	Get Alarmed TN	An in-home fire safety education and smoke alarm installation campaign. The program started in 2012 and has since installed over 240,000 smoke alarms in high-risk homes across Tennessee. The State Fire Marshal's Office works with local fire departments to reach populations that are at high risk for residential structure fires, like older adults, those living below the poverty line, and those living in structures built before building codes took effect.	--
	SeniorSafe	The Senior Safe Act is a significant step forward in the ongoing fight against senior financial exploitation. The Senior Safe Act addresses barriers financial professionals face in reporting suspected senior financial exploitation or abuse to authorities.	Senior Safe Act

Appendix C - List of Programs and Authorizing Legislation

<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
Department of Finance and Administration, Office of Criminal Justice Programs	Family Violence Prevention Services Act (FVPSA)	FVPSA, which is administered through the Administration on Children, Youth and Families'(ACYF) Family and Youth Services Bureau (FYSB), is designed to assist states in their efforts to support the establishment, maintenance, and expansion of programs and projects to: 1) prevent incidents of family violence, domestic violence, and dating violence; 2) provide immediate shelter, supportive services, and access to community-based programs for victims of family violence, domestic violence, or dating violence, and their dependents; and 3) provide specialized services for children exposed to family violence, domestic violence, or dating violence including victims who are members of underserved populations (45 CFR § 1370.10(a)).	42 U.S.C. § 10401, FVPSA.
	Sexual Assault Services Program (SASP)	SASP funds provide free sexual assault crisis intervention to persons who have been victims of sexual assault and to their families and friends at community based sexual assault programs.	OVW Sexual Assault Services Formula Program - program is authorized by 34 U.S.C. §12511; State Sexual Assault Tenn. Code Ann. § 40-24-108; 71-6-301 through 307

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
	Victims of Crime Act (VOCA)	The Office for Victims of Crime (OVC) awards each eligible state and territory victim assistance program an annual grant to support eligible crime victim assistance programs in that state or territory. Eligible crime victim assistance programs are those that are "operated by a public agency or nonprofit organization, or a combination of such agencies or organizations or of both such agencies and organizations, and provide services to victims of crime," and that meet the other requirements set out in 34 U.S.C § 20103(b)(1). Services generally include those efforts that (1) respond to the emotional, psychological, or physical needs of crime victims, (2) help victims of crime to stabilize their lives after a victimization, (3) help victims to understand and participate in the criminal justice system, and (4) restore a measure of security and safety for the victim.	Statutory Authority: This grant program is authorized and funded by the Victims of Crime Act (VOCA) of 1984 (34 U.S.C. § 20103).
Department of Finance and Administration - Division of TennCare	CHOICES	Tennessee's CHOICES program (CHOICES) is a Medicaid Managed Long Term Services and Supports (MLTSS) program that includes nursing facility services and home and community-based services (HCBS) for seniors age 65 and older and adults 21 years of age and older with a physical disability. CHOICES offers services to help a person live in their own	Title XIX (Medicaid), TCA Title 71, Ch 5--including 71-5-14 LTC Community CHOICES Act of 2008

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		home or in the community. These services can be provided in the home, on the job, or in the community to assist with daily living activities and allow people to work and be actively involved in their local community. CHOICES also provides care in a nursing home if needed.	
	Employment and Community First CHOICES	Employment and Community First CHOICES is an integrated Medicaid Managed Long Term Services and Supports (MLTSS) program that provides essential services and supports (HCBS, physical and behavioral health, pharmacy and dental services) in a coordinated and cost-effective manner for people of all ages who have an intellectual or developmental disability (I/DD). The program is specifically designed to align incentives around helping people with I/DD achieve employment and live as independently as possible in their communities. It offers a more cost-effective way of serving people with I/DD while also demonstrating improved employment, health and quality of life outcomes.	Title XIX (Medicaid), TCA Title 71, Ch 5, Title 33 (licensure)
	Programs for All Inclusive Care of the Elderly (PACE)	The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive Medicare and Medicaid benefits and social services to certain frail, community-dwelling elderly individuals, most of whom	Title XVIII (Medicare), Title XIX (Medicaid), TCA 71, Chapter 5

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		<p>are dually eligible for Medicare and Medicaid benefits. An interdisciplinary team of health professionals provides PACE participants with coordinated care. For most participants, the comprehensive service package enables them to remain in the community rather than receive care in a nursing home.</p>	
	<p>Medicare Savings Program</p>	<p>The Medicare Savings Program leverages state and federally funded Medicaid programs to assist Medicare beneficiaries who have limited income or resources with Medicare out-of-pocket expenses such as premiums, deductibles, copayments and coinsurance by requiring Medicaid to fund some or all of those costs. There are four types of MSPs:--Qualified Medicare Beneficiary Program (QMB)--Specified Low-Income Medicare Beneficiary Program (SLMB)--Qualifying Individual Program (QI)--Qualified Disabled and Working Individuals Program (QDWI)</p>	<p>Title XVIII (Medicare), Title XIX (Medicaid), TCA, Title 71, Chapter 5</p>
<p>Department of Health</p>	<p>Chronic Disease Prevention</p>	<p>"Cancer: Thriving and Surviving (CTS)" is a six-week workshop that provides tools for living a healthy life affected by cancer. Through weekly sessions, the workshop provides support for continuing normal daily activities and dealing with the emotions that cancer may bring about. CTS programs are supported by the Tennessee</p>	<p>--</p>

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		Department of Health and implemented in partnership with Tennessee Extension.	
	Chronic Disease Prevention	"Living Well with Chronic Conditions (the Chronic Disease Self-Management Program or CDSMP)" is a six-week workshop that provides tools for living a healthy life with chronic physical and mental health conditions, including diabetes, arthritis, depression, asthma and heart disease. Through weekly sessions, the workshop provides support for continuing normal daily activities and dealing with the emotions that chronic conditions may bring about. The Chronic Disease Self-Management Program is supported by the Tennessee Department of Health and implemented in partnership with the Tennessee Extension.	--
	Commodity Supplemental Food Program	The Commodity Supplemental Food Program (CSFP) works to improve the health of low-income persons at least 60 years of age by supplementing their diets with nutritious USDA Foods.	Section 4(a) of the Agriculture and Consumer Protection Act of 1973
	Diabetes Prevention & Control	"Take Charge of Your Diabetes (the Diabetes Self-Management Program or DSMP)" is a six-week workshop that provides tools for living a healthy life for people with diabetes. Through weekly	--

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		sessions, the workshop provides support for continuing normal daily activities and dealing with the emotions that diabetes may bring about. The Diabetes Self-Management programs are supported by the Tennessee Department of Health and implemented in partnership with Tennessee Extension.	
	Diabetes Prevention & Control	"Diabetes Self-Management Education and Support (DSMES)" is the ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards. Two organizations, the Association of Diabetes Care & Education Specialists (ADCES) and the American Diabetes Association (ADA) accredit/recognize diabetes education programs.	--
	Diabetes Prevention & Control	"The Diabetes Prevention Program (DPP)" is a partnership of public and private organizations working to prevent or delay type 2 diabetes. The DPP is a year-long program that works to make it easier for people with prediabetes or at risk for type 2 diabetes to participate in affordable, high-quality lifestyle change programs to reduce	--

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		their risk of type 2 diabetes and improve their overall health.	
	Health Care Facilities	"Office of Health Care Facilities (OHCF)" is responsible for ensuring that all state licensed and federally certified facilities are in compliance with the regulations under which they provide services; this includes services rendered by clinical laboratories making clinical determinations through tissue specimens, immunoassays and varying cultures.	Social Security Act: Section 1864: Code of Federal Regulations 42 Parts 400-End; Tenn. Code Ann. § 68, Chapter 11, Parts 2-10
	Nursing Home Civil Monetary Penalty Reinvestment Program	Tennessee's Nursing Home Civil Monetary Penalty (CMP) Reinvestment Program funding is administered by the Tennessee Department of Health. Programmatic oversight lies within the Office of Patient Care Advocacy in partnership with the Office of Healthcare Facilities, the CMS State Survey Agency for Health Facility Certification. The Nursing Home Civil Monetary Penalty Reinvestment Program administers funding to entities that develop project proposals which directly improve patient outcomes and meet proposal requirements set forth by TDH and Centers for Medicare and Medicaid Services. The program opens a Request for Applications throughout the year.	Tennessee Code Annotated § 68-11-827 through Tenn. Code Ann. § 68-11-829; Tenn. Code Ann. § 68-11-832; Tenn. Code Ann. § 68-11-1623

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
	Senior Farmers Market Nutrition Program	The Tennessee Senior Farmers Market Nutrition Program provides access to fresh, locally grown produce to low income, nutritionally at-risk seniors to help increase fruit and vegetable consumption. In addition to fresh produce, seniors receive nutrition education focusing on healthy eating and disease prevention.	Farm Bill (P.L. 115-334) and 7 U.S.C. 3007
Department of Human Services	Adult Protective Services (APS) Investigations of Elder Abuse	Adult Protective Services staff investigate reports of abuse, neglect (including self-neglect) or financial exploitation of adults who are unable to protect themselves due to a physical or mental limitation. APS staff assess the need for protective services and provide services to reduce the identified risk to the adult.	Tenn. Code Ann. § 71-6-101-124
	Independent Living	The Independent Living Services Program provides services to eligible individuals of all ages with a severe visual impairment to enable them to live as independently as possible in their homes and communities. Rehabilitation Teachers provide a wide range of independent living services to individuals in all areas of the state, including those living in rural counties, assisting individuals in adjusting to vision loss, in maintaining or increasing their independence in performing activities of daily living. Services are provided on a one-on-one basis, and may include	Chapter II of the Rehabilitation Act of 1973, as amended by Title IV of the Workforce Innovation and Opportunity Act

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		instruction of adaptive techniques, use of adaptive equipment and coordination of services which may be available from other agencies and organizations. Teachers are also active in establishing support groups in the communities.	
	SNAP Outreach Program	SNAP Outreach Program	Program operates under the administration and guidance made by FNS; and the oversight of the Tennessee Department of Human Services (TDHS).
	Social Services Block Grant Program (SSBG) Adult Day Care	SSBG contracts with 5 adult day care agencies to provide services for APS clients and other low income individuals in need	Title XX of the Social Security Act, as amended in 1981
	Social Services Block Grant Program (SSBG) Homemaker	Protective Services homemaker services for APS clients.	
	Supplemental Nutrition Assistance Program - Employment & Training (SNAP E&T)	Employment and Training program	The regulations from Code of Federal Regulations Title 7 CFR 273.7 and the ABAWD rules that are covered in 7 CFR 273.24.

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
	Supplemental Nutrition Assistance Program (SNAP)	SNAP Nutrition Education Program	Program operates under the USDA SNAP Nutrition Education Guidance, the Dietary Guidelines for Americans, the USDA My Plate Food Guidance System, and Federal statues for food safety, food shopping, and food resource management practices. In addition, the program runs under the oversight of Tennessee Department of Human Services.
	Tennessee Technology Access Program	A statewide program designed to increase access to and acquisition of assistive technology devices and services. Through its four core programs (Information & Assistance, Device Demonstration, Device Loan and Device Reutilization), TTAP and a network of four assistive technology centers help people with disabilities and their families find and get the tools that they need to live independent, productive lives where and how they choose. Each of TTAP's core programs is uniquely designed to both maximize limited resources and improve the understanding of, and to gain better access to, assistive technology devices and services. TTAP in conjunction with the four regional assistive technology centers across Tennessee participates in public awareness activities,	Federal Assistive Technology Act of 1998

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		<p>provides training on assistive technology and accessibility topics, and offers technical assistance. The staff at each of the centers works closely with businesses, school systems, vocational rehabilitation and the medical community to increase the independence and productivity of persons with disabilities through the use of assistive technology devices and services.</p>	

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
Department of Intellectual and Developmental Disabilities (DIDD)	1915c home and community based services waivers	<p>The Department of Intellectual and Developmental Disabilities (DIDD) provides Home and Community-based services (HCBS) to individuals with intellectual and developmental disabilities. It does this through the operation and oversight of three 1915(c) (HCBS) waivers: The Statewide Waiver, the Self-Determination Waiver, and the Comprehensive Aggregate Cap (CAC) Waiver. Residential Services include supported living, medical residential, residential habilitation, family model residential supports, and semi-independent living supports. Providers are responsible for providing an appropriate level of supports, including enabling technology, paid staff, and natural supports, as applicable, to ensure each person's health and safety, while maximizing personal choice and independence, and not restricting individual rights and freedoms, except as minimally necessary when there are specific safety concerns that cannot be mitigated to a tolerable level of risk. Additional services are available to the people receiving residential services including individual supported employment supports for those who want to work, various day services such as</p>	DIDD providers must adhere to 45 C.F.R. §84 and Title 33 of the T.C.A. as the primary laws governing the methods employed in service delivery to people with intellectual disabilities.

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		<p>community participation and facility based day, support coordination/case management services, and respite supports. Ancillary supports are available such as various therapy services, nursing services, dental services, specialized medical equipment and assistive technology.</p> <p>As an alternative to HCBS care, DIDD also has residential placement in Intermediate Care Facilities for persons with Intellectual Disabilities (ICFs/IID) as an available option for people with complex medical or behavioral needs. This includes privately operated home/facilities operated by contracted ICF/IID providers. Additional options include the DIDD state operated Community Homes which meet all applicable federal and state code requirements for ICF/IID homes, are wheelchair accessible and have the added safety measure of fire sprinkler systems.</p>	
	Conservatorship	<p>The Tennessee Department of Intellectual and Developmental Disabilities (DIDD) provides Conservatorship Services in urgent or emergency situations in all ninety-five (95) Tennessee counties. Conservatorship is a legal proceeding in which a court removes the decision-making powers and duties, in whole or in part, in a</p>	<p>Tenn. Code Ann. §33-1-101, Tenn. Code Ann. §34-1-101 and Tenn. Code Ann. §34-1-126, Tenn. Code Ann. §34-3-102, Tenn. Code Ann. § 34-3-107(2), Tenn. Code Ann. § 68-11-1806, Tenn. Code Ann. § 33-3-220, 45 C.F.R. §84 and Tenn. Code Ann. § Title 33</p>

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		least restrictive manner, from a person with a disability who lacks the capacity to make decisions in one or more important areas and places responsibility for one or more of those decisions in a conservator or co-conservators.	
Department of Labor and Workforce Development	Migrant & Seasonal Farmworker Program (MSFW)	Ensuring migrant and seasonal farmworkers (MSFW) have equitable access services, and workforce protections offered by American Job Centers, so they may improve their living and working conditions if so wanted	Public Law 113-128 - Workforce Innovation and Opportunity Act of 2014
	Senior Community Service Employment Program (SCSEP)	A community and work-based program for older Americans. This program provides training services to older individuals in hopes they will re-enter the job market and gain a gainful wage.	Older Americans Act of 1965, Public Law 89-73, As Amended Through P.L. 116-131.
	Re-Employment Services & Eligibility Assessment (RESEA)	Reduce unemployment duration through improved employment outcomes.	Section 30206 of the Bipartisan Budget Act of 2018,t, 42 U.S.C. 506. Section 306, Social Security Act
	Trade Adjustment Assistance (TAA) program	Provides assistance to workers who have been adversely affected by foreign trade.	The Trade Adjustment Assistance Reauthorization Act of 2015 (TAARA 2015 or 2015 Program), (Pub. L. No. 114-27, Title IV)
	Adult/Dis-located Worker (DW) Program	Job training and related services to unemployed or underemployed individuals	--

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
Department of Mental Health and Substance Abuse Services	Mental Health Programs for Seniors	Provides Care Management Services for adults over 50 who have mental health needs and are not eligible to receive these services through any other source (i.e. TennCare). The program is provided through six mental health agencies in 43 counties and last year served 350 individuals. Services can be provided in the home or at the agency.	---
Department of Safety & Homeland Security	Senior Driving and Overall Safety (LEADS and Citizen Academy), Yellow Dot, CARFIT	LEADS is the program for aging driver safety. It helps older adults community keep their driving skills at a safe level. The THP Citizens Academy is a 10 week program for 2 hours each week that teaches older adults about the Department of Safety & Homeland Security. The Department also works with TDOT on the Yellow DOT, and CARFIT programs to ensure drivers are driving safely.	Tenn. Code Ann. § 55-20-301
Department of State	Absentee Ballots for 60+	All registered voters over the age of 60 are eligible to vote by-mail	Tenn. Code Ann. § 2-6-201.
Department of Transportation	FTA 5310 Program	Program is intended to improve mobility for seniors and individuals with disabilities by removing barriers to transportation services and expanding the transportation mobility options available to seniors and individuals with disabilities. TDOT administers the 5310 program in small urban and rural areas. In these areas, 5310 projects are restricted to the capital award	49 U.S.C. Section 5310 / Fixing America's Surface Transportation Act 3006 (FAST). Programs must comply with regulations established in FTA Circular 9070.1GTN

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		of rolling stock and mobility management projects. Eligible applicants include private, non-profit organizations and, under certain conditions, public agencies and local governmental authorities.	
Department of Veterans Services	Burial Benefits	State veteran cemeteries that serve as final resting places for eligible veterans and dependents.	T.C.A. 46-6-101 to 46-6-107; 38 U.S.C. 2402
State Veterans' Homes Board	State Veterans Home - Clarksville	Long term skilled nursing care for veterans, veteran spouses, and Gold Star parents across the State of Tennessee.	Tenn. Code Ann. § 58-7-101 through 58-7-114 & CHAPTER 1200-13-1. Federal-CFDA 64.015 & 42 CFR Part 483, Subpart B
	State Veterans Home - Humboldt		
	State Veterans Home - Knoxville		
	State Veterans Home - Murfreesboro		
Housing Development Agency	Emergency Repair Program	This rogram is designed to correct, repair, or replace an essential system and/or critical structural problem for homeowners who are either elderly (age 60 or over) or disabled. The purpose of ERP is to stabilize the homeowner's residence by making essential repairs to make the home more livable. This is not a comprehensive homeowner rehabilitation program.	N/A
	Great Choice Loan Program	First time homebuyer* program for moderate to low income Tennesseans. Second mortgage for down payment	Tenn. Code Ann. § Section 13-23-118

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
		assistance is also available in the amount up to \$7500	
	Housing Choice Voucher	This "Voucher" program is a federal rental assistance program funded through the Department of Housing and Urban Development (HUD) where very low-income individuals, families, the elderly and the disabled receive assistance to afford decent, safe and sanitary housing in the private market. As the leading state housing agency, THDA administers the Housing Choice Voucher program in 72 Tennessee counties, between 4 area offices.	U.S. Department of Housing and Urban Development (HUD) and the THDA Section 8 Rental Assistance Administrative Plan
	Housing Modification and Ramp Program (through United Cerebral Palsy)	Program provides funding to construct ramps and make other home modifications to assist persons with disabilities gain better access to their homes.	N/A
	Housing Trust Fund Competitive Grant Program	Competitive Grants are awarded twice a year to develop and/or preserve affordable rental housing for the elderly and those with special needs, including persons with mental, physical, or developmental disabilities; individuals recovering from substance addiction; victims of domestic violence; veterans with multiple needs; youth aging out of foster care; and ex-offenders re-entering society.	N/A

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
	Low Income Home Energy Assistance Program (LIHEAP)	LIHEAP is a federal program designed to assist households below 150% of the federal poverty standards of low income, particularly those who pay a high proportion of household income for home energy bills, meet their immediate home energy needs. The funds are awarded to a network of 19 community service agencies serving all 95 counties in Tennessee.	Omnibus Reconciliation Act of 1981 LIHEAP statute was amended in 2005 by Subtitle B of the Energy Policy Act of 2005 (Public Law 109-58) . The LIHEAP statute is codified the United States Code at: 42 U.S.C. § 8621-8630
	Family Self-Sufficiency (FSS) Program	To promote self-sufficiency for Housing Choice Voucher (HCV) Program participants to require no aid or support from the Families First.	Federal Program: U. S. Department of Housing and Urban Development (HUD) https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/fss
	HCV Home Ownership Voucher (HOV) Program	This program offers a mortgage subsidy to low income households that currently receive our Housing Choice Voucher (HCV) Rental Assistance. The subsidy factors are the same as the rental program with expenses being an additional consideration for homeownership. THDA's assistance allows low income families to purchase a home they would otherwise not be able to. The mortgage assistance payment is paid directly to the lender or loan servicing company. The families must complete both, pre-purchase and post-purchase counseling.	Federal: U. S. Department of Housing and Urban Development (HUD)

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
	Mainstream Non Elderly Disabled (NED) Program	Enables income eligible household members who is a non-elderly (age 18 and under 62) person with disabilities who is transitioning out of institution, other segregated settings, or at serious risk of institutionalization, or homelessness. The program provides funding to assist non-elderly persons with disabilities who are: Transitioning out of institutional or other segregated setting, at serious risk of institutionalization, Hhomeless, or at risk of becoming homeless.	Act, 42 U.S.C. 8013 (P.L. 101-625) as amended by the Frank Melville Supportive Housing Act of 2010 (P.L. 111-374), the Consolidated Appropriations Act, 2017 (P.L. 115-31) and the Consolidated Appropriations Act, 2018 (P.L. 115-141).
	Tennessee Repair Loan Program (TRLP)	The Tennessee Repair Loan Program (TRLP) will help sustain homeownership across the state. The program goal is to help provide safe and sound housing to households of low income, veterans, seniors and homeowners with special needs through loans for repairs or improvements.	N/A
	Weatherization Assistance	A federal program designed to assist households below 200% of the federal poverty standards improve the energy efficiency of their homes. The funds are awarded to a network of community service agencies throughout the State	LEGAL AUTHORITY: Title IV, Energy Conservation and Production Act, 42 U.S.C. § 6861 et seq in 10 CFR Part 440.
Human Rights Commission (THRC)	Receive and investigate complaints of allegations of discrimination in	The Tennessee Human Rights Commission is an independent state agency responsible for enforcing the state's anti-discrimination laws, which prohibit discrimination in housing, employment, and public	Tenn. Code Ann. § 4-21

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<u>Agency</u>	<u>Program Name</u>	<u>Program Description</u>	<u>Authorizing or Governing Legislation</u> (if applicable)
	employment, housing, public accommodations and ensure compliance with Title VI for state agencies who receive federal financial assistance.	accommodation and coordinates compliance with Title VI of the Civil rights Act of 1964. The Commission's role is to enforce and prohibit discrimination in employment, housing and public accommodation based on race, creed, color, national origin, religion, sex, disability, age (40 and over in employment), familial status (housing only) and retaliation in employment, housing and public accommodations.	
Public Utility Commission	Telecommunications Devices Access Programs (TDAP)	Program is designed to distribute appropriate telecommunications devices so that persons who have a disability may effectively use basic telephone service. The Tennessee Public Utility Commission was given the responsibility and authority to implement and manage this program.	The TDAP program is established by Chapter 417 of the Public Acts of 1999.
Wildlife Resources Agency	Tennessee Wildlife Resources Agency (TWRA)	Provides discounted licenses to those 65 years of age and older to ensure that they are able to get out and participate in hunting and fishing activities	Tenn. Code Ann. §70-2-219
Volunteer Tennessee	AmeriCorps programs targeting older adults	Provides subgrants, training, and disability outreach to meet needs in education, environment, low-income housing, child-abuse prevention, and health.	42 USC 12501 et seq.

Appendix D – Expenditures by Program

Program	FY20 Expenditures		Program	FY20 Expenditures
1915c home and community based services waivers	563,892,000		Mainstream Non Elderly Disabled (NED) Program	64,190
ADPI Grant	64,740		Medicare Savings Program	553,725,820
Adult Protective Services (APS) Investigations of Elder Abuse	7,269,795		Nursing Home Civil Monetary Penalty Reinvestment Program	2,038,916
Adult/Dis-located Worker (DW) Program	9,864,470		Older Americans Act Senior Nutrition Program	12,114,800
AmeriCorps programs targeting older adults	190,220		Older American's Act: National Family Caregiver Support Program	3,345,100
Annual Grants for Senior Arts Programming	88,503		Older American's Act: Title IIIB In-home Services	1,382,010
Burial Benefits	3,417,743		OPTIONS	9,590,800
CHOICES	1,783,808,000		Programs for All Inclusive Care of the Elderly (PACE)	14,407,700
Chronic Disease Prevention	378,629		Property Tax Relief	38,000,000
Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA)	1,499,465		Public Guardianship	1,911,600
Commodity Supplemental Food Program	840,461		Re-Employment Services & Eligibility Assessment (RESEA)	1,635,534
Conservatorship	1,115,800		Senior Driving and Overall Safety (LEADS and Citizen Academy), Yellow Dot, CARFIT	74,200
Diabetes Prevention & Control	1,631,414		Senior Farmers Market Nutrition Program	413,117
Emergency Repair Program	1,683,809		Sexual Assault Services Program (SASP)	24,333
Employment and Community First CHOICES	131,035,702		SNAP Outreach Program	1,934,951
Families First Act - Older Adult Nutrition Program	1,875,528		Social Services Block Grant Program (SSBG) Adult Day Care	111,320
Family Self-Sufficiency (FSS) Program	194,034		Social Services Block Grant Program (SSBG) Homemaker	3,868,741

Appendix D – Expenditures by Program

Program	FY20 Expenditures		Program	FY20 Expenditures
Family Violence Prevention Services Act Programs (FVPSA)	22,437		State Health Insurance Assistance Program	991,420
FTA 5310 Program	3,073,176		State Veterans Home - Clarksville	12,087,794
Get Alarmed TN	305,005		State Veterans Home - Humboldt	14,100,304
Great Choice Loan Program	34,000,000		State Veterans Home - Knoxville	14,521,615
HCV Home Ownership Voucher (HOV) Program	260,617		State Veterans Home - Murfreesboro	14,231,902
Health Care Facilities	11,885,185		Stay Active and Independent for Life (SAIL) - Fall Prevention	48,683
Health Promotion and Prevention (Title IIID)	444,200		Supplemental Nutrition Assistance Program - Employment & Training (SNAP E&T)	7,079,170
Housing Choice Voucher	34,841,746		Supplemental Nutrition Assistance Program (SNAP)	6,303,973
Housing Modification and Ramp Program (though United Cerebral Palsy)	77,669		Tennessee Disability Pathfinder	152,582
Housing Trust Fund Competitive Grant Program	3,442,630		Tennessee Person-Centered Music Program (TPCMP) - formerly Music & Memory Tennessee	104,694
Independent Living	187,709		Tennessee Repair Loan Program	714,040
Information & Assistance	800,158		Tennessee Technology Access Program	478,135
Investigations of Elder Abuse	75,000		The Emergency Food Assistance Program (TEFAP)	3,816,300
Legal Assistance for Older Adults	69,300		Trade Adjustment Assistance (TAA) program	825,460
Lifespan Respite Program	292,384		Victims of Crime Act (VOCA)	2,030,638
Long-term Care Ombudsman	331,600		Weatherization Assistance	2,271,390
Low Income Home Energy Assistance Program (LIHEAP)	65,675,797			

Appendix E – Home and Community Based Services

Agency	Program	Program Description	Eligibility Requirements	FY20 Expenditures	Persons Served FY20
Department of Finance and Administration - Division of TennCare	CHOICES	<p>Tennessee's CHOICES program (CHOICES) is a Medicaid Managed Long Term Services and Supports (MLTSS) program that includes nursing facility services and home and community-based services (HCBS) for seniors age 65 and older and adults 21 years of age and older with a physical disability. CHOICES offers services to help a person live in their own home or in the community. These services can be provided in the home, on the job, or in the community to assist with daily living activities and allow people to work and be actively involved in their local community. CHOICES also provides care in a nursing home if needed.</p>	<p>Seniors (age 65 and older) and adults age 21 and older with physical disabilities \$2,349/month or a Qualifying Income Trust; resources limited to \$2,000 (asset transfer penalty) Medical (level of care) eligibility; for HCBS, safely serve in the community within applicable cost cap</p>	1,783,808,000	19,892

Appendix E – Home and Community Based Services

Agency	Program	Program Description	Eligibility Requirements	FY20 Expenditures	Persons Served FY20
Department of Intellectual and Developmental Disabilities	1915c home and community based services waivers	<p>The Department of Intellectual and Developmental Disabilities (DIDD) provides Home and Community-based services (HCBS) to individuals with intellectual and developmental disabilities. It does this through the operation and oversight of three 1915(c) (HCBS) waivers: The Statewide Waiver, the Self-Determination Waiver, and the Comprehensive Aggregate Cap (CAC) Waiver. Residential Services include supported living, medical residential, residential habilitation, family model residential supports, and semi-independent living supports. The residential provider is responsible for providing an appropriate level of services and supports for up to 24 hours per day during the hours the person supported is not</p>	<p>Any person over the age of eighteen (18) with an intellectual disability (ID) that has occurred prior to the age of eighteen (18) as specified in T. C.A. §33-1-101; or, who have a developmental disability. In order to receive 1915c waiver services, individuals must already be enrolled in DIDD Waiver Services in any of the ninety-five (95) counties in Tennessee. DIDD's waivers are closed to new enrollment, however Medicaid eligibility redeterminations are required on an annual basis for persons in the DIDD waivers except those receiving standalone Supplemental Security Income (SSI) in order to verify ongoing financial eligibility. To continue to qualify financially for Medicaid long-term care, an applicant's income cannot exceed 300% of the Federal Benefit Rate (FBR). If it is, a Qualifying Income Trust may be set up. And, the total value of things owned can't be more than \$2,000.</p>	563,892,000	1,526

Appendix E – Home and Community Based Services

Agency	Program	Program Description	Eligibility Requirements	FY20 Expenditures	Persons Served FY20
		<p>receiving Day Services or is not at school or work and is based on the person's support needs. Providers are responsible for providing an appropriate level of supports, including enabling technology, paid staff, and natural supports, as applicable, to ensure each person's health and safety, while maximizing personal choice and independence, and not restricting individual rights and freedoms, except as minimally necessary when there are specific safety concerns that cannot be mitigated to a tolerable level of risk. Additional services are available to the people receiving residential services including individual supported employment supports for those who want to work, various day services such as community participation and facility based day,</p>	<p>A person's home where he/she lives does not count. Also not counted is a person's vehicle (more than one vehicle may count as an asset) and, a person cannot have given away or sold anything for less than what it's worth in the last five (5) years. There must be documentation or evidence of a diagnosis of an intellectual disability (ID) with an overall Intelligence Quotient (IQ) Score of seventy (70) or below. The onset of the intellectual disability must have occurred prior to the age of eighteen (18). Additionally, ongoing medical eligibility applies and is established through the redetermination process.</p>		

Appendix E – Home and Community Based Services

Agency	Program	Program Description	Eligibility Requirements	FY20 Expenditures	Persons Served FY20
		<p>support coordination/case management services, and respite supports. Ancillary supports are available such as various therapy services, nursing services, dental services, specialized medical equipment and assistive technology.</p>			

Appendix E – Home and Community Based Services

Agency	Program	Program Description	Eligibility Requirements	FY20 Expenditures	Persons Served FY20
Department of Finance and Administration - Division of TennCare	Employment and Community First CHOICES	Employment and Community First CHOICES is an integrated Medicaid Managed Long Term Services and Supports (MLTSS) program that provides essential services and supports (HCBS, physical and behavioral health, pharmacy and dental services) in a coordinated and cost-effective manner for people of all ages who have an intellectual or developmental disability (I/DD). The program is specifically designed to align incentives around helping people with I/DD achieve employment and live as independently as possible in their communities. It offers a more cost-effective way of serving people with I/DD while also demonstrating improved employment, health and quality of life outcomes.	No age requirements \$2,349/month or a Qualifying Income Trust; resources limited to \$2,000 (asset transfer penalty) Medical (level of care), I/DD, safely serve in the community within applicable expenditure cap	131,035,702	108

Appendix E – Home and Community Based Services

Agency	Program	Program Description	Eligibility Requirements	FY20 Expenditures	Persons Served FY20
Department of Finance and Administration - Division of TennCare	Programs for All Inclusive Care of the Elderly (PACE)	The Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive Medicare and Medicaid benefits and social services to certain frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits. An interdisciplinary team of health professionals provides PACE participants with coordinated care. For most participants, the comprehensive service package enables them to remain in the community rather than receive care in a nursing home.	Age 55 and older \$2,349/month or a Qualifying Income Trust; resources limited to \$2,000 (asset transfer penalty) Nursing facility level of care; able to live in a community setting without jeopardizing health or safety Only available in Hamilton County	14,407,700	282
Commission on Aging and Disability	Older Americans Act Senior Nutrition Program	The Older Americans Act Senior Nutrition Program provides nutritionally balanced meals for adults 60+ through either congregate meals at nutrition sites, or through home delivered meals.	To be eligible for congregate meals a person must be 60+, the spouse of someone 60+ or a program volunteer. To be eligible for home delivered meals, a person must be 60+, homebound, and unable to prepare cooked meals for themselves.	12,114,800	27,734

Appendix E – Home and Community Based Services

Agency	Program	Program Description	Eligibility Requirements	FY20 Expenditures	Persons Served FY20
Commission on Aging and Disability	OPTIONS	OPTIONS for Community Living (referred to as OPTIONS) is a state-funded program created to provide home and community-based services to adults age 60 and over and adults (18 years of age or older) with disabilities. OPTIONS is available through the local Area Agencies on Aging and Disability (AAAD). Services may include homemaker, personal care, and home delivered meals.	Must be 18 years of age or older and meet functional criteria: a total score of three (3) ADL/IADL limitations OR a total score of two (2) ADL/IADL limitations with documented cognitive impairment	9,590,800	2,832
Department of Human Services	Social Services Block Grant Program (SSBG) Homemaker	Protective Services homemaker services for APS clients.	low-income older adult or adults with a disability who are referred by the DHS Adult Protective Service program due to allegations of abuse, neglect, or exploitation.	3,868,741	1,303
Commission on Aging and Disability	Older American's Act: National Family Caregiver Support Program	The purpose of the National Family Caregiver Support Program is to help families care, as long as possible, for older relatives with chronic illness or disability in their homes.	Caregivers must be 18 years of age providing care for a care recipient who is 60 years of age and unable to perform at least two (2) Activities of Daily Living (ADL) or a care recipient with Alzheimer's disease or a related disorder. Grandparent	3,345,100	1,416

Appendix E – Home and Community Based Services

Agency	Program	Program Description	Eligibility Requirements	FY20 Expenditures	Persons Served FY20
			relative caregivers must be 55 years of age.		
Commission on Aging and Disability	Families First Act - Older Adult Nutrition Program	Special COVID 19 funding supplement to OAA Title III-C program to provide congregate and/or home-delivered meals to Tennesseans age 60 and older	To be eligible for congregate meals a person must be 60+, the spouse of someone 60+ or a program volunteer. To be eligible for home delivered meals, a person must be 60+, homebound, and unable to prepare cooked meals for themselves.	1,875,528	11,242
Commission on Aging and Disability	Older American's Act: Title IIIB In-home Services	The services are designed to enhance the capacity of individuals age 60 and over to remain self-sufficient in their homes and to maximize the informal support provided by caregivers. The services may include homemaker services, personal care services, adult day services, and chore services.	Individuals be 60 years of age or older and meet functional requirements: a minimum total score of three (3) ADL/IADL limitations OR a total score of two (2) ADL/IADL limitations with documented cognitive impairment	1,382,010	1,128
Commission on Aging and Disability	Lifespan Respite Program	The primary purpose of the program is to advance a statewide respite voucher program that will provide support to family caregivers	Caregiver must live in the same home as the care recipient and the care recipient must have a medical or mental health diagnosis	292,384	40

Appendix E – Home and Community Based Services

Agency	Program	Program Description	Eligibility Requirements	FY20 Expenditures	Persons Served FY20
		and provide a much needed break from the demands of caregiving.			

Appendix F – Expenditures for FY20 and FY21

Department Name	Primary Program Service Delivery	Expenditures in FY20	Estimated Expenditures for FY21	Change
Arts Commission	Annual Grants for Senior Arts Programming	88,503	78,519	-9,984
	Tennessee Person-Centered Music Program (TPCMP) - formerly Music & Memory Tennessee	104,694	381,621	276,927
Bureau of Investigation	Investigations of Elder Abuse	75,000	150,000	75,000
Commission on Aging and Disability	ADPI Grant	64,740	273,300	208,560
	Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA)	1,499,465	3,042,400	1,542,935
	Families First Act - Older Adult Nutrition Program	1,875,528	200,000	-1,675,528
	Health Promotion and Prevention (Title IIID)	444,200	582,183	137,983
	Information & Assistance	800,158	1,038,191	238,033
	Legal Assistance for Older Adults	69,300	84,000	14,700
	Lifespan Respite Program	292,384	234,100	-58,284
	Long-term Care Ombudsman	331,600	329,500	-2,100
	Older Americans Act Senior Nutrition Program	12,114,800	9,164,793	-2,950,007
	Older American's Act: National Family Caregiver Support Program	3,345,100	3,768,762	423,662
	Older American's Act: Title IIIB In-home Services	1,382,010	2,013,740	631,730
	OPTIONS	9,590,800	9,590,800	0
	Public Guardianship	1,911,600	2,010,300	98,700
	State Health Insurance Assistance Program	991,420	1,012,800	21,380
	Stay Active and Independent for Life (SAIL) - Fall Prevention	48,683	53,163	4,480
Comptroller of the Treasury	Property Tax Relief	38,000,000	40,000,000	2,000,000

Appendix F – Expenditures for FY20 and FY21

Department Name	Primary Program Service Delivery	Expenditures in FY20	Estimated Expenditures for FY21	Change
Council on Developmental Disabilities	Tennessee Disability Pathfinder	152,582	374,595	222,013
Department of Agriculture	The Emergency Food Assistance Program (TEFAP)	3,816,300	3,500,000	-316,300
Department of Commerce and Insurance	Complaint mediation	--	--	--
	Get Alarmed TN	305,005	304,465	-540
	SeniorSafe	--	--	--
	Low Income Fee Waiver	--	--	--
Department of Health	Chronic Disease Prevention	378,629	427,396	48,767
	Commodity Supplemental Food Program	840,461	815,697	-24,764
	Diabetes Prevention & Control	1,631,414	2,512,458	881,044
	Health Care Facilities	11,885,185	11,971,221	86,036
	Nursing Home Civil Monetary Penalty Reinvestment Program	2,038,916	4,800,000	2,761,084
	Senior Farmers Market Nutrition Program	413,117	388,890	-24,227
Department of Human Services	Adult Protective Services (APS) Investigations of Elder Abuse	7,269,795	7,269,795	0
	Independent Living	187,709	200,000	12,291
	SNAP Outreach Program	1,934,951	1,900,059	-34,892
	Social Services Block Grant Program (SSBG) Adult Day Care	111,320	111,320	0
	Social Services Block Grant Program (SSBG) Homemaker	3,868,741	3,868,741	0
	Supplemental Nutrition Assistance Program - Employment & Training (SNAP E&T)	7,079,170	7,109,335	30,165
	Supplemental Nutrition Assistance Program (SNAP)	6,303,973	6,340,675	36,702
	Tennessee Technology Access Program (TTAP)	478,135	473,379	-4,756

Appendix F – Expenditures for FY20 and FY21

Department Name	Primary Program Service Delivery	Expenditures in FY20	Estimated Expenditures for FY21	Change
Department of Intellectual and Developmental Disabilities (DIDD)	1915c home and community based services waivers	563,892,000	551,490,600	-12,401,400
	Conservatorship	1,115,800	1,169,100	53,300
Department of Labor and Workforce Development	Adult/Dis-located Worker (DW) Program	3,434,593	10,714,885	7,280,292
	Adult/Dis-located Worker (DW) Program	6,429,877	9,900,331	3,470,454
	Re-Employment Services & Eligibility Assessment (RESEA)	1,635,534	3,584,371	1,948,837
	Trade Adjustment Assistance (TAA) program	825,460	6,322,297	5,496,837
	Migrant & Seasonal Farmworker Program (MSFW)	--	--	--
	Senior Community Service Employment Program (SCSEP)	--	--	--
Department of Mental Health and Substance Abuse Services	Mental Health Programs for Seniors	--	--	--
Department of Safety and Homeland Security	Senior Driving and Overall Safety (LEADS and Citizen Academy), Yellow Dot, CARFIT	74,200	--	--
Department of State	Absentee Ballots for 60+	--	--	--
Department of Transportation	FTA 5310 Program	3,073,176	4,430,714	1,357,538
Department of Veterans Services	Burial Benefits	3,417,743	3,479,800	62,057
Finance and Administration - Office of Criminal Justice Programs	Family Violence Prevention Services Act Programs (FVPSA)	22,437	23,594	1,157
	Sexual Assault Services Program (SASP)	24,333	11,178	-13,155
	Victims of Crime Act (VOCA)	2,030,638	1,730,632	-300,006

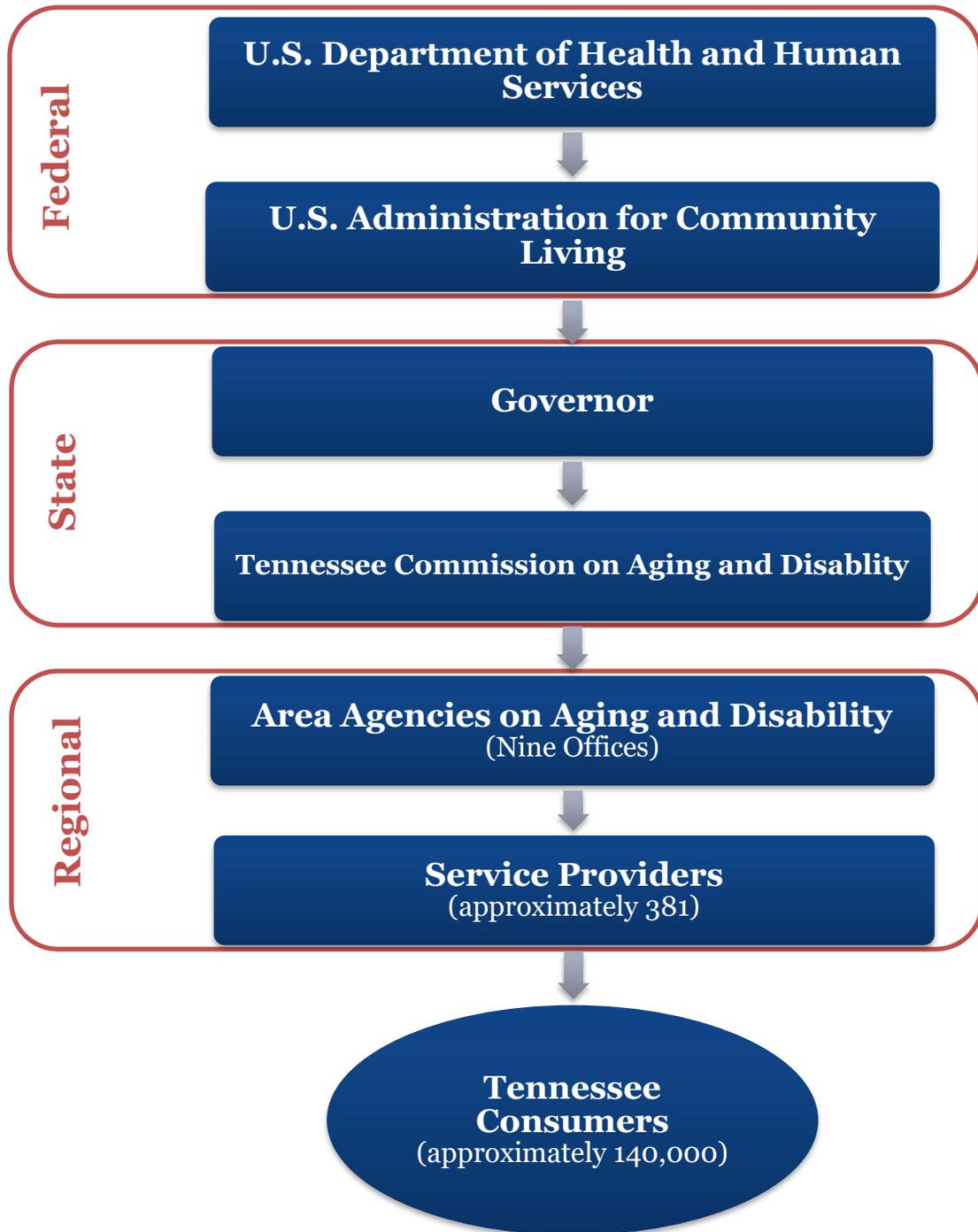
Appendix F – Expenditures for FY20 and FY21

Department Name	Primary Program Service Delivery	Expenditures in FY20	Estimated Expenditures for FY21	Change
Finance and Administration - Division of TennCare	CHOICES	1,783,808,000	1,800,000,000	16,192,000
	Employment and Community First CHOICES	131,035,702	185,034,000	53,998,298
	Medicare Savings Program	553,725,820	581,900,000	28,174,180
	Programs for All Inclusive Care of the Elderly (PACE)	14,407,700	14,400,000	-7,700
Housing Development Agency	Emergency Repair Program	1,683,809	2,700,000	1,016,191
	Family Self-Sufficiency (FSS) Program	194,034	202,546	8,512
	Great Choice Loan Program	34,000,000	34,000,000	0
	HCV Home Ownership Voucher (HOV) Program	260,617	270,000	9,383
	Housing Choice Voucher	34,841,746	39,180,775	4,339,029
	Housing Modification and Ramp Program (through United Cerebral Palsy)	77,669	150,000	72,331
	Housing Trust Fund Competitive Grant Program	3,442,630	3,300,000	-142,630
	Low Income Home Energy Assistance Program (LIHEAP)	65,675,797	74,000,000	8,324,203
	Mainstream Non Elderly Disabled (NED) Program	64,190	220,000	155,810
	Tennessee Repair Loan Program	714,040	500,000	-214,040
	Weatherization Assistance	2,271,390	5,875,000	3,603,610

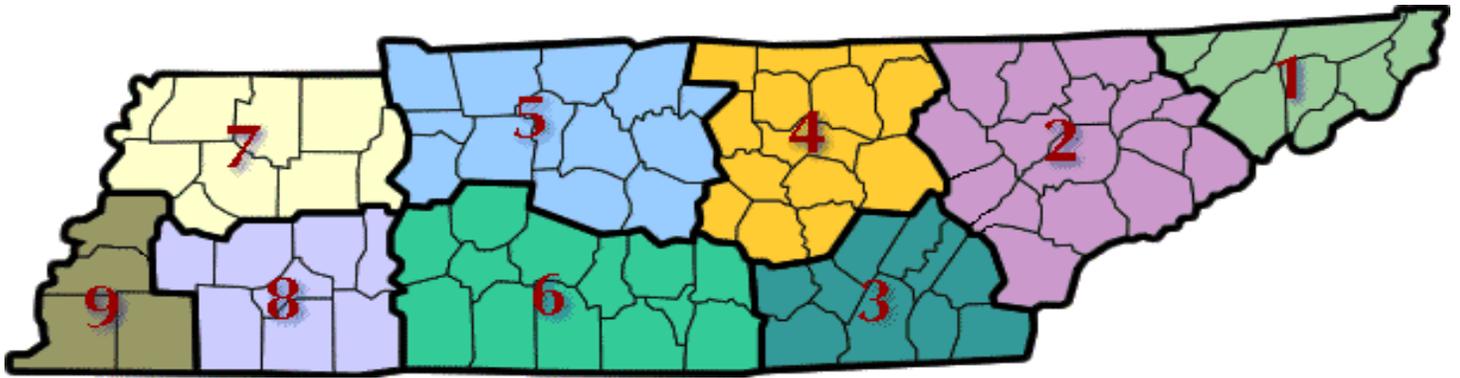
Appendix F – Expenditures for FY20 and FY21

Department Name	Primary Program Service Delivery	Expenditures in FY20	Estimated Expenditures for FY21	Change
Human Rights Commission	The Tennessee Human Rights Commission receives and investigates complaints of allegations of discrimination in employment, housing, public accommodations and ensures compliance with Title VI for state agencies who receive federal financial assistance.	--	--	--
Public Utility Commission	Telecommunications Devices Access Programs (TDAP)	--	--	--
State Veterans' Homes Board	State Veterans Home - Clarksville	12,087,794	12,881,417	793,623
	State Veterans Home - Humboldt	14,100,304	13,743,946	-356,358
	State Veterans Home - Knoxville	14,521,615	14,164,932	-356,683
	State Veterans Home - Murfreesboro	14,231,902	14,373,050	141,148
Volunteer Tennessee	AmeriCorps programs targeting older adults	190,220	284,911	94,691
Wildlife Resources Agency	Tennessee Wildlife Resources Agency (TWRA)	--	--	--

Attachment H. Aging Network



Attachment I. Tennessee Area Agencies on Aging and Disability



1. First Tennessee AAAD

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First TN Development District
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2. East Tennessee AAAD

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FAX: 865-531-7216
abradley@ethra.org

3. Southeast Tennessee AAAD

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cgrant@sedev.org

4. Upper Cumberland AAAD

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931-432-4111 FAX: 931-432-8112
hwilliams@ucdd.org

5. Greater Nashville AAAD

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Interim Director
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6. South Central Tennessee AAAD

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South Central TN Development District
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7. Northwest AAAD

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8. Southwest AAAD

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Southwest TN Dev. District
Southwest TN Area Agency on
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9. ACMS

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Attachment J. CAD Commission Members 2021

Governor's Appointees

Kim Brannon, Northwest Tennessee Representative (West Tennessee)
Cynthia Strong, Upper Cumberland Representative (Middle Tennessee)
Tracy Moore, South Central Tennessee Representative
Don Bivacca, Federally Chartered Organization Representative (AARP)
Mike Willis, First Tennessee Representative (East Tennessee)
Regina Smith, Southwest Tennessee Representative
Ed Cole, Greater Nashville Representative (Davidson County)
Kristi Wick, Southeast Tennessee Representative
Del Holley, East Tennessee Representative (Knox County)
Dora Ivey, Mid-South Planning and Service Area
Carol Westlake, Disability Advocacy Representative
Janice Wade-Whitehead, Chartered Statewide Organization (Alzheimer's Tennessee)

Governor's Staff Appointee

Joseph Williams, Governor's Staff Representative

Commissioners of State Government Departments and Agencies

Commissioner Lisa Piercey, (Proxy: Sally Pitt) Department of Health
Commissioner Tommy Baker, (Proxy: Paul Overholser) Department of Veterans Services
Commissioner Clarence H. Carter, (Proxy: Renee Bouchillon) Department of Human Services
Deputy Commissioner Stephen Smith, (Proxy: James Adam Morgan) TennCare Bureau
Commissioner Brad Turner, (Proxy: Karen Wills) Department of Intellectual and Developmental Disabilities
Commissioner Marie Williams, (Proxy: Alicia Roberson) Department of Mental Health
Executive Director Wanda Willis, (Proxies: Lynette Porter) TN Council on Developmental Disabilities

Members of Tennessee General Assembly

The Honorable Ken Yager, District 12—Campbell, Fentress, Morgan, Rhea, Roane, and Scott Counties

House of Representatives

Representative Sabi Kumar, District 66-Robertson County

Attachment K
Cost Sharing Rule

**RULES
OF
TENNESSEE COMMISSION ON AGING AND DISABILITY**

CHAPTER 0030-1-7

**COST SHARING FOR SERVICES FOR THE ELDERLY PROVIDED THROUGH
TITLE III OF THE OLDER AMERICANS ACT**

TABLE OF CONTENTS

0030-1-7-.01	Purpose	0030-1-7-.04	Waiver
0030-1-7-.02	Services Exempt from Cost Sharing		
0030-1-7-.03	Cost Sharing and Participant Contribution Requirement		

0030-1-7-.01 PURPOSE.

The purpose of this rule is to establish cost sharing requirements for services funded by the Older Americans Act as authorized by 42 U.S.C. § 3030c-2.

Authority: T.C.A. § 71-2-105 (b)(1) and 42 U.S.C.A. § 3030 c-2. *Administrative History:* Original rule filed May 24, 2005; effective August 7, 2005.

0030-1-7-.02 SERVICES EXEMPT FROM COST SHARING.

- (1) The following services are exempt from cost sharing:
 - (a) Information and referral, outreach, benefits counseling, or case management services.
 - (b) Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services.
 - (c) Congregate and home delivered meals.

Authority: T.C.A. § 71-2-105 (b)(1) and 42 U.S.C.A. § 3030 c-2. *Administrative History:* Original rule filed May 24, 2005; effective August 7, 2005.

0030-1-7-.03 COST SHARING AND PARTICIPANT CONTRIBUTION REQUIREMENTS.

- (1) Each Area Agency on Aging and Disability, and each service provider involved, shall adhere to these cost sharing requirements for recipients of services funded in whole or in part through the Older Americans Act funded through the Commission on Aging and Disability who can pay all or a portion of the cost of the services rendered.
- (2) Each Area Agency on Aging and Disability shall utilize a sliding fee scale developed by the Commission to determine the amount a consumer of service will be asked to pay toward the cost of services he receives.
- (3) Except as otherwise provided, each Area Agency on Aging and Disability shall utilize the following sliding fee scale:
 - (a) Consumers with income less than 200% of the Federal Benefit Rate shall not be subject to cost sharing for services they receive.
 - (b) Consumers with income at or above 200% of the Federal Benefit Rate shall be asked to pay a percentage of the cost of the services they receive, but the cost share shall not exceed 45% of their income.

(Rule 0030-1-7-.03, continued)

- (c) Recipients with incomes greater than 600% of the Federal Benefit Rate may receive information and assistance and other services exempted from cost share listed in 0030-1-7-.02, but shall be asked to contribute 100% of the cost of any additional services they receive.
- (4) These cost sharing rules shall ensure that each Area Agency on Aging and Disability and each service provider involved will:
 - (a) Provide applicants for services with a written description of the cost sharing guidelines prior to the commencement of any services;
 - (b) Determine the cost share amount based solely on the self-declaration of income with no consideration of assets;
 - (c) Collect consumers' cost share obligations utilizing an invoice format at least quarterly;
 - (d) Issue a receipt of payment to any consumer of service making a payment pursuant to these policies;
 - (e) Safeguard all funds collected through the cost sharing process including a record of accounts receivable for each consumer;
 - (f) Use methods for receiving cost share payments and contributions that protect the privacy and confidentiality of each older individual with respect to the declaration or non-declaration of income and to any share of costs paid or unpaid by an individual;
 - (g) Make a good faith effort to collect cost sharing obligations from consumers of service where feasible and cost effective. If the Area Agency on Aging and Disability finds that collecting a given amount is not cost effective, the Area Agency may waive this amount;
 - (h) Not deny any service for which funds are received under the Act for an older individual due to income or failure to make a cost share payment;
 - (i) Ensure that consumers of services who are not subject to cost sharing be given an opportunity to make a voluntary contribution toward the cost of the service being provided.
- (5) All income collected in accordance with these rules shall be utilized by Area Agencies on Aging and Disability and each service provider involved to expand the service for which such payment was given.

Authority: T.C.A. § 71-2-105 (b)(1) and 42 U.S.C.A. § 3030 c-2. **Administrative History:** Original rule filed May 24, 2005; effective August 7, 2005.

0030-1-7-.04 WAIVER.

- (1) An Area Agency may request a waiver to the Commission's cost sharing policies, and the Commission will approve such a waiver, if the area agency can adequately demonstrate that—
 - (a) A significant proportion of persons receiving services under the Act subject to cost sharing in the planning and service area have incomes below the poverty level; or
 - (b) Cost sharing would be an unreasonable administrative or financial burden upon the Area Agency on Aging and Disability.

(Rule 0030-1-7-.04, continued)

Authority: *T.C.A. § 71-2-105 (b)(1) and 42 U.S.C.A. § 3030 c-2. Administrative History:* *Original rule filed May 24, 2005; effective August 7, 2005.*

Attachment L. Financial Plan

	Title III and Title VII	Other Resources	Total Budget
Total Resources to be used for State Agency Administration			
Older Americans Act - III & VII			
State Administration	1,345,200	1,562,100	2,907,300
Elder Abuse	25,000		25,000
Other Funding Sources			
Insurance Counseling		248,800	248,800
Covid related grants		79,000	79,000
Other discretionary grants		649,900	649,900
Total Area Agencies on Aging	<u>\$ 1,370,200</u>	<u>\$ 2,539,800</u>	<u>\$ 3,910,000</u>
Total Resources to be used for Substate Planning and Service Delivery (Area Agencies on Aging and Contract Service Providers)			
Federal Funds			
Federal Title III	28,447,200		28,447,200
Federal Title VII	369,900		369,900
NSIP Reimbursement	1,684,600		1,684,600
Insurance Counseling and Outreach		1,590,200	1,590,200
Covid related grants	19,665,400		19,665,400
Other discretionary grants		4,192,300	4,192,300
	<u>\$50,167,100</u>	<u>\$5,782,500</u>	<u>\$55,949,600</u>
State Funds			
Senior Citizen Centers		1,250,000	
State In-Home Services		1,362,200	
Guardianship		2,010,300	
Home & Community Based Services		9,590,800	
		<u>\$ 14,213,300</u>	<u>\$ 14,213,300</u>
Total Area Agencies on Aging			\$70,162,900
Total Resources			<u><u>\$ 74,072,900</u></u>

Attachment M

Title VI of the Civil Rights act of 1964 – Implementation Plan

TENNESSEE COMMISSION ON AGING AND DISABILITY

**Title VI Compliance Report and
IMPLEMENTATION PLAN**

FY 2019 – 2020



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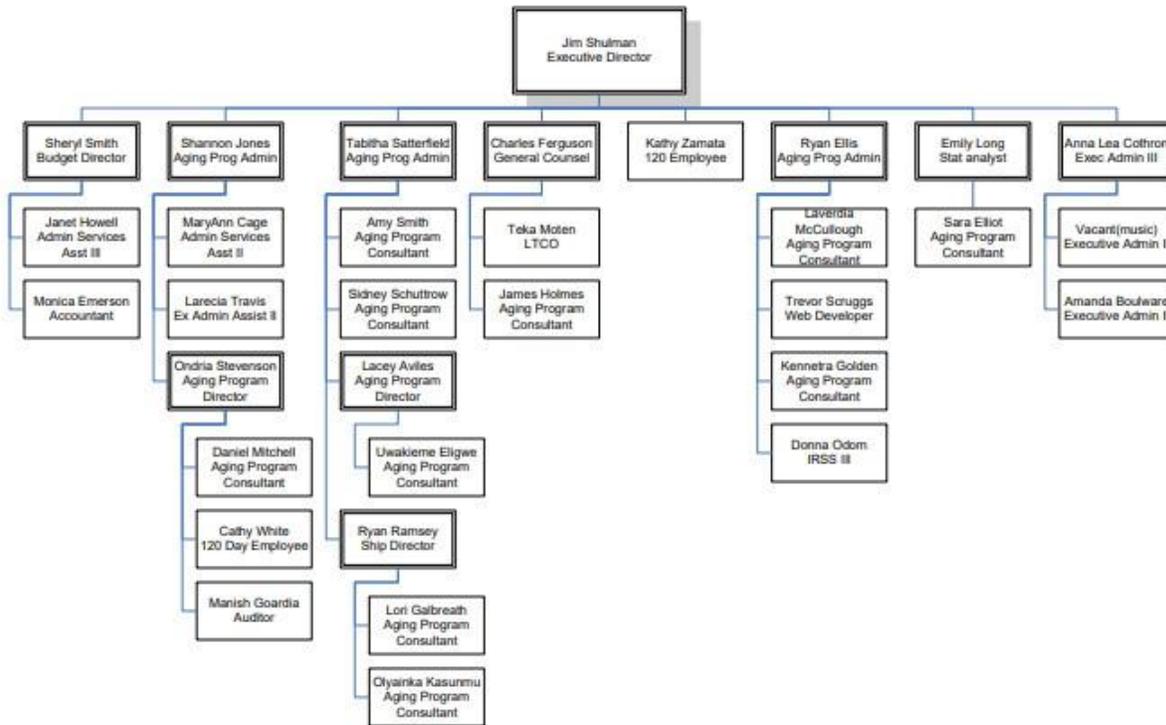
2. Overview

- Mission Statement

The Tennessee Commission on Aging and Disability (TCAD) brings together and leverages programs, resources and organizations to protect and ensure the quality of life and independence of older Tennesseans and adults with disability.

The General Assembly created the Tennessee Commission on Aging to plan, develop, and administer the Older Americans Act. In 2001, the General Assembly passed Public Chapter 397 renaming the agency the Tennessee Commission on Aging and Disability and expanding the commission’s authority to include services to adults with disabilities.

The Older Americans Act (OAA) provides federal funds for administration and direct services. These services include congregate and home delivered meals, protection of elder rights, supportive and in-home care, senior centers, transportation, information and assistance, and family caregiver services. TCAD administers state funds for Public Guardianship, homemaker, and personal care services and home-delivered meals as a part of Options for Community Living. The revised TCAD Organizational chart follows below:



3. Responsible Officials:

- The Commission on Aging and Disability officials associated with this Title VI Implementation Plan are as follows:

Jim Shulman,
Executive Director
502 Deaderick St.
9th Floor, Andrew Jackson Building
Nashville, TN 37243
jim.shulman@tn.gov

Kennetra Golden,
502 Deaderick St.
9th Floor, Andrew Jackson Building
Nashville, TN 37243
Title VI Coordinator,
Aging Program Consultant
kennetra.golden@tn.gov

Ondria Stevenson,
502 Deaderick St.
9th Floor, Andrew Jackson Building
Nashville, TN 37243
Aging Program Director
Ondria.M.Stevenson@tn.gov

4. Definitions - words often used in discussing disability and aging issues and programs:

1. Abuse - The willful:
 - (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or
 - (B) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.
2. Adult Child with a Disability - A child who--
 - (A) is 18 years of age or older;
 - (B) is financially dependent on an older individual who is a parent of the child; and
 - (C) has a disability.
3. Aging Network is described in the Older Americans Act and means the network of--
 - (A) State Agencies, Area Agencies, Title VI grantees, Title III grantees and the Administration for Community Living
 - (B) organizations that--
 - i. are providers of direct services to older individuals; or
 - ii. are institutions of higher education; and
 - iii. receive funding under the Older Americans Act.
4. Area Agency on Aging and Disability - An Area Agency designated under section 305(a) (2) (A) of the Older Americans Act or a State Agency performing the functions of an Area Agency under section 305(b) (5) of the Older Americans Act.
5. Assistive Technology - Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations.
6. Assurance - A written statement or contractual agreement signed by the agency head in which a recipient agrees to administer federally assisted programs in accordance with civil rights laws and regulations.
7. Beneficiaries - Those persons to whom assistance, services, or benefits are ultimately provided.
8. Board and Care Facility - An institution regulated by a State pursuant to section 1616(e) of the Social Security Act (42 U.S.C. 1382e (e)).
9. Caregiver - An individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law.
10. Case management Service--
 - (A) A service provided to an older individual, at the direction of the older individual or a family member of the individual—
 - (i) by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination describe in subparagraph (B); and
 - (ii) to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and
 - (B) Includes services and coordination such as--
 - (i) comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);

(ii) development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services--

- (I) with any other plans that exist for various formal services, such as hospital discharge plans; and
- (II) with the information and assistance services provided under this Act;
- (III) coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
- (IV) periodic reassessment and revision of the status of the older individual with--
 - a) the older individual; or
 - b) if necessary, a primary caregiver or family member of an older individual; and
- (V) in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

- 11. Civil Rights Compliance Reviews - Regular systematic inspections of agency programs conducted to determine regulatory compliance with civil rights laws and regulations. Compliance reviews determine compliance and noncompliance in the delivery of benefits and services in federally assisted programs. These reviews help to measure the effectiveness of agency civil rights programs. They identify problems, such as denial of full benefits, barriers to participation, disparate treatment, lack of representation on advisory boards and planning committees, lack of information, and denial of the right to file a civil rights complaint.
- 12. Complaints - A verbal or written allegation of discrimination which indicates that any federally assisted program is operated in such a manner that it results in disparate treatment of persons or groups of people because of race, color, or national origin.
- 13. Compliance - The fulfillment of a program, law or other regulatory requirements.
- 14. Conciliatory Agreement - A voluntary agreement between a federal agency and the state or between the state and a sub recipient that provides for corrective action to be taken by a recipient to eliminate prohibited actions in any program receiving federal assistance.
- 15. Contractor - A person or entity that agrees to perform services at a specified price.
- 16. Disability - A disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:
 - (A) self-care,
 - (B) receptive and expressive language,
 - (C) learning,
 - (D) mobility,
 - (E) self-direction,
 - (F) capacity for independent living,
 - (G) economic self-sufficiency,

- (H) cognitive functioning, and
 - (I) emotional adjustment.
17. Discrimination - To make any distinction between one person or group of persons and others, either intentionally, by neglect, or by the effect of actions or lack of actions based on race, color, or national origin.
 18. Elder Abuse, Neglect and Exploitation - The abuse, neglect, and exploitation, of an older individual.
 19. Elder Abuse - Abuse of an older individual.
 20. Exploitation - The illegal or improper act or process of an individual, including a caregiver, using the resources of an older individual for monetary or personal benefit, profit, or gain.
 21. Federal Assistance - Any funding, property, or aid provided for the purpose of assisting a beneficiary.
 22. Focal Point - A facility established to encourage the maximum collocation and coordination of services for older individuals.
 23. Frail - With respect to an older individual in the State, that the older individual is determined to be functionally impaired because the individual--
 - (A)
 - (i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
 - (ii) at the option of the State, is unable to perform at least three such activities without such assistance; or
 - (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.
 24. Greatest Economic Need - A need resulting from an income level at or below the poverty line.
 25. Greatest Social Need - A need caused by non-economic factors, which include--
 - (A) physical and mental disabilities;
 - (B) language barriers; and
 - (C) cultural, social, or geographical isolation, including isolation caused by
 - (D) racial or ethnic status, that:
 - (i) restricts the ability of an individual to perform normal daily tasks; or
 - (ii) threatens the capacity of the individual to live independently.
 26. Indian - A person who is a member of an Indian tribe.
 27. Information and Assistance Service - A service for older individuals that—
 - (A) provides the individuals with current information about opportunities and services available to the individuals within their communities, including information relating to assistive technology;
 - (B) assesses the problems and capacities of the individuals;
 - (C) links the individuals to the opportunities and services that are available;
 - (D) to the maximum extent practicable, ensure the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
 - (E) serves the entire community of older individuals, particularly--
 - (i) older individuals with greatest social need; and
 - (ii) older individuals with greatest economic need.

28. Information and Referral – Information that links the individual to the opportunities and services that are available within their community.
29. Institution of Higher Education - has the meaning given the term in section 1201(a) of the Higher Education Act of 1965 (20 U.S.C. 1141(a)).
30. Legal Assistance – Direct provision of legal advice and representation by an attorney; other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and, counseling and representation by a non-lawyer where permitted by law.
31. Long-Term Care Facility - means
 - (A) any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i-3(a));
 - (B) any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r (a));
 - (C) for purposes of sections 307(a) (12) and 712, a board and care facility; and
 - (D) any other adult care home similar to a facility or institution described in subparagraphs A) through (C).
32. Minority - A person or group of persons differing from others by race, color or national origin. Other legislation has defined minority status for other protected classes. Title VI focuses only on race, color and national origin.
33. Multipurpose Senior Center - A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.
34. Neglect - means
 - (A) the failure to provide for oneself the goods or services that are necessary to avoid physical harm, mental anguish, or mental illness; or
 - (B) the failure of a caregiver to provide the goods or services.
35. Noncompliance - Failure or refusal to comply with Title VI of the Civil Rights Act of 1964, other applicable civil rights laws, and implementing departmental regulations.
36. Nonprofit - As applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which ensures, or may lawfully ensure, to the benefit of any private shareholder or individual.
37. Older Individual - An individual who is 60 years of age or older.
38. Parity - The proportion of minority participation to the minority eligible population of a service delivery point is the same as the proportion of non-minority participation to the non-minority eligible population of the same delivery point.
39. Physical Harm - Bodily injury, impairment, or disease.
40. Planning and Service Area - An area designated by a State agency under section 305(a) (1) (E), including a single planning and service area described in section 305(b) (5) (A).
41. Post-award Review - A routine inspection of agency programs during and after federal assistance has been provided to the beneficiary or recipient. These reviews may be cyclical or based on a priority system contingent upon the potential for noncompliance in individual programs. Reviews are normally conducted through on-site visits; however, desk audits and other mechanisms may also be used to assess operation of federally assisted programs. A post-award review may result in a written report that shows the compliance status of agency program offices and recipients. When necessary, the report will contain recommendations for

- corrective action. If the program office or recipient is found to be in noncompliance, technical assistance and guidance must be provided to bring the recipient into voluntary compliance. If voluntary compliance cannot be secured, formal enforcement action is then initiated.
42. Potential Beneficiaries - Those persons who are eligible to receive federally assisted program benefits and services.
 43. Poverty Line - The official poverty line (as defined by the Office of Management and Budget and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).
 44. Pre-award Review - A desk audit of the proposed operations of a program applicant for federal assistance prior to the approval of the assistance. The department must determine that the program or facility will be operated such that program benefits will be equally available to all eligible persons without regard to race, color, or national origin. The applicant may provide methods of administering the program designed to ensure that the primary recipient and sub recipients under the program will comply with all applicable regulations and correct any existing or developing instances of noncompliance. If the documentation provided by the applicant for the desk audit is inadequate to determine compliance, then an on-site evaluation may be necessary.
 45. Public Notification - Process of publicizing information about the availability of programs, services and benefits to minorities and statements of nondiscrimination. This is attained using newspapers, newsletters, periodicals, radio and television, community organizations, and grassroots and special needs directories, brochures, and pamphlets.
 46. Recipient - Any state, political subdivision of any state, or instrumentality of any state or political subdivision, any public or private agency, institution, or organization, or other entity or any individual in any state to whom federal financial assistance is tendered, directly or through another recipient, for any program, including any successor, assignee, or transferee thereof, but not including any ultimate beneficiary under such program.
 47. Registered Guardian – Registered guardian certification is awarded upon successful completion of a two-year course overseen by the National Guardianship Association. The certification is a means of demonstrating to the public, consumers and the courts that the guardian has enough skill, knowledge and understanding to be worthy of the responsibility entrusted to them.
 48. Representative Payee - A person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.
 49. Service Delivery Area - The area served by a service delivery point in the administration of federally assisted programs.
 50. Service Delivery Point - The place in which federally assisted program services or benefits are administered to the public.
 51. Severe Disability - A severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that--
 - (A) is likely to continue indefinitely; and
 - (B) results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8).
 52. State Agency - The agency designated under section 305(a) (1) of the Older Americans Act.
 53. Supportive Service - A service described in section 321(a) of the Older Americans Act.

54. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d-4 - Federal law prohibiting discrimination based on race, color, or national origin. It covers all forms of federal aid except contracts of insurance and guaranty. It does not cover employment, except where employment practices result in discrimination against program beneficiaries or where the purpose of the federal assistance is to provide employment.

5. Nondiscrimination Policy

Pursuant to the State of Tennessee's policy of nondiscrimination, TCAD will not discriminate against its program beneficiaries or participants based on race, sex, religion, color, national origin, age, disability or veteran status as required by applicable federal and state laws and regulations. Persons wishing to file a complaint under 42 U.S.C. ss2000d, TCA ss4-21-203 should direct such complaints to Title VI Compliance Officer, Tennessee Commission on Aging and Disability, 502 Deaderick Street, 9th floor, Nashville Tennessee 37243-0860. Complaints can also be directed to the Tennessee Human Rights Commission, Title VI Compliance Officer, Tennessee Tower, 312 Rosa Parks Ave., 23rd Floor, Nashville, TN 37243, Telephone #: (615) 741-5825. Americans with Disabilities Act inquiries or complaints should be directed to the Tennessee Commission on Aging and Disability Title VI coordinator at 502 Deaderick Street, 9th floor, Nashville, Tennessee 37243-0860, Telephone #: (615) 253-4429. TCAD and its sub-recipients will make available any compliance report to be reviewed by THRC upon request.

Assistance for those with hearing and visual impairments is available through the Tennessee Relay Center at 1-800-848-0298 for TTY/PC Users; 800-848-0299 for Voice Users; Española 865-503-0263; Speech-to-Speech 866-503-0264. Sprint is the statewide provider of Relay Service.

Pursuant to the State of Tennessee's policy of non-discrimination, TCAD will not discriminate against current and potential employees based on race, sex, religion, FFA color, national origin, age, disability or veteran status, as required by applicable federal and state laws and regulations. Persons wishing to file a complaint under 42 U.S.C. ss2000d, TCA ss4-21-904 should direct such complaints to Title VI Compliance Officer, Tennessee Commission on Aging and Disability, 502 Deaderick Street, 9th floor, Nashville, Tennessee, 37253-0860, Phone 615 741-2056. Complaints can also be directed to the Tennessee Human Rights Commission, Title VI Compliance Officer, Tennessee Tower, 312 Rosa Parks Ave., 23rd floor, Nashville, TN 37243, Phone 615-741-5825.

6. Organization of the Civil Rights Office

A. Title VI Planning and Compliance, Staffing and Duties

The function of the Title VI Coordinator is comprised of several activities, planning, compliance, technical assistance, outreach and training. The planning function is covered in the Area Plan submitted to TCAD annually. The plan must indicate how the AAADs (subrecipients) intend to make services accessible to minority older adults or adults with disabilities. Evaluation of the Area Plans and Targeting Plan is addressed in the compliance function of the Title VI coordinator for TCAD. Training is achieved through in-service training on relevant topics applicable to Title VI by the TCAD Title VI Coordinator. Technical assistance and outreach are offered by both program (program consultants) and compliance (monitoring) staff. For example, when an Area Agency's outreach efforts have not demonstrated effective participation in the programs that are offered, then the monitoring staff or the person with the program oversight at the state level offers technical assistance. TCAD is a small agency so both program and compliance work jointly on solutions.

B. Staffing, Duties, and Responsibilities

- Planning

Since Title VI impacts all the programs provided by TCAD contractors, it is more than signage and a lack of complaints. The many services offered through the AAADs allow older persons to remain in their own homes; therefore, it is crucial that these services be accessible to all Tennesseans. As a part of their annual update of the four-year plan, AAADs are required to outline their plans and strategies to reach all Tennesseans. As a result, the AAADs submit a Title VI implementation plan as a part of their Area Agency Plan. In addition, the Area Plans outline minority contractors, as well as minority staff as a part of their staffing plan. Each Area Agency has a designated Title VI coordinator. In addition to the Title VI requirements, Area Agencies are required by the Older Americans Act (OAA) to target low income, rural and minority populations. Area Plans are reviewed by TCAD staff prior to their approval to assure that the agency has addressed all the Administration on Community Living (ACL) requirements, including a targeting plan.

- Compliance

The compliance portion of the job duties includes reviewing Area Plans prior to a site visit as well as looking at current census data and comparing census data with participation in funded programs. The Title VI review is a part of an annual monitoring that is conducted with each Area Agency on Aging and Disability, either on-site or as a desk review. The review is an opportunity to look for areas of improvement as well a chance to identify effective best practices in outreach. The review will take place annually during the monitoring period for each Area Agency on Aging. Any compliance issues found during the review will require a written plan of correction that will be approved by TCAD. The Area Agencies on Aging are charged with locating community focal points where the public is most likely to encounter some aspect of the aging network, such as Information and Assistance

Services, Senior Centers, and Nutrition. This is to ensure that older Tennesseans and adults with disabilities have access to needed programs. In addition, part of the program monitoring process assures that Title VI training is conducted at least annually, with providers, vendors and staff. Some of the Area Agencies provide Title VI training at each of their quarterly provider meetings.

- Training

The Title VI Coordinator provides training to the TCAD staff as well as training and technical assistance to the Title VI coordinators (often the Quality Assurance monitors) for the area agencies who in turn, provide in-service seminars to the AAAD staff and their service providers. The FY 2020 annual TCAD staff Title VI training was provided through an online training module by the Agency's Title VI Coordinator, Kennetra Golden, from April 10-April 30, 2020. The training was created by the Office of Criminal Justice. TCAD full-time and part-time staff participated in viewing the video and taking the post-test. Additional staff joining the Commission after June 30, 2020 completed the training by September 2020. After successfully passing the post-test the staff emailed confirmation of the course to Kennetra Golden.

(Refer to Section 12-Title VI Training in this narrative for details.)

- Outreach

In addition to Title VI outreach, the Area Agency also describes and documents their plans and activities to outreach to OAA required targets of low income, rural and minority populations. The Area Agency boards are comprised of city and county mayors, advisory groups are more flexible as to membership. The composition of the advisory board is viewed as a part of the monitoring review.

The Aging and Disability Resource Center (ADRC) and TCAD promote information about programs and services on both the local community and statewide level to advance public awareness.

- Technical Assistance

In reviewing data as a part of the monitoring process, care is taken to see if programs are reaching minorities and other populations in their targeting plan. If this becomes a continuing issue, even after several technical assistance visits or phone calls, then a finding is documented.

Technical assistance may also be requested as a proactive effort if a program is aware of missing some targets.

7. Discriminatory Practices

It is the policy and intention of TCAD to comply fully with Title VI of the Civil Rights Act of 1964 and to require similar compliance from the aging and disability services network in Tennessee.

Prohibited practices include:

- Denying any individual any services, such as: Adult Day Care, Medication Management and Education, Case management, Outreach, Chore Services, Personal Care, Congregate and Home Delivered Meals, Personal Emergency Response Systems, Homemaker Services, Respite Care, Legal Assistance, Support Groups for Caregivers, Long-Term Care Ombudsman, Transportation, Minor Home Modification / Repair based upon their race, color or national origin.
- Denying anyone the opportunity to serve as a volunteer, advisor, or member of a policy board, or hold positions of leadership, or other benefits for which he/she is otherwise qualified based upon their race, color or national origin.
- Providing any individual with a service, or other benefit, which is different or is provided in a different manner from that which is provided to others, such as the selection of menu items, the mode or style of service, or the manner of conveyance in transportation based upon their race, color or national origin.
- Subjecting any individual to segregated or separate treatment in any manner related to his/her receipt of service, including congregate meals in separate sites or facilities, senior center services in separate sites or facilities, or employment services in separate sites or facilities based upon their race, color or national origin.
- Restricting an individual in any way in the enjoyment of services, facilities or any other advantage, privilege, or other benefit provided to others under the program based upon their race, color or national origin.
- Adoption of administrative methods which limit participation by any group of recipients based on their race, color or national origin.
- Adoption of administrative methods which limit participation in submitting bids for services and receiving contracts or subcontracts; and personnel practices such as hiring, firing, and granting raises due to race, color or national origin.
- Addressing any individual in a manner that is offensive because of race, color, or national origin.

8. Federal Programs or Activities

The aging network programs are the result of federal, state and local funding. The Older American's Act (OAA) provides the statutory authority for the Administration on Aging (AoA) to make rules and grants to State Units on Aging (SUAs). All FFA received by TCAD is from US Department of Health and Human Services. In a reorganization effort, the US Department of Health and Human Services (USHHS) combined AoA programs with the Administration on Intellectual and Developmental Disabilities, since some of the issues like livable communities, transportation, and independent living choices are similar. USHHS called the new agency the Administration for Community Living (ACL). ACL and AoA terms are used interchangeably, in this plan.

The nine (9) Area Agencies on Aging and Disability (AAADs or Area Agencies) in Tennessee serve as the Aging and Disability Resource Centers (ADRCs), the single point of entry for the services provided through the Older Americans Act, the state-funded Options for Community Living Program, the State Health Insurance Assistance Program, and the Public Guardianship for the Elderly Program. The AAADs are funded directly by TennCare to serve as a point of entry for the TennCare CHOICES program. Below a chart of all the programs/activities with all federal and state dollar amounts received as well as the sub-recipients and vendors.

Agency	Total Funds	Programs/Activities
First TN	6,647,112	Title III & IV; SHIP; MIPPA; SNAP; VOCA/CREVVA
East TN	12,325,070	Title III & IV; SHIP; MIPPA; SNAP; VOCA/CREVVA;SAIL
Upper Cumberland	5,329,836	Title III & IV; SHIP; MIPPA; SNAP; VOCA/CREVVA; Alzheimer; Person Centered Music
Southeast TN	7,119,200	Title III & IV; SHIP; MIPPA; SNAP; VOCA/CREVVA
Greater Nashville	11,508,170	Title III & IV; SHIP; MIPPA;
Southwest TN	4,089,183	Title III & IV; SNAP; VOCA/CREVVA
Northwest TN	4,044,650	Title III & IV; SHIP; MIPPA; SNAP; VOCA/CREVVA
Aging Commission of the Mid-South	9,579,235	Title III & IV; SHIP; MIPPA; SNAP; VOCA/CREVVA
South Central TN	5,455,067	Title III & IV; SHIP; MIPPA; SNAP; VOCA/CREVVA
*Note: All the agencies above received CARES Act and COVID FF		
Vendors		
West TN Legal Services Inc.	56,413	Ombudsman* <i>(State-Funded)</i>
TALS	32,000	Title III & IV <i>(Elder Abuse)</i>
MIFA	103,900	Ombudsman* <i>(State-Funded)</i>
Family & Children's Services	182,185	Title III & IV; SHIP
TRICOR	58,268.60	SHIP
Mid-Cumberland HRA	479,092	VOCA/CREVVA
City of Ridgley	72,390	Access to Health
TN Respite Coalition	671,885	Respite
Vanderbilt University	215,000	Alzheimer
Catholic Charities of TN	15,000	COVID FF
Absorb	39,500	Person-centered Music

A. 1. Older Americans Act Programs (OAA)

Older Americans Act (OAA) funds provide, in addition to a comprehensive array of services, the administrative infrastructure to deliver all OAA programs. As the designated state unit on aging, TCAD receives an annual allotment under Title III of the Older Americans Act as amended, from the Administration on Aging (AoA) in the U.S. Department of Health and Human Services. TCAD allocates OAA funds to nine Area Agencies on Aging and Disability (AAADs) based on an approved intrastate funding formula. The total amount of OAA funding TCAD receives is \$28,093,755. The AAADs plan, develop and implement a system of services for older persons age 60 and over in their respective Planning and Service Areas (PSA). They also oversee multi-purpose senior center activities. This comprehensive and coordinate system of services is described in the AAAD's Area Plans. OAA programs administered by TCAD include:

- OAA Title III-B Supportive Services/In- Home Services
Supportive services funds provide a wide range of social services aimed at helping older people remain independent in their own homes and communities. Some of the services offered under Titles III-B of the Act include services such as information and assistance, transportation, case management, legal assistance, adult day care and activities in senior centers.
- Information and Assistance
TCAD contracts with the nine Area Agencies on Aging and Disability (AAADs) to provide information, assistance, referrals, initial screening for program eligibility, and long-term care options counseling. The AAADs act as a single point of entry for federal and state programs. Information and Assistance is provided directly by the AAADs. This service may be accessed through the toll free, statewide number 1-866-836-6678.
- Legal Assistance
Provides legal advice and representation by an attorney to older individuals and includes counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney. Clients may be referred to a private attorney after screening by legal staff to determine if the needed services fall within the predetermined case-handling priority guidelines. Referrals may also be made to another community service provider. Public education is also provided.
- OAA Title III-C Nutrition Services
Nutrition Program for the Elderly
Nutrition Services provide meals and socialization to older persons in congregate settings such as senior centers or senior housing. Home delivered meals are also provided to eligible older people in their own homes. The purposes of the program are to reduce hunger and food insecurity, promote socialization among older people, and provide meals to frail consumers in their homes.

- Senior Centers
 Another important part of Tennessee’s Aging Network are multipurpose Senior Centers that serve as local community focal points for aging activities in at least one location in each of Tennessee’s 95 counties. They offer a wide variety of group and individual services that promote healthy lifestyles, provide learning opportunities, and provide social interaction and volunteer opportunities. Senior Centers in Tennessee are supported through a combination of federal, state and local funds.

- OAA Title III–D Disease Prevention and Health Promotion
 Disease Prevention and Health Promotion
 TCAD contracts with the nine (9) AAADs to provide health promotion activities across the state. Individual or group sessions, most often conducted at senior centers, assist participants to understand how their lifestyle impacts their physical and mental health and to develop personal practices that enhance their total well-being, including physical, emotional and psychosocial factors. The Administration on Community Living now requires that OAA funded health promotion and disease prevention activities be evidence-based.

- OAA Title III–E National Family Caregiver Support Program
 National Family Caregiver Support Program
 This program assists family caregivers caring for persons over the age of 60 or to grandparents or other older individuals who are relative caregivers. The Caregiver program provides information and assistance, individual counseling, respite and supplemental services on a limited or one-time basis.

- OAA Title IV Activities for Health, Independence, and Longevity
 TCAD continues to pursue plans to develop and enhance the awareness of the services provided by the AAAD in order that the public will recognize the AAAD as a trusted, objective, reliable source of information and assistance for aging and disability services. There is also a push to create an integrated access point for Aging and Disability resources within the State of Tennessee for the aging population related to livability communities that allow people to maintain their independence if possible. Improvements in housing, transportation, caregiver support, wellness and/or disease prevention are some of the focal areas.

- OAA Title VII Elder Rights Protection
 Elder Rights
 TCAD advocates for the protection of older Tennesseans from physical and emotional abuse, theft, negative stereotyping, and discrimination. The Tennessee Vulnerable Adult Coalition (TVAC) was established in 2008, to bring the state’s public and private agencies together to promote the collaboration necessary to prevent abuse, neglect and exploitation of vulnerable adults.

Long Term Care Ombudsman

The state and nine (9) District Long Term Care Ombudsmen are advocates for older persons residing in nursing homes, residential homes for the aged and assisted care living facilities. The Ombudsman is available to help qualified residents of long-term care facilities when residents and their families cannot resolve their problems through consultation with the facility staff or governmental agencies involved. Trained Volunteer Ombudsman Representatives are a component of this program.

(A) Administration on Community Living

The Tennessee Commission on Aging and Disability (TCAD) is directed by the Administration for Community Living to designate 9 Area Agencies on Aging to plan for and provide or broker all the services (programs) listed in this section. Under the Older Americans Act, receiving funding for the Older Americans Act (OAA) programs listed these nine sub-recipients. Seven of the 9 are in development districts, one is part of Memphis/Shelby county government and one is associated with the East Tennessee Human Resource Agency. ACL also funds the State Health Insurance Assistance Program (SHIP) to the 9 Area Agencies for this service, except for the Southwest Area where the contract is with the “211” agency.

(B) Discretionary Grants

The TCAD applies for discretionary funds from the Administration for Community Living (ACL) as well as other sources to explore evidence-based programs and/or innovative initiatives. The following discretionary federal grant awards are supported the Administration for Community Living (ACL) and the Office of Criminal Justice Program (OCJP). Two of the TCAD programs, SNAP and CREVVA, are scrutinized by other organizations to ensure TCAD follows the agreements. The programs activities of each award are being closely monitored by TCAD personnel to assure grant requirement are met and reported as specified by the funding source. Other activities, the SAILS, Respite, Alzheimer’s, Person-Centered Music, and Access to Health are all programs overseen by TCAD staff according to the requirements. These federal grants through ACL amount to \$471,290 in federal assistance combined.

These grants are usually limited to 2 or 3 years. When the discretionary grant announcements are made, there is usually a 6 to 8 week turn-around time for a response. TCAD follows the Office of Contract Review guidelines for all contracts. Discretionary Grants administered by TCAD include:

- **Supplemental Nutrition Assistance (SNAP) Grant**

Funds outreach education and application assistance to seniors around the state of Tennessee and services are provided by local Area Agencies on Aging (AAAD’s). The SNAP outreach grant is approved on a year to year basis. The goal is to help promote food security and improve nutrition for low-income seniors. The purpose is to provide specific outreach, screening and application assistance to eligible Tennesseans over the age of 65. On average, only two out of every five seniors who qualify for SNAP apply for the benefit, therefore, many of the people

who may be eligible for this critical benefit and are not applying. Department of Human Services provides Title VI training to be facilitated by TCAD Nutrition Director to SNAP coordinators annually. Once training is complete a signed form from each member trained is submitted to DHS to keep on file. SNAP funds amount to \$471,290.00 for the period of October 1, 2020 to August 30, 2021.

- **Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA)**

This three-year grant is from the Tennessee Offices of Criminal Justice Program (OCJP) through the Victims of Crime Acts (VOCA) of 1984. Eighteen (18) advocates, the CREVAA program will provide services to elder and vulnerable adult victims of crime in all ninety-five (95) Tennessee counties. The program will be monitored on the same schedule as other TCAD programs. The funds amount to \$2,906,350 (July 1, 2020 to June 30, 2021) will be distributed on the TCAD federal funding formula. OCJP provides an online Title VI training within 30 days of hire and updated for all employees annually in January. Training confirmation is submitted to OCJP and kept in the employee file.

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

SHIP is a federally program has an award of \$1,411,592 (April 1, 2020 to March 31, 2021). The grant provides free and objective counseling and information about Medicare and related health insurance coverage. Funding comes from the Administration on Community Living (ACL). The total number of SHIP consumers served between July 1, 2019 through June 30, 2020 was 111,126 individuals in One-on-One Counseling.

Counselors help consumers with Medicare enrollment and eligibility, choosing Medicare Prescription Drug plans, Medicare Supplement Policies, and/or Medicare Advantage plans. In addition, the Counselors can assist with information on Medicare and Employer related health insurance, long-term care insurance, and nursing home Medicaid. SHIP counselors are located at each area agency and can be contacted through a statewide toll-free line. (1-877-801-0044).

Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

MIPPA is a federal fund of \$638,907 for the October 1, 2020 to September 2021 period. The program focuses on low-income program assistance, wellness and prevention services, and prescription drug plan enrollments. Funding is from the Administration on Community Living (ACL). Counselors help consumers complete applications to qualify for assistance to help pay for Medicare costs such as premiums, deductibles and co-payments. In addition, the counselors assist consumers with enrollments into the most cost-effective drug plan options and make the beneficiary aware of preventative services that are available to them at little to no cost.

SAIL Program

Stay Active and Independent for Life (SAIL) is an evidence-based strength, balance and fitness program for adults 65 and older. Performing exercises that improve strength, balance and fitness are the single most important activity that adults can do to stay active and reduce their chance of falling. SAIL was awarded \$26,074.00 for April 1, 2020 to March 31, 2021.

CARES Act and COVID FF

Additional federal funds have been allotted through the CARES Act (to provide emergency economic relief to state and local governments during the COVID-19 crisis) and other sources of federal funds were also made available due to the COVID-19 pandemic to assist more people during this time. The CARES Act totaled \$15,071,200 (March 31/2020 to September 31, 2021) and the COVID federal funding is \$4,869,100 (August 1, 2020 to September 31, 2021). Providing an additional \$19,940,300 to TCAD for distribution for enhanced assets for services.

The following are not applicable for the Tennessee Commission on Aging and Disability:

- (i) Federal grant that is not a program activity and how it is used, N/A
- (ii) Loans equipment training resources, land from feds. N/A

9. Data Collection and Analysis

Each AAAD enters participation information into the SAMS database for their various programs and services. The intent of analysis by Title VI coordinators and Area Agency staff is to review the data and compare to community demographic figures. This data identifies areas of under service, which TCAD can address by training and technical assistance.

9. A.1. The State Health Insurance Assistance Program (SHIP) provides non-biased analysis of Medicare plans to assist beneficiaries in selecting the policy that best meets their needs. The SHIP numbers for the State of Tennessee for April 1, 2019-March 31, 2020 shows there were contacts with 116,946 individuals. The reported racial/ethnic encounters involved the following:

Data reporting of race was 75 % non-minority encounters with 11 % minority and 14% wherein race was not collected. Nationally the typical SHIP consumer is described as a 70-year-old white female.

9. A.2. Data for the ACL programs are collected in a standardized system, Social Assistance Management Software (SAMS). The information reported reflects the number of beneficiaries receiving Case management Services by race or ethnicity. Case management services are the entry to access for home and community-based services and the best measurement of unduplicated participants in the programs. This is reported for the state as a whole and by Area Agency. The statewide figures represent minority participation in case management service at 30% of participants.

9. B.1. Minority Representation Agency Staff

Of the 30 full-time employees working for the Commission, 15 are Executive Service and 17 are Preferred Service. The 21 White workers are 65.625 % of the staff while there are nine African Americans making up 28.15% of the employees. The final number are of other minority groups to be 6.25% of the workforce.

EEO Detail

Tennessee Commission on Aging and Disability

ID#	Position	Ethnic Category	Executive-N Preferred-Y
120869	AGING COMMISSION EXECUTIVE DIR	1	N
417752	ACCOUNTANT 3	1	Y
131084	INFO RESOURCE SUPPORT SPEC 3	1	Y
124058	ADMIN SERVICES ASSISTANT 3	1	Y
448831	GENERAL COUNSEL 1	1	N
545318	WEB ADMINISTRATOR	2	Y
128013	AGING COMMISSION ASST DIR	1	Y
397525	EXECUTIVE ADMIN ASSISTANT 2	2	N
138057	ADMIN SERVICES ASSISTANT 2*	1	Y
155804	EXECUTIVE ADMIN ASSISTANT 2	1	N
163881	AGING PROGRAM ADMINISTRATOR	1	N
471301	STATISTICAL RESEARCH SPEC	1	N
387191	BUDGET ANALYSIS DIRECTOR 1	1	Y
396161	FISCAL DIRECTOR 2	1	N
508801	STATE LT CARE OMBUDSMAN	2	N
493719	AGING PROGRAM CONSULTANT	2	Y
444284	EXECUTIVE ADMIN ASSISTANT 3	1	N
140737	AGING PROGRAM CONSULTANT	2	Y
151944	AGING PROGRAM CONSULTANT	1	Y
453125	AGING PROGRAM DIR	3	N
452888	AGING PROGRAM CONSULTANT	6	Y
105619	AGING PROGRAM ADMINISTRATOR	2	N
516147	AGING PROGRAM CONSULTANT	1	Y
556146	AGING PROGRAM CONSULTANT	2	Y
101166	AUDITOR 3	4	Y
139607	AGING PROGRAM CONSULTANT	2	Y
495693	AGING PROGRAM CONSULTANT	1	Y
557118	AGING PROGRAM CONSULTANT	2	Y
439795	AGING PROGRAM DIR	1	N
535578	EXECUTIVE ADMIN ASSISTANT 2	1	N
163171	AGING PROGRAM ADMINISTRATOR	1	N
409377	AGING PROGRAM CONSULTANT	1	Y
500694	AGING PROGRAM DIR	1	N

9. B.2. There are nineteen Commission Members and no minority members currently. All Commission Members are appointed by the Governor. The Governor’s office has been made aware of this matter.

Commission Member	Term of Office	Date Term Expires	Qualifications of District or Area Representative	Executive Cmte	Audit Cmte	Community Living Cmte	Legislative Cmte	Strategic Planning Cmte	
Carol Westlake	October 1, 2019	September 30, 2025	Disability Advocacy Representative				*X		
Regina Smith	October 1, 2020	September 30, 2026	Southwest Tennessee Representative						
Kim Brannon	October 1, 2018	September 30, 2024	Northwest Tennessee Representative	X	X	X			
Cynthia Strong	October 1, 2020	September 30, 2026	Upper Cumberland Representative						
Ed Cole	October 1, 2016	September 30, 2022	County)	X				*X	
Kristi Wick	October 1, 2020	September 30, 2026	Southeast Tennessee Representative						
Tracy Moore	October 1, 2018	September 30, 2024	South Central Tennessee Representative				X		
Del Holley	October 1, 2016	September 30, 2022	East Tennessee Representative (Knox County)	*X			X		
Dora Ivey	October 1, 2016	September 30, 2022	Mid-South Planning and Service Area	X	X	X			
Mike Willis	October 1, 2020	September 30, 2026	First Tennessee Representative						
Don Bivacca	October 1, 2020	September 30, 2024	Representative (Advocates Exclusively for Older Persons) (AARP Tennessee)		X			X	
Janice Wade-Whitehead	October 1, 2018	September 30, 2024	advocates exclusively for older persons (Alzheimer’s	X		*X			
* Denotes Committee Chair									
Wanda Willis Proxy: Lynette Porter (Audit Committee) (Commission Board)	Continuous		Council on Developmental Disabilities		X				
Joseph Williams	Coterminous with that of the appointing Governor		Governor’s Staff Representative					X	
Renee Bouchillon			Dept. of Human Services			X			
Dennis Temple			Dept. of Mental Health and Substance Abuse Services			*X			X
Sally Pitt			Dept. of Health				X		
Paul Overholser			Dept. of Veterans Services					X	
Karen Wills			Dept. of Intellectual and Developmental Disabilities						
Jamie O’Neal			Division of TennCare			X		X	
Coterminous with the terms of the elected General Assembly									
Senator Ken Yager **	November 3, 2020		Tennessee Senate						
Rep. Sabi Kumar **	November 6, 2019		Tennessee House of Representatives						
** Ex Officio Members - No Voting Rights, Serve as Legislative Liaisons									

9. B.3. Identifying potential participants (planning and compliance)

Each Area Agency, as a part of their Area Agency Plan, designs a targeting plan, which focuses on minority, poor, and rural populations. Exhibit C-4 requires the agency to draft a Title VI plan. Area Plans are for four years with an annual update that reports on the results of the goals, objectives and strategies of the past year, and updating any information.

Area Plan Instructions
FY 2019 – 2022: July 1, 2018 to June 30, 2022

Instructions for each exhibit are provided in the table below. It is recommended that you review the TCAD State Plan, <http://www.tn.gov/aging/topic/tcad-state-plan>, as you prepare the Area Plan.

EXHIBIT	TITLE	INSTRUCTION
	Submittal Page	Submit
	Intro Page	Submit page following the Submittal Page
A-1	Designated PSA	Complete
A-2	AAAD County Data	Insert the County Data for your AAAD (Data will be provided by TCAD, First TN is included as a sample)
A-3	Needs Assessment and Program Challenges	Complete this section based on information provided in the Statewide Survey
B-1	Plan for Program Development & Coordination	If your plan includes the use of III-B fund for program development and coordination, provide narrative on how those funds will be used
C-1	FY 2018 Highlight of Accomplishments	Provide a status update of accomplishments
C-2	Goals, Objectives, Strategies, and Performance Measures	Provide objectives, strategies, and performance measures for FY 2019-2022 based on goals included in the TCAD State Plan
C-3	Program Planning for FY 2019	Provide information to the questions detailing program planning for FY 2019.
C-4	Targeting Plan, Title VI	Complete the AAAD Title VI Implementation Plan for FY 2019 - 2022
D-1	AAAD Staffing	Provide information to questions around AAAD staffing
D-2	Training & Staff Development Plan	Complete
E-1	Advisory Council	Complete information on Advisory Council
E-2	Public Hearing	A public hearing is required, and this section must be completed detailing information regarding the hearing
E-3	Advisory Council Participation in the Area Plan Process	Provide information on the involvement of the Advisory Council in the Area Plan process
F-1	Direct Provision of Services Provided by OAA Funding	Submit this waiver indicating which services the AAAD is requesting to provide directly.

F-2	Five Day Requirement	Submit this waiver if the AAAD is requesting to waive the five-day meal requirement for any of its nutrition sites.
F-3	Required Minimum Expenditures for Priority Service	Submit this waiver if the AAAD is requesting to waive the requirement to meet the minimum expenditures
F-4	Cost Share Requirement	Submit this waiver if the AAAD is requesting to waive cost share requirements
F-5	TCAD Policy Requirement	Submit this waiver if the AAAD is requesting to waive a TCAD policy requirement
G-1	Assurances	Sign the attached documents which include the three (3) assurances. The assurances must be signed as a part of the FY 2019-2022 Area Plan
H-1	Budget Area Plan	Submit using the attached excel document. <i>(Please send a copy in the excel format)</i>
H-2	Personnel Area Plan	Submit using the attached excel document. <i>(Please send a copy in the excel format)</i>
H-3	Subcontracting Agencies	Complete and submit using the attached excel spreadsheet listing the subcontracting agencies for FY 2019 <i>(Please note any additions or deletions of subcontracting agencies to this document will need to be updated and resubmitted) (Please send a copy in the excel format)</i>
H-4	Nutrition Sites	Complete and submit using the attached excel spreadsheet listing nutrition sites for FY 2019 <i>(Please send a copy in the excel format)</i>

9. B.4. Participation Data

Minority participation as measured by enrollment in case management services equaled 30% for state fiscal year 2019.

Data Collection for Title VI 2019		
Racial/Ethnic Category	Consumers	Percentage
Unknown	91	0.8%
American Indian/Native Alaskan	38	0.4%
Asian	14	0.1%
Black/African American	2377	21%
Native Hawaiian/Other	38	0.4%
Non-Minority White	8462	76%
Other	37	0.3%
White-Hispanic	121	1.1%
Total	11178	100%

10. Limited English Proficiency (LEP)

The Tennessee Commission on Aging and Disability (TCAD) will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have access and an equal opportunity to participate in agency services and programs benefitting adults with disabilities and older Tennesseans. This policy provides for communication of information contained in vital documents including but not limited to: Interpreters, translators or other aids needed to comply with this policy shall be provided without cost to the person being serviced. The cost for such service will be billed through the state contracted entity (AVAZA) to provide this service.

TCAD made use of the AVAZA translation services for two (2) phone calls. The language translated for both calls was Spanish. TCAD did not have a requirement to log AVAZA calls at that time. A TCAD call log was developed for use as of FY2020 based on the recommendation of THRC. Subrecipients who have more contact with consumers keep such logs.

Of the nine (9) Area Agency on Aging offices in Tennessee used translation and/or interpreter services by seven (7) for ten (10) different languages or dialects. The languages that were translated were Spanish, Chinese, Arabic, Mandarin, American Sign Language, Nepali, Russian, and Vietnamese, an unknown Asian dialect, and Farsi. There were 5 instances when written translation was provided in FY 2019-2020. Spanish was the most frequently requested language for services.

Subrecipients	LEP Services		Languages used to assist the consumers
	Translation	Interpreter	
First TN	yes	yes	Spanish, Chinese
East TN	yes	yes	Spanish
Upper Cumberland	yes	yes	Spanish
Southeast TN	no	yes	Spanish, Arabic
Greater Nashville Regional Council	no	yes	Spanish, Arabic, Mandarin, Chinese, Nepali, American Sign Language [ASL]
South Central TN	yes	yes	Spanish
Northwest TN	no	no	None
Southwest TN	no	no	None
Aging Commission of the Mid-South	yes	yes	Spanish, Vietnamese, Farsi, Arabic, Russian, American Sign Language [ASL], an Asian dialect

All staff is provided a copy of this policy and procedure, and personnel that have direct contact with LEP individuals are trained in effective techniques, including the effective use of an interpreter. TCAD requires Area Agencies to review language needs of their service population in their Area Plans and plan updates.

In addition to the policy, TCAD has an assigned Project Manager with AVAZA, who helps with, information and additional posters for use on site at AAADs and other focal points. TCAD does not have staff that acts as an interpreter or provide translation services. Several of the sub-recipients employ staff that is bi-lingual and partner with community agencies that serve LEP residents as part of their outreach efforts. The Southeast Area Agency on Aging and Disability has two staff bilingual staff; Roxana Martinez and Jennifer Miller

and both speak Spanish. Upper Cumberland Area Agency on Aging and Disability has a bilingual employee, Nester Chavez who speaks Spanish. South Central Area Agency and other AAADs to collaborate with agencies that have the trust and credibility with the LEP and minority populations.

There was no need for written translation services for FY2019-2020 by TCAD. Much of the information about various programs can be accessed from the TCAD website in a variety of languages by using Google translate software. Below is the AVAZA language guide available to the AAADs for walk-in consumers to get assistance from AVAZA as needed.

The following are other examples of the translated materials in both English and Spanish.



LA LEY ESTABLECE DE OPORTUNIDADES



El Título VI del Decreto de Derechos Civiles de 1964 prohíbe que los programas que reciben ayuda del gobierno federal discriminen base a raza, color o nacionalidad de origen.

La Comisión sobre envejecimiento y discapacidad de Tennessee también requiere que sus servicios sean ofrecidos a todas las personas elegibles sin distinción de raza, color, o nacionalidad de origen.

Si usted considera que ha sido víctima de actos de discriminación, póngase en contacto con su representante local del Título VI listado a continuación:

_____ (nombre)

_____ (localidad)

_____ (número de teléfono)

Las Prácticas Prohibidas incluyen las siguientes:

- Negar servicios en base a raza, color, o nacionalidad de origen.
- Aplicar estándares diferentes para el mismo tipo de servicio.
- Segregar a los clientes únicamente en base a raza, color, o nacionalidad de origen.
- Restringir acceso a servicios o beneficios de programa.
- Impedir la dignidad humana por manera de dirigirse o tratamiento.
- No considerar a las personas con dominio limitado de inglés.

Se Prohíbe la Discriminación

Comisión de Derechos Humanos de Tennessee, 312 Rosa Parks Blvd., Piso 23 Snodgrass Edificio, Nashville, TN 37240, 1-800-251-3589
 Tennessee Human Rights Commission, 312 Rosa Parks Blvd., 23 Floor, Snodgrass Bldg., Nashville, TN, 37240, 1-800-251-3589





Equal Opportunity is the Law



Title VI of the Civil Rights Act of 1964 prohibits federally assisted programs from discriminating based on race, color, or national origin.

The Tennessee Commission on Aging and Disability also requires that its services be offered to all eligible persons regardless of race, color or national origin,

Should you feel you have been discriminated against, contact your local Title VI representative listed below:

(name)

(location)

(telephone number)

Prohibited Practices Include:

- Denying services because of race, color or national origin.
- Applying different standards for the same types of services.
- Segregating clients solely because of race, color, or national origin.
- Refusing to grant equal privileges to clients or staff members
- Impairing human dignity by manner of address or treatment.
- Failing to make allowances for language or educational difficulties.

Discrimination Is Prohibited

Tennessee Human Rights Commission, 312 Rosa Parks Blvd., 23 Floor, Snodgrass Bldg., Nashville, TN, 37240, 1-800-251-3589



Do you speak English?	Point here and an interpreter will be assigned to you, at no cost.	English
¿Hable Español?	Señale aquí y se le asignará un intérprete sin costo.	Spanish
هل تتكلم العربية؟	أشر هنا والمترجم سيكون موجوداً مجاناً.	Arabic
ته كوردی ده تاخقی؟	ئیشارەت ڤیری بکه ته رجومان بۆ ته حازر دکهین ، به خورای.	Kurdish (Behdini)
ئایا کوردی قسه ده کهیت؟	ئیشارەت لیره بکه موته رجیمت بۆتاماده ده کهین ، به خۆپای.	Kurdish (Sorani)
آیا شما فارسی صحبت میکنید؟	ترو صبد مجتهد كن، كيندك مرشدا اجنيا بهرگا رايگان در اختيار شما قرار ميگيرد.	Farsi
Bạn nói tiếng Việt phải không?	Chỉ vào đây và sẽ có người thông dịch viên giúp đỡ Bạn, Bạn không phải trả gì hết.	Vietnamese
Maku hadashaa afka somaaliga?	Halkaan farta ku-fiiq turjubaan lacag la-an ayaad heleysaa.	Somali
Da li govorite Bosanski?	Pokažite ovdje i prevodilac će vam biti obezbijedžen, besplatno.	Bosnian
Parlez-vous français?	Ici, un interpréteur sera assigné pour vous, sans avoir payé.	French
ທ່ານເວົ້າພາສາລາວແມ່ນບໍ່?	ກະລຸນາບອກເຈົ້າໜ້າທີ່ຕາມນີ້ຈະມີນາຍພາສາມາແປໃຫ້ທ່ານໂດຍບໍ່ໄດ້ເສັງເງິນ.	Laotian
你會講中文嗎？	請點在這裡我們為你免費提供翻譯服務。	Chinese (Mandarin)
日本語を話せますか？	ここを指して下さい。無料の通訳者を指定します。	Japanese
Je-una azungumza kiswahili?	Nyosha kidola hapa na utatafsiriwa bila kulipa chochote.	Kiswahili
Voce fala Português?	Aperte aqui e um intérprete lhe será fornecido sem custo algum.	Portuguese
क्या आप हिंदी बोल सकते हैं ?	इशारा यहाँ पर किजिये, भाषांतर करनेवाले विनामुल्य मिल जायेंगे।	Hindi
한국어를 하십니까?	이곳을 지적해주시면 통역자가 무료로 호출됩니다.	Korean
Вы говорите по-русски?	Укажите сюда, и совершенно бесплатно Вам будет предоставлен переводчик.	Russian
አማርኛ ይናገሩሉን?	በጥቅም ወደዚህ ያመልክቱ ያለምንም ክፍያ አስተርጓሚ ይመደብሉታል!	Amharic
Eske ou pale kreyòl	Pwen isit la e yon entèprèt ap vin ede'w gratis.	Haitian Creole
Jin kueni Thuok nuera?	Wane eme deri thuok nuera jek ke kulic du a thil kok.	Nuer
તમે ગુજરાતી બોલી શકો છો?	અહીંયા ઇશારો કરો, ભાષાંતર કરનાર વિનામુલ્યે મળી જશે.	Gujarati
Türkçe biliyormusunuz?	Burayı gösterirseniz, ücretsiz tercuman size yardım edecektir.	Turkish
คุณพูดภาษาไทยหรือเปล่า?	กรุณาบอกรั้ให้ทราบด้วยถ้าคุณต้องการคนแปล	Thai
Afaan Oromoo nidubata	Harkake asiti baasi gargasa Afaan hikaa malaqa duwa argaata.	Oromo

MEDICARE Questions?

We Can Help!
For An Appointment, Call
1-877-801-0044

- **Original Medicare & Medicare Advantage Plans**
Eligibility—Enrollment—Coverage—Billing
- **Medicare & Prescription Drug Costs**
Part D Prescription Drug Coverage—Extra Help
- **Medicare Supplement or Medigap Insurance**
Standardized Plans—Enrollment Deadlines—Rights & Protections
- **Medicare & Other Insurance**
Employee Plans—Retiree Plans—VA—TriCare for Life
- **Medicare & TennCare/Medicaid**
Coverage Options—Losing TennCare—Benefit Changes—Nursing Home Medicaid
- **Medicare Savings Programs**
Help with Medicare Part B Premiums—QMB—SLMB—QJ-1



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1-866-836-7677

PROTECT...DETECT...REPORT

- **Protect yourself from Medicare errors, fraud and abuse**
- **Learn to detect potential errors, fraud and abuse**
- **If you suspect that you have been a target of errors, fraud or abuse, REPORT IT!**

Contact the Tennessee Senior Medicare Patrol (SMP) if you need assistance with Medicare billing issues, Medicare appeals, or reporting Medicare fraud.

TN SMP is a statewide program that Empowers seniors to prevent healthcare fraud. SMP recruits retired professionals to serve as resources in their communities. If you are interested in volunteering with SMP, contact 1-866-836-7677 for a program in your area.



SMP is a nationwide program funded in part by the U.S. Administration on Aging. In Tennessee, SMP is administered by Upper Cumberland Development District and partners with the Statewide Area Agency on Aging and Disability Network.

Preguntas sobre MEDICARE?

¡Podemos ayudar!
Para agenda una cita,
Llame 1-877-801-0044

- **Planes de Medicare Original & Medicare Advantage**
Elegibilidad-Inscripción-Cobertura-Facturación
- **Medicare & Costos de medicamentos recetados**
Cobertura de medicamentos recetados Parte D-
Ayuda adicional
- **Suplemento de Medicare o seguro de Medigap**
Planes estandarizados – fechas de inscripción
– Derechos y protecciones
- **Medicare & Otros seguros**
Planes de empleados-Planes de jubilados-VA-
TriCare for Life
- **Medicare & TennCare/Medicaid**
Opciones de cobertura— Perdida de
TennCare— Cambio de beneficios—Medicaid
para hogar de ancianos
- **Programas de ahorro de Medicare**
Ayuda con las primas de Parte B de Medicare—
QMB—SLMB—QJ-1



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1-866-836-7677

PROTEGER...DETECTAR...REPORTAR

- Protéjase de los errores, el fraude y el abuso de Medicare
- Aprenda a detectar posibles errores, fraude y abuso
- Si sospecha que ha sido víctima de errores, fraude o abuso, ¡REPORTELO!

Póngase en contacto con Tennessee Senior Medicare Patrol (SMP) si necesita ayuda con problemas de facturación de Medicare, apelaciones de Medicare o informes de fraude de Medicare.

TN SMP es un programa estatal que permite a las personas mayores evitar el fraude a la atención médica. SMP recluta profesionales retirados para que sirvan como recursos en sus comunidades. Si está interesado en ser voluntario en SMP, comuníquese al 1-866-836-7677 para obtener un programa en su área.



SMP es un programa nacional financiado en parte por la Administración de EE. UU. para el Envejecimiento. En Tennessee, SMP es administrado por el Distrito de Desarrollo de Upper Cumberland y se asocia con la Agencia del Área Estatal de Envejecimiento y Red de Discapacidad.

Information and Assistance staff (located at the Area Agencies) are required to seek and maintain certification through the Association of Information and Referral Services (AIRS). Of the 31, full-time TCAD employees, six (6) are AIRS certified and one (1) has CRS and CRS-AD certification. LEP is a part of the training and exam for certification. All are trained on how to access the AVAZA services when needed to help a person with Limited English Proficiency.

Procedures:

- TCAD uses the state contract with AVAZA Language Services to provide effective support to Area Agency Staff and TCAD staff in the use of competent interpreter services.
- In order to assure contractor compliance, Area Agencies on Aging and Disability (sub-recipients) provide training in the LEP policy and the use of AVAZA services to reach people whose first language is not English as a part of the Area Agency's regular Title VI provider training.
- Most inquiries regarding access to services are by phone, through the Information and Assistance staff at the Area Agencies on Aging and Disability, who are certified by the Alliance of Information and Referral Systems. Information and Assistance staff is trained in the use of AVAZA services.

11. Complaint Procedures

A. Complaints and Lawsuits

There were no complaints made during the FY2019-2020 reporting period. There has been one reported complaint filed with TCAD alleging discrimination in FY2020-2021. The complaint has been investigated by the sub-recipient and submitted directly to THRC as required. The complaint was not found to meet the standard to be based on race, color or national origin. TCAD has retained a copy of the complaint and the subsequent investigation documenting management of the process.

B. Procedures

A complaint alleging discrimination against a program or service funded through TCAD may be filed as an internal complaint or as an external complaint, i.e., the complaint may be filed at the (1) AAAD or other grantee agency level, (2) the Tennessee Commission on Aging and Disability level (3) the Tennessee Human Rights Commission or (4) the federal level (Regional Office for Civil Rights, U.S. Department of Health and Human Services). The first two avenues for complaint filing are internal and the next two are external to the aging and disability services network.

“Any family member, service recipient or legally authorized representative on behalf of a service recipient, who applies for or receives any benefit or service provided by the AAAD or TCAD may file a complaint of discrimination on the basis of race, color, or national origin.” The following is the complaint form:



STATE OF TENNESSEE
Tennessee Commission on Aging and Disability

Title VI of the Civil Rights Act of 1964

Discrimination Complaint

Federal law prohibits discrimination against persons based on their race, color or national origin. You have the right to complain to the Tennessee Commission on Aging and Disability if you feel that you have been discriminated against for these reasons. Please give us the following information so that we can look into your complaint. If you need help in completing this form, please let us know.

1. What is the name of the person discriminated against?

Name _____

Address _____

City, State, and Zip Code _____

Telephone (*Home*) (_____) _____ (*Business*) (_____) _____

2. What is the name and address of the institution, agency, or person that you believe discriminated against you?

Name _____

Address: _____

City, State, and Zip Code _____

Telephone Number (_____) _____

3. What was the reason you believe you were discriminated against? Was it because of your:

a. Race b. Color c. National Origin

4. When do you believe that the discrimination took place? _____

5. In your own words, explain what happened and who you believe was responsible. Please be as specific as possible. You may attach additional sheets if needed.

Filing a complaint with TCAD is voluntary. However, without the information requested above, TCAD may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from Tennessee Commission on Aging and Disability to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You may also email or write a letter and send it to the address above.

Complaints may also be made to:

The Tennessee Human Rights Commission, Title VI Coordinator
312 Rosa Parks Avenue, 23rd Floor
Nashville, Tennessee 37243

Filing a complaint:

- ❖ Any individual or his/her representative may file a discrimination complaint with the local Area Agency on Aging and Disability, or the Tennessee Commission on Aging and Disability within 180 days from the discriminatory action.
- ❖ Complaints may also be filed with the Tennessee Human Rights Commission or with the Regional Office of the U. S. Department of Health and Human Services.
- ❖ A complaint may be filed at both the state and the federal levels, separately or concurrently, at any time during the process.
- ❖ All Title VI complaints received by TCAD will be forwarded to the Tennessee Human Rights Commission to keep them informed within 10 days of receipt.
- ❖ The complaint may concern discriminatory practices or actions on the part of TCAD or sub-recipients, vendors or providers. TCAD will initiate investigation of each complaint within 30 days of receipt and finalize the investigation within 90 days.

A complaint alleging discrimination against a program or service funded through TCAD may be filed as an internal complaint or as an external complaint, i.e., the complaint may be filed at the (1) AAAD or other grantee agency level, (2) Commission level (3) the Tennessee Human Rights Commission or (4) the federal level (Regional Office for Civil Rights, U.S. Department of Health and Human Services). The first two avenues for complaint filing are internal and the next two are external to the aging and disability services network.

Complaints must be filed in writing. The form can be filled out by the complainant or by his/her representative, or by the Title VI coordinator. A copy of the complaint must be sent to the Title VI coordinator at TCAD within 10 days of the complaint being received. A copy should also be retained by the AAAD or other grantee agency coordinator for the agency files. If the complainant is unwilling to complete the form, he/she may write or have written, a letter stating the circumstances of the complaint. The form must then be filled out by the Title VI coordinator and should be attached to the complainant's letter.

Any coordinator handling complaints must maintain a Title VI complaint log to show identifying information, type, and status of each complaint filed. The coordinator has the primary responsibility for receiving, acknowledging, investigating complaints and for reporting the findings. The coordinator must notify the Title VI coordinator at the Commission office within 10 days when a complaint is filed. The TCAD Title VI Coordinator will use the following log to track progress of the investigation and the resolution of the complaint when possible.

Tennessee Commission on Aging and Disability

TITLE VI COMPLAINT LOG

Case #	Complainant	Complainant Contact Info.	Program / Area District	Date filed	Basis of Discrimination	Date of Report	Comments	Resolution/Final Disposition
Lawsuits and/or Litigation Log								

Complaints which initially are received by the Title VI Coordinator at TCAD will be remanded to the appropriate or other grantee agency where the complaint originated for first level investigation.

When a complaint is received at the AAAD or other grantee agency level, the coordinator will complete a fact-finding investigation within 30 calendar days of receipt of the complaint and report the findings to the agency director. If the investigation does not find a Title VI violation, the AAAD reports, within five (5) days, the findings to the Commission and to the complainant. If the investigation confirms a violation of Title VI, the agency shall include any proposed remedial action in a complaint response. Within five (5) calendar days after the conclusion of the investigation, a written complaint findings response will be given to the complainant and TCAD. The complainant's rights to appeal (including instructions for filing) will also be provided at this time.

An appeal by a complainant regarding a complaint finding made at the AAAD or other grantee agency level is referred to TCAD for reconsideration. A copy of the complaint,

the findings, the proposed action, and the request for appeal must be forwarded to the Commission Title VI Coordinator within ten (10) calendar days after the date of the appeal. The TCAD Title VI coordinator must conduct and complete fact-finding within thirty (30) calendar days after receipt of the appeal and convey the findings in writing, to the concerned parties. At this point, a complainant who wishes to pursue the complaint may choose to appeal the charges to the federal level, i.e., the U.S. Department of Health and Human Services. Thus, these appeal rights should be explained to the complainant at this time. Adjudication of the appeal constitutes the last level in the TCAD's internal complaint system.

When an appeal is filed, the Title VI Coordinator shall review an appealed case and make a recommendation to the Executive Director of TCAD. Review may include, but is not limited to, discussing the complaint with the complainant, interviewing the alleged offender, discussion with the initial investigator and review of pertinent material. The complaint can also be filed with the Tennessee Human Rights Commission. When an appeal is concluded, a copy of the findings will be sent to the AAAD or other grantee agency coordinator where the complaint originated and to the complainant.

A federal complaint (to the U.S. Department of Health and Human Services) must be filed no later than 180 calendar days after the alleged discrimination occurred. However, to allow a complainant time to file sequentially within the Aging and Disability network and external to the Department of Health and Human Services if he/she chooses, the complaint should be filed at the Area Agency or other grantee agency level no later than 30 calendar days after the alleged discrimination occurred. If it is filed beyond the 30 calendar day period, the Area Agency or other grantee agency shall investigate and process the complaint at that level if the filing is prompt enough to allow proceedings to be concluded and leave sufficient time for the complainant to file externally. If a complainant wishes to appeal a finding or the proposed remedial action by the agency, he/she should do so within the next 30 calendar days following receipt of the findings. If the appeal is filed beyond the 30-calendar day period, the Commission shall still proceed if the proceedings can be concluded and leave enough time for the complainant to file externally. If, after appealing to the Commission, a complainant remains unsatisfied with the findings or the proposed remedial action, then he/she still has time to file externally, with the U.S. Department of Health and Human Services, within their stated time limit of 180 calendar days.

If a complaint is filed simultaneously within the aging network and externally to the U. S. Department of Health and Human Services, the external complaint supersedes the internal complaint filing; accordingly, the aging network level complaint procedures will be suspended pending the outcome of the external (federal) investigation.

12. Title VI Training

The most recent TCAD training for staff was made available online April of 2020 for 28 full-time individuals. TCAD staff is rarely directly involved with client contact, with the exception of SHIP staff, that works with individuals online and on the phone to assist in finding the best choices for Medicare supplement policies, during open enrollment and the staff who may answer Information and Assistance calls. The Information and Assistance

program coordinator also answers questions and solves issues for people who call TCAD needing information. Most of the aging program coordinator staff is responsible for managing one or more of the Title III programs and possibly a discretionary grant or two. As a part of program management, they engage actively in the monitoring process and look carefully at participation of protected groups in their programs. One hundred percent of TCAD's employees participated in Title VI training during the reporting period. The training was made available in April 2020 which involved an online training created by the Office of Criminal Justice and made available to TCAD staff by the Title VI coordinator Kennettra Golden. There were a few new hires added to the agency after the end of FY 2019-2020 and they completed training as well. The TCAD staff training attendance is listed below. The discrepancy between the 30 staff listed in the previous TCAD organizational chart and the 33 employees trained was because new personnel hired after June 30, 2019. All TCAD full-time employees in which all staff completed with scores of 100% on the post-test. The projected time for Title VI training for TCAD staff will be during the month of May or June 2021.

The training provides an overview of discrimination in federally assisted programs and the civil rights laws that the Office for Civil Rights enforces and specific, detailed information for grantees of the U.S. Department of Justice. Training is offered in six video segments, each of which includes a separate self-test.

Tennessee Commission on Aging and Disability Annual Title VI Staff Training for FY2020 Full-Time Employee Roster of On-line Completion	
NAME	COMPLETION DATE
Amy Smith	8/18/2020
Amanda Boulware	4/20/2020
Anna Lea Cothron	4/20/2020
Charles Ferguson	4/20/2020
Daniel Mitchell	4/20/2020
Donna Odem	6/7/2020
Emily Long	4/20/2020
James Holmes	4/20/2020
Janet Howell	4/20/2020
Jim Shulman	7/29/2020
Kennettra Golden	4/17/2020
Lacey Aviles	4/20/2020
Larecia Travis	4/20/2020
Laverdia McCullough	4/20/2020
Lori Galbreath	9/17/2020
Manish Goradia	4/20/2020
MaryAnn Cage	4/20/2020
Monica Emerson	4/20/2020
Olayinka Kasunmu	8/4/2020
Ondria Stevenson	4/20/2020
Robert Johnson	9/9/2020
Quiteka Moten	4/27/2020
Ryan Ellis	4/20/2020
Ryan Ramsey	4/20/2020
Shannon Jones	4/20/2020
Sherly Smith	4/20/2020
Sidney Schuttrow	4/20/2020
Tabitha Satterfield	4/20/2020

The Commission full-time employees had a 100% completion rate and scored 100% on the on-line tests. The link to the on-line Title VI training is as follows:

[https://stateofennessee.formstack.com/forms/title vi training](https://stateofennessee.formstack.com/forms/title_vi_training)

This training provides an overview of discrimination in federally assisted programs and the civil rights laws that the Office for Civil Rights enforces and specific, detailed information for grantees of the U.S. Department of Justice. Training is offered in six video segments, each of which includes a separate self-test.

1. Overview of the Office for Civil Rights and Laws Enforced
 - o Self-Test 1
2. Obligations of Recipients of DOJ Funding to Provide Services to Limited English Proficient (LEP) Persons
 - o Self-Test 2
3. Civil Rights Obligations of State Administering Agencies
 - o Self-Test 3
4. Civil Rights Laws that Affect Funded Faith-Based Organizations
 - o Self-Test 4
5. Civil Rights Protections for American Indians in Programs Funded by DOJ and Obligations of Funded Indian Tribes
 - o Self-Test 5
6. Standard Assurances and How the Office for Civil Rights Enforce Civil Rights Laws
 - o Self-Test 6

TCAD requires the nine (9) sub-recipients to offer training to their staff, and contractors (i.e., service providers). The Title VI coordinator at TCAD provides technical assistance and occasionally provides training for the sub-recipients. Verification of the sub-recipient training is done as part of the annual monitoring process which includes sign-in sheets by the participants, copies of the agenda or the training presentation.

Subrecipient (AAAD) Title VI Training				
Subrecipients	Training Date(s)	# of Staff Attendees	Provider Date(s)	Provider Attendance #
First TN	5/8/2020	39 virtual	6/23/2020	33 virtual
East TN	8/1-31/2019	42 on-line	8/1-31/2019	194 on-line
Southeast TN	6/25/2019	57 virtual	6/20/2019	37 virtual
Upper Cumberland	6/1/2020	40 virtual	6/1/2020	28 virtual
Greater Nashville Regional Council	8/1-31/2019	64 on-line	5/10/2020 and 7/16/2019	151 on-line
South Central	6/17/2020	75 on-line	6/30/2020	75 on-line
Southwest TN	10/10/2019	34	11/1/2019	47
Aging Commission of the Mid-South	11/2019 & 12/2019	42 on-line	ACMS keeps files of Provider self-training	27
Northwest TN	2/1-2/28/2020	27 on-line	2/1-2/28/2020	21 on-line
TOTAL		420		623

The projected time for Title VI training for the sub-recipients and their providers will be between August 2020 and June 2021. This is determined by each agencies' planning.

As part of the Data Collection and the monitoring process with sub-recipients, each agency completes the following form to review compliance with representation on the staff, advisory boards, and Title VI training.

Self-Survey

Title VI Data Collection		FY	
AAAD:	COMPLETED BY:		
	DATE:		
LOCAL TITLE VI COORDINATOR:	TITLE:		

COMPLETE THE APPROPRIATE SECTIONS OF THE FOLLOWING TABLES AND ANSWER THE QUESTIONS FOR YOUR AGENCY.

DEMOGRAPHICS:	TOTAL POPULATION (POP)	MINORITY POP	%	60+ POP	%	60+ MINORITY POP	%
State of TN Population							
First TN AAAD							
East TN AAAD							
Southeast TN AAAD							
Upper Cumberland AAAD							
Greater Nashville AAAD							
South Central AAAD							
Northwest AAAD							
Southwest AAAD							
Aging Commission of the Mid-South							

What is the basis for your demographic figures? _____

NOTE THE RACIAL/GENDER DESIGNATIONS FOR AAAD STAFF AND THE ADVISORY COUNCIL

Race/Gender	Area Agency on Aging and Disability		Advisory Council	
	# of Persons	% of Staff	# of Persons	% of Council
Minority Male				
Minority Female				
Non-Minority Male				
Non-Minority Female				

All 60+ Staff				
Total				

List your programs that collect minority status:

GUARDIAN PROGRAM DATA	# Non-minority Clients	# Minority Clients

CIVIL RIGHTS COMPLAINTS

Number of Civil Rights Complaints in past year:				
Has information been forwarded for each?	Y		N	
Average amount of time required for investigation?				
Did investigation require travel?	Y		N	

ANNUAL TITLE VI TRAINING

List the most recent date(s) of Title VI instruction for the AAAD personnel and providers :
<i>*Include copies of the agenda(s) and sign-in attendance roll(s) for each event.</i>

LIMITED ENGLISH PROFICIENCY SERVICES

Has there been a need to use Interpreter Services?	Yes		No	
Has there been a need to use Translation Services?	Yes		No	
List any languages used to assist the consumer:				

13. Sub-recipient Monitoring

The Tennessee Commission on Aging and Disability annually conducts site and desk reviews of the nine Area Agencies on Aging and Disability and the contracts administered on the state fiscal year as awarded to them. The reviews are conducted in accordance with Policy 2013-007 Grant Management and Sub-recipient Monitoring Policy and Procedure from Finance and Administration and the Procurement Office of General Services, using tools developed based on the contract scope of services, and the TCAD Policies and Procedures manual. Title VI reviews are conducted as a part of the Policy 2013-007 Sub-recipient Monitoring Policy and Procedures, program assessment and reported as one of the sections in the report. All nine of the sub-recipients were reviewed during on site monitoring visits.

Contract amount, sub-recipients as well as vendors which also includes the information listed below in 9.A.1 through 9.A.4.

9. A.1. A statement of assurance is included in contract language that outlines the requirement that any compliance report or record be made available for review to the Tennessee Human Rights Commission upon request.

9. A.2 Sub-recipients and Contractors

9. A. 3 New contractors since the last Title VI Implementation Plan:

9. A. 4. Contractual Provisions

TCAD contract, D.8 section:

“The Grantee 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 grant contract or in the employment practices of the Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law. The Grantee shall upon request, show proof of such nondiscrimination and shall post in conspicuous places available to all employees and applicants, notices of nondiscrimination.”

9. B. Pre-Award Procedures

B.1. Area Agencies on Aging and Disability are designated planning and service areas (PSA's) through a process approved by the Administration for Community Living (ACL); therefore, the pre-award is based on approval of an Area Plan that is submitted in April of each year. The Area Plan, in sections C-3 and C-4 (Refer to Area Plan format in Section 9 B.3), describe the results of their Targeting Plan and the agency's Title VI Implementation Plan. Each Area Plan requires the agency to address target populations as spelled out in the Older Americans Act. These populations include 60+ in poverty, rural, and minority older Tennesseans. As a part of this targeting plan, agencies also review how they will address Title VI, outreach and training. This year the AAADs used a format that is

reflective of TCAD's approved 4-year State Plan for the Administration for Community Living.

B.2. Post-Award.

For this 4-year Area Agency planning cycle, TCAD asked sub-recipients to submit a modified Title VI implementation plan based on the outline of the THRC's implementation plan. This is in addition to the Targeting Plan that is required by ACL, for poor or rural or minority populations. The plan outlines efforts at education and outreach and reports on the results of those efforts. The data reported in these plans are reviewed by the Title VI Compliance Officer when conducts the program monitoring as a part of the Policy 2013-007 review of Grants and Sub-recipients.

TCAD requires the agency to complete as part of the Title VI review for the annual compliance review. These reviews of the state fiscal year are completed based on a Federal Fiscal Year of October 1st to September 31st of the following calendar year. There are some discretionary federal grants that are reviewed directly by the funding source and are not included in the TCAD monitoring. (examples: SAILS, Alzheimer's)

TCAD submits an Annual Monitoring Plan to the Tennessee Office of Central Procurement grants manager which has been reviewed and approved for FY2019-2020 and 2020-2021.

On-site Reviews

TCAD monitors all sub-recipients every year either on site or through desk review.

Title VI Training

In sections C-3 and C-4 of the Area plan, the AAAD outlines Title VI training plans for staff and contractors. (See Section 9 B.3 for the area plan outline.) In the monitoring process (either on-site or desk review) the sub-recipient provides documentation of that training with agendas and/or handouts. The self-study completed by the sub-recipients report on the Title VI training summary. (See Section 11) There are also other sources of data to track utilization of services.

Public Notice and Outreach

TCAD requires in the Area Plan, exhibit C-4, that the agency describe the procedures for informing the public of non-discriminatory policy, programs and service, complaint procedures, and minority participation on advisory boards.

Outreach

In addition to Title VI outreach, the Area Agency also describes and documents their plans and activities to outreach to OAA required targets of low income, rural and minority populations. The Area Agency boards are comprised of city and county mayors, advisory groups are more flexible as to membership. The composition of the advisory board is viewed as a part of the monitoring review.

D. Procedures for Noncompliance

Agencies that are reviewed and found to be out of compliance with Title VI requirements are given a finding in the Policy 2013-007 review. The agency must state a plan of action to correct the issue in their response to the review. TCAD has 10 days to respond to the plan of correction and accept, reject or negotiate a modification in the plan. TCAD reviews the plan of correction to determine if the timelines and proposed actions are appropriate and provide technical assistance if needed. If requested TCAD will provide technical assistance in responding to the finding.

Whenever possible, TCAD attempts to assist the agency in understanding the requirement and how to craft their response.

14. Public Notice and Outreach

A. Public Notice

- (i) The approved Title VI implementation plan will be placed on the TCAD website. Sub-recipients, QA Coordinators, and Title VI representatives will also receive a copy of the plan. Compliance procedures are located in the Policy Manual, on the website and in each sub recipient's location. The nondiscrimination policy is displayed with the complaint procedures. This is observed when the Policy 2013-007 monitors go on site.
- (ii) Complaint procedures and the Nondiscrimination Policy are on the Agency's Website as well as cited in Chapter 5 of the Policy manual, in addition, the complaint procedures are posted at all AAAD locations along with the Nondiscrimination Policy.
- (iii) The Area Agencies post the nondiscrimination policy at their sites.
- (iv) Several people representing the PSAs have rotated off the Commission as of September 30, 2020, and the Governor's Office will be appointing new members. Currently there is one minority Commission member.

B. Outreach

TCAD continues to do outreach to rural and minority faith-based entities. People who live in rural areas and minorities are populations that TCAD targets in compliance with the Older Americans Act. What TCAD does is some outreach through the agency webpage, social media (Facebook, Tweeter) for the general public. TCAD did not have any minority sub-recipients and/or contractors for FY2019-2020. TCAD does not utilize any minority media. Limited budgeting does not make it feasible to invest in anything not focused on direct services older citizens of Tennessee.

The Commission on Aging and Disability currently has a waiting list for home based and community services; therefore, much of the outreach focuses on other valuable services such as information and assistance, the State Health Insurance Assistance Program (SHIP), health promotion and disease prevention activities at senior centers and congregate meals.

C. Representation on Planning Boards and Advisory groups

At Area Agencies

The AAAD advisory councils participate in the development and implementation of the area plan as well as provide opinions and recommendations to the area agency. As defined in Section 1321.57 the advisory council functions in an advisory rather than a policy-making or decision-making capacity. According to Chapter 5 of the Policy Manual, the advisory council by law should clearly spell out the tenure of membership, selection of membership and a method to select an appropriate balance of social, economic, professional and geographic representations of the area.

Governing boards of the AAADs are comprised of city and county mayors representing the cities and counties served by the Area Agency. A summary of each advisory council is as follows:

Composition of each board/advisory body			
ACMS		East AAAD	
Race/Gender		Race/Gender	
Minority Male	2	Minority Male	0
Minority Female	5	Minority Female	0
Non-Minority Male	1	Non-Minority Male	5
Non-Minority Female	9	Non-Minority Female	6
60+	14	60+	9
First Tennessee AAAD		Northwest AAAD	
Race/Gender		Race/Gender	
Minority Male	1	Minority Male	3
Minority Female	4	Minority Female	1
Non-Minority Male	10	Non-Minority Male	7
Non-Minority Female	14	Non-Minority Female	16
60+	17	60+	19
Southwest AAAD		GNRC	
Race/Gender		Race/Gender	
Minority Male	3	Minority Male	3
Minority Female	5	Minority Female	3
Non-Minority Male	5	Non-Minority Male	5
Non-Minority Female	14	Non-Minority Female	15
60+	0	60+	23
Southeast AAAD		Upper Cumberland	
Race/Gender		Race/Gender	
Minority Male	0	Minority Male	2
Minority Female	1	Minority Female	0
Non-Minority Male	6	Non-Minority Male	6
Non-Minority Female	12	Non-Minority Female	10
60+	15	60+	9
South Central AAAD			
Race/Gender			
Minority Male	0		

Minority Female	0		
Non-Minority Male	10		
Non-Minority Female	25		
60+	19		

At TCAD

The Governor appoints one person from each of the 9 Public Service Areas. In addition, the Governor appoints a member of his personal staff, 1 person who is an active member of a chartered, statewide organization that advocates exclusively for older persons, 1 person who is an active member of a federally chartered organization with statewide membership and chapters chartered in this state, that advocates exclusively for older persons, and 1 person who is an active member of a chartered, statewide organization that advocates exclusively for disabled persons. In addition, the governor appoints the Commissioners of the Departments of Health, Mental Health, Intellectual and Developmental Disabilities, Human Services, TennCare, and Veterans Affairs and the Director of the Council on Developmental Disabilities as ex officio, voting members.

The published list of board members is on the TCAD website, along with their contact information under the heading “Our Commission.” Area Agencies are asked to suggest Commission members to the governor, but it is ultimately up to the governor’s office to decide whom to place on the Commission. There is one minority representative currently on the Commission.

Soliciting Input

The Commission has provided outreach to the faith-based organizations with minority membership both to invite them to partner with TCAD in getting the message out about our information and services and to listen to them regarding the best way to reach more minority participation in programs.

Obtaining Contracts

The TCAD utilizes rules of the General Services Procurement Office for contracts that go out on bid. The Area Agencies on Aging and Disability receive the majority of the funding received from ACL.

Grant Notification and Application Submission

Methods used to inform the public about obtaining grants or how to submit grant Department of General Services, Central Procurement Office. Depending on the grant or contract, these methods may include, but are not limited to, notice on TCAD’s website, notices on stakeholder websites, and letters and/or emails to potential vendors. TCAD does not have any pending FFA applications at this time.

15. Compliance Reporting

- (A) There are three agencies, one federal (U.S. Department of HHS-Administration on Community Living) and two state agencies (TN-DHS and the TN Office of Criminal Justice) with whom the TCAD is required to send Title VI compliance reports.
- (B) The TCAD reports demographic data to the Administration on Community Living on an annual basis through a State Reporting Tool. The Administration for Community Living (previously known as the Administration on Aging), is established by the Older Americans Act, as amended 45 CFR Parts 1321, 1326, and 1328.
- (C) The TCAD has received no Title VI audit findings from any state or federal monitoring agency.

16. Evaluation Procedures

Data

The TCAD program coordinators review utilization data from their programs, by Area Agency, on a quarterly basis. These reports reflect participation in senior centers, health promotion and disease prevention, family caregiver, meals (home delivered and congregate), information and assistance, case management, nutrition services, elder abuse prevention, and SHIP. This provides management information for the program coordinators. Annually the Title VI program coordinators pull case management data (which provides information on unduplicated clients) to assure that programs are serving a representative number of persons who are targeted in the Area Agency Plan.

Quality of Services

In FY 2020 TCAD has a waitlist of 4,350 people waiting for services which are down from FY2019. Efforts are ongoing to reduce the total number of people waiting for help despite the rising demand and greater volume of older adults. The waitlist process and new policy has been reviewed and adopted. The ACL services and the state Options service are not entitlements. TCAD is working to improve the coverage of services by encouraging the use of evidence-based services like self-directed care and respite to stretch the services and the funds that are provided.

Compliance Issues

There's a method in place to report outreach for the purpose of the SHIP program, so that can be expanded to include an informational presentation or meeting or booth hosting addressing people in the target groups.

Minority representation on the Advisory Boards of the sub-recipients poses more of a challenge because most appointed members are assigned by government

entities at the city, county or state level. The Commission members for TCAD are a clear example of this situation.

There are several avenues available to TCAD address concerns with meeting plans. Depending on whether it is an acceptable annual Area Plan, fiscal irregularities, program weaknesses, or staffing concerns. There are specific timelines and protocols for each. Area Plans are submitted in April and there is a period allowed for sub-recipient to make recommended adjustments. Failure to do so would result in the delay in getting funds approved and released. Other problems regarding compliance are dealt with through routine monitoring of sub-recipients through ongoing electronic review of fiscal and program activities. Monitoring of sub-recipients may result in citing areas not in not meeting requirements. On average, resolution is achieved within 60 days after identifying the problem. The Commission Members are informed every quarter of the status such difficulties.

GOAL 1. ENSURE THAT PROGRAMS AND SERVICES FUNDED WITH FEDERAL APPROPRIATIONS INCLUDING THE OLDER AMERICANS ACT ARE COST EFFECTIVE AND MEET BEST PRACTICES.

Objective 1-1: Ensure access and efficiency to home and community based services

Strategy 1-1.1: Review and revise the RFP process for service providers based on the revised contract language and policies and procedures.	Measures / outcomes a) By 2022, TCAD will convene work group to standardize and update language for the 4-year Area Plan RFPs
Strategy 1-1.2: Review the III-B in-home services programs to ensure that they are administered in the most cost effective manner and best meets the needs of individuals receiving services.	b) Each fiscal year, TCAD staff will review plans submitted by Area Agencies to ensure that the

Objective 1-2: Provide Information and Assistance services that are easily accessible through telephone, email, and text messages.

Strategy 1-2.1: Create and maintain Statewide Resource Directory	Measures / outcomes
Strategy 1-2.2: Expand and improve technology to create a more streamlined I&A system	a) By 2023, TCAD will research technology and best practices regarding efficient and effective I&A systems
Strategy 1-2.3: Continue to ensure that all I&A staff are AIRS certified	

Objective 1-3: Leverage Older Americans Act transportation funding to expand community transportation resources

Strategy 1-3.1: Compile database of transportation programs and mobility options.	Measures / outcomes
Strategy 1-3.2: Collaborate with partner agencies to bolster existing transportation infrastructure using Older Americans Act funds.	a) By December of each year, ensure annual update of Statewide Transportation Map to ensure better coordination of transportation programs, mobility options, and services for the

Objective 1-4. Identify and implement strategies to ensure that the Ombudsman program is more effective and efficient in advocating for all patients in all long-term care facilities.

Strategy 1-4.1: Ensure that the data from the Ombudsmanager database is accurately recorded and in a timely manner and the data used to evaluate and improve the program.	a. 100% of Ombudsmanager reports will be evaluated each quarter to ensure that all appropriate data has been collected.
Strategy 1-4.2: Ensure that all Ombudsman federal and state reports are submitted annually as required.	b. By December 15 each year each district Ombudsman will be required to submit his/her annual report to the State LTC Ombudsman to ensure that the Federal Annual report is submitted on time
Strategy 1-4.3: Evaluate how to distribute funding for the Ombudsman program more efficiently and effectively taking into consideration the location of the long-term care beds.	c. State LTC Ombudsman will meet with the Financial Director on an annual basis to review the budget and determine funding for the program based on the amount and location of long term beds.
Strategy 1-4.4: Provide monitoring and technical assistance for District Ombudsman programs to ensure that programs are meeting the goals and guidelines.	d. Each year the State LTC Ombudsman will make a visit to each district every year to meet with the volunteers, conduct trainings, and to ensure that all volunteers and District Ombudsman staff have the most current information.
Strategy 1-4.5: Update the Volunteer Ombudsman Representative (VOR) manual and training materials to maintain the most current data available.	e. The State LTC Ombudsman will attend the annual State LTC Ombudsman conference annually, and participate in calls and webinars from ACL, and other agencies to maintain the most current information.
Strategy 1-4.6: Conduct volunteer on-line and face-to-face training in each district annually led by the State Long-term Care Ombudsman.	f. All District LTC Ombudsman will attend quarterly Regional Survey Team meetings for the
Strategy 1-4.7: Continue to stay updated on the emerging Ombudsman issues such as the role of the Ombudsman program in the Managed Long Term Care Support Services.	
Strategy 1-4.8: Revise, if needed, the contract scope of service based on the revised policies and procedures for the Ombudsman program.	
Strategy 1-4.9: Participate in Regional Survey Team meetings to build the relationship with the Department of Health.	

Objective 1-5. 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.

Strategy 1-5.1: Enhance the partnership with APS to build awareness of APS services and how citizens should contact APS for needed services.

Strategy 1-5.2: Identify and replicate successful public outreach campaigns/education and promote, and conduct public outreach, education, and awareness campaigns to reduce and prevent elder abuse, neglect and exploitation.

Strategy 1-5.3: Provide input and assistance (when requested) with Vulnerable Adult Protective Investigative Teams (VAPIT) to continue building relationships with District Attorneys, APS, and local law enforcement across the state.

Strategy 1-5.4: Develop and provide training and training resources for those involved in elder abuse, neglect, and exploitation prevention, investigation, and prosecution in partnership with stakeholders.

Measures / outcomes

a. By 2022, form at least one (1) new ongoing partnership among agencies involved in elder abuse, neglect, and exploitation prevention.

Objective 1-6: Ensure access to a comprehensive, sustainable set of quality services/interventions that are dementia-capable and provide innovative services to the population with dementia and their

Strategy 1-6.1: Ensure Tennessee has a sustainable dementia-capable service system beyond the Alzheimer's Disease Program Initiative (ADPI) grant period (Grant end date May 31, 2022).

Strategy 1-6.2: Ensure all target districts are prepped on maintenance and continuation of TN M.I.N.D.S. (Music Intervention Navigating Dementia Symptoms).

Strategy 1-6.3: Continue to promote best practices and evidence informed dementia capable services

Measures / outcomes

a. By May 2022, Identify 1 TCAD staff member responsible for updating the ADPI / Dementia-Capable website

b. By May 2022, formalize plan to maintain dementia trainings via a dedicated website or training portal

c. By May 2022, Create and distribute TN M.I.N.D.S. toolkit to all 9 districts

d. By May 2022, Train 5 target districts to provide TN M.I.N.D.S. volunteer training

e. By May 2022, educate all 9 districts on how to use OAA funding to continue Powerful Tools for Caregivers to continue TN M.I.N.D.S.

f. By August 2022, review and incorporate data from Vanderbilt University Medical Center -

Objective 1-7: Identify and implement strategies to improve cost efficiency for congregate and home delivered meals programs

Strategy 1-7.1: Continue to encourage use of alternative meal providers to improve access to meals, client choice and expanded capacity to serve in both urban and rural areas.

Strategy 1-7.2: Identify emergency planning resources, and capabilities within the current nutrition program structure..

Strategy 1-7.3: Identify alternative food suppliers for drop ship frozen meals, and hot meals that could be used in an emergency basis

Strategy 1-7.4: Increase and expand resources for nutrition program volunteers

Strategy 1-7.5: Research and Identify whether the current Nutrition program screening tool is sufficient to the changing needs of older adults in TN.

Measures / outcomes

a) By July 2023 compile "Small Business Initiative" Start-Up and Best Practices Guide

b) Identify emergency planning resources, and capabilities within the current nutrition program structure

c) By December 2022, Create a database of backup nutrition suppliers in case of emergency

d) December 2022, Develop written a plan nutrition contracting during emergency declarations

e) BY December 2022, Offer additional training opportunities to nutrition volunteers

f) By December 2024, Develop and distribute a Nutrition Volunteer Handbook template that can be used by subcontractors.

g) By June 2022, recruit dietician intern to assist with analysis of nutrition screening tools.

f) By December 2023, Complete analysis of currently available nutrition screening tools that include elements of measure for social isolation and support systems for congregate nutrition

Objective 1-8. Increase access to services and supports to caregivers in effort to assist family caregivers to continue providing care for their care receivers.

Strategy 1-8.1: Implement quarterly phone calls with AAAD staff who oversee the National Family Caregiver Support Program to discuss specific caregiving issues and how to best support the needs of caregivers facing these issues.

Strategy 1-8.2: Explore innovative ideas and models to support family caregivers specifically around targeted outreach and respite services in an effort to serve more caregivers and reduce the waiting list.

Strategy 1-8.3: Continued partnerships with the Tennessee Respite Coalition (TRC) to ensure that the National Family Caregiver Support Program focuses on the needs of the caregivers and include the strategies developed in the Respite Strategic Plan to expand the availability of respite and support to caregivers.

Strategy 1-8.4: Partner with the Tennessee Respite Coalition (TRC) in the creation and development of an app that will make accessing TRC respite services easier to caregivers in Tennessee.

Strategy 1-8.5: Research and Identify whether the current Nutrition program screening tool is sufficient to the changing needs of older adults in TN.

Strategy 1-8.6: Explore opportunities for virtual access to evidence-based programs for caregivers

Strategy 1-8.7: Increase cross referrals by Caregiver Support staff to Evidence Based Programs.

Measures / outcomes

a) By 2023, work with partner organizations to implement the strategic plan developed through the Lifespan Respite federal grant

b) Conduct annual monitoring of the National Family Caregiver Support Program using standardized monitoring tools, review monthly IFR, and monthly reporting by AAAD.

c) By 2024, increase Caregiver Support referrals to evidence-based programs by 5%.

Objective 1-9. Increase the availability and sustainability of evidence-based programs that improve quality of life, health, level of independence, and overall well-being

Strategy 1-9.1: Foster partnerships that promote access, funding, and development of evidence-based health promotion programs

Strategy 1-9.2: Research additional evidence-based programming for statewide implementation with emphasis on falls prevention

Strategy 1-9.3: Disseminate information about variety of choices in in evidence-based programming

Strategy 1-9.4: Explore the use of technology to implement evidence-based programming through virtual platforms.

Strategy 1-9.5: Provide annual training to aging network staff on evidence-based programs and data/reporting

Measures / outcomes

a. By 2025, add three (3) new partners assisting in obtaining funding for evidence-based programs for adults 60 and over and adults with disabilities.

b. Annually, increase by one (1) percent statewide the number of consumers who participate in evidence-based programs as evidenced by the SAMS database

c. By 2023, increase the use of technology for the implementation of providing evidence-based programs through virtual platforms.

GOAL 2. ENSURE THAT PROGRAMS AND SERVICES FUNDED BY STATE AND OTHER APPROPRIATIONS ARE COST EFFECTIVE AND MEET BEST PRACTICES

Objective 3-1. Ensure access and efficiency in the OPTIONS program (home and community based services)

Strategy 2-1.1: Review and revise the RFP process for service providers based on the revised contract language and policies and procedures.

Strategy 2-1.2: Review options for continued support and funding of the OPTIONS program to address the needs the individuals on the waiting list for services

Strategy 2-1.3: Conduct a feasibility study to look at using OPTIONS funds to support individuals with Alzheimer's disease.

Measures / outcomes

a) By December 2022, TCAD will convene work group to standardize and update language for the 4-year Area Plan RFPs

b) By June of each state fiscal year, do an analysis of the OPTIONS spending and establish goals for AAADs to ensure that fund will be expended each fiscal year and individuals are receiving services.

Objective 2-2. Continue the Public Guardianship for the Elderly Program to assist those referred by the Court who are unable to manage healthcare and/or financial decisions

Strategy 2-2.1: Increase public awareness of the Public Guardianship Program.

Strategy 2-2.2: Increase public awareness of the requirements of conservatorships and availability of powers of attorney

Strategy 2-2.3: Redesign Public Guardianship Policies.

Measures / outcomes

a) By September 2025, meet with Chancellors and members of the Bar to discuss the purpose and goals of the Public Guardianship program and thus increase the number of vulnerable clients helped by the program.

b) By December 2022, promulgate rules to take the place of Public Guardianship policies.

c) By January 2023, ensure rules are available on TCAD website to further assist in the goal of public awareness of the program.

c) By December 2025, work with interested parties and older adults to increase awareness and

Objective 2-3. Use standardized tools for information gathering, data analysis, and reporting to evaluate activities provided with state allocations.

Strategy 2-3.1: Assure provider agencies' compliance with federal and state regulations, contractual agreements, and TCAD program policies.

Strategy 2-3.2: Ensure that services are provided at an acceptable level of quality and provider agencies continually strive to maintain or improve their services.

Strategy 2-3.3: Ensure that necessary safeguards are established to protect and ensure the health, safety, welfare, and satisfaction of participants.

Strategy 2-3.4: Ensure establishment of an ongoing evaluation process in which all entities, including TCAD, AAADs, provider agencies and participants play a vital role ensuring individual access, person-centered service planning and delivery, provider agency capacity and capabilities, client safeguards, client rights and responsibilities, participant outcomes are satisfactory, and system performance.

Strategy 2-3.5: Ensure that an individual receives appropriate, effective, and efficient service which allows the individual to retain or achieve his/her optimal level of independence.

Strategy 2-3.6: Ensure financial accountability for funds expended through state resources including collection of client liability and documentation of cost of services rendered. Including protecting public funds from waste, fraud and abuse.

Measures / outcomes

a. Ensure that TCAD State allocations are serving the appropriate number of consumers as evidenced by AAAD contract scope of service outlining performance measures based unit cost

GOAL 3. PURSUE FUNDING, STRATEGIES, AND PARTNERSHIPS WITH AGING NETWORK, COMMUNITY BASED ORGANIZATIONS, LOCAL GOVERNMENTS, STATE LEGISLATURE, HEALTHCARE PROVIDERS, AND STATE DEPARTMENTS IN ORDER TO ADVOCATE TO REDUCE THE GAPS IN SERVICES IDENTIFIED IN THE STATEWIDE NEEDS ASSESSMENT.

Objective 3-1. Collaborate with other State agencies and the Aging Network to develop Elder Abuse Prevention practices.

Strategy 3-1.1: Follow-through with Commitments to the Legislative Elder Abuse Task Force recommendations

Measures / outcomes

a) By January 2022, submit to state legislature the report that identifies the impact of financial exploitation of older adults, review best practices, and include recommendations to address gaps in service

Strategy 3-1.2: Continue to lead and provide technical assistance to the Statewide Elder Abuse Coordinating Coalition.

Objective 3-2: Work with partners to increase access to mental health information and services

Strategy 3-2.1: Review and revise current program assessments to include the use of standardized behavioral health assessment protocols and tools where appropriate

Measures / outcomes

a) Each year, participate in meetings, events, and/or webinars to related to mental health services for older adults.

Strategy 3-2.2: Working with partner agencies, offer older adult specific Question, Persuade, Refer (QPR) Trainings to all program staff and program volunteers annually.

b) By July 2022, compile list of current programs and services available for mental health, substance abuse, and/or suicide prevention.

Strategy 3-2.3: Offer workplace suicide prevention training to all aging network staff annually.

d) By July 2023, publish list of current programs and services on website.

Strategy 3-2.4: Increase awareness of mental health services for older adults.

e) By December 2024, market/promote list of current programs and services to increase access and communication.

Strategy 3-2.5: Implement a standardized mental health service guide in all volunteer program guides

Strategy 3-2.6: Increase the number of aging network staff who have received Mental Health Training

f) Increase the number of aging network staff who have received Mental Health Training by

Objective 3-3. Participate in and provide administrative support for Tennessee Palliative Care and Quality of Life Council

Strategy 3-3.1: Continually assess the current status of palliative care in the state and to review the barriers that exist that prevent such care from being obtained and utilized by the people who could benefit from such care

Measures / outcomes

a) Annually by January 15th, submit to state legislature report that addresses barriers to palliative care access, analyzes service utilization data, and provides recommendations and best practices to address gaps in service

Strategy 3-3.2: Participate in palliative care advisory council meetings no less than twice yearly

Objective 3-4. Strengthen partnerships to improve transportation services for Older Tennesseans

Strategy 3-4.1 : Participate in special committee to study improvement of transportation services as established through Tennessee general assembly

Measures / outcomes

a) Each year, participate in statewide workgroup stakeholder meetings and disseminate pertinent information to partners.

Strategy 3-4.2: Support and provide technical assistance in creating community-based, volunteer transportation programs.

b) By Dec 2023, host (1) webinar to current volunteer transportation programs to hear updates and provide overview of best practices

Objective 3-5. Increase public awareness and strategies to alleviate economic insecurity among older Tennesseans

Strategy 3-5.1: Increase capacity to assist in reducing economic insecurity through benefits outreach and counseling.

Measures / outcomes

a. By 2022, formalize one partnership to address economic security among older Tennesseans

Strategy 3-5.2: Develop documentation and advocacy strategy concerning economic insecurity among older adults in Tennessee.

b. By 2024, conduct outreach and training on financial planning for the future

Strategy 3-5.3: Form partnerships throughout the state to address issues surrounding economic insecurity.

Strategy 3-5.4: Conduct outreach and training to adults with disabilities and adults ages 50 and older on financial planning for the future.

Objective 3-6. Working with partners, improve quality of life and care for long-term residents including those with ADRD in Tennessee nursing homes

Strategy 3-6.1: Train care professionals and volunteers on setting up individualized music playlists.

Measures / Outcomes

a) By June 2022 improve the quality of life and care for 2,205 residents including those living with dementia

Strategy 3-6.2: Incorporate individualized music into each resident's individual care plan notes after their playlist has been created.

b) By June 2022, implement Tennessee persons centered music program in in 147 nursing homes across Tennessee

Strategy 3-6.3: Increase access to activities that engage long-term care residents and enhance person-centered care by staff

Strategy 3-6.4: Offer free one-time arts and music program for all residents in participating nursing homes.

Objective 3-7. Collaborate with other State agencies and the Aging Network to develop and promote livable communities for older Tennesseans.

Strategy 3-7.1: Identify best practices/standards for livability, promote community self-assessment, and engage local leaders in conducting the self-assessment.

Strategy 3-7.2: Work with partner agencies to advocate for livable communities

Measures / outcomes

- a) Each year, participate in meetings, events, and/or webinars to related to livability for older adults.
- b) By July 2023, provide best practices for livability and link to self-assessment to local leaders.
- c) By July 2024, identify (1) new partner agency advocating for livable communities.

Objective 3-8. Address the unmet needs, both emergent and ongoing, of elder and vulnerable adult victims of crime across Tennessee through the Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA) Program.

Strategy 3-8.1: Sub-contract with quasi-government entities, non-profit, and/or aging service providers who will provide advocates to assist victims, work with stakeholders, including Adult Protective Services (APS), District Attorneys (DA's), law enforcement, and aging service providers to provide services to clients, and to provide education and outreach in the community

Strategy 3-8.2: Receive referrals from several sources, including VAPIT teams, and will identify elders and vulnerable adult victims of crime referred to the CREVAA program. CREVAA Program Advocates will seamlessly locate, coordinate, and ensure the provisions of victim-centered services and resources to victims of crime across Tennessee.

Strategy 3-8.3: Provide training and technical assistance to new and existing advocates and their respective agencies

Strategy 3-8.4: Provide education and outreach about the CREVAA program as well as elder and vulnerable adult abuse, neglect, and exploitation to other state agencies, the general public, caregivers, stakeholders, and service providers.

Measures / Outcomes

- a) Annually research and analyze demographic data for each region of the state to identify vulnerable populations and develop outreach plans in each region, during the Annual Spring Training conducted in July, to better serve those populations.
- b) By June 1st of each year, host CREVAA training for advocates and stakeholders.
- c) Continue to develop education and outreach for the CREVAA program, for elder and vulnerable adult abuse and prevention of abuse to the general public, caregivers, stakeholders, and service

Objective 3-9. Develop partnerships and provide awareness and training to ensure that services are provided to older individuals and adults with disabilities in underserved communities.

Strategy 3-9.1 Analyze updated population data to ensure services are being targeted to meet the needs of older adults

Strategy 3-9.2: Translate outreach tools to multiple languages and ensure circulation in non-English speaking communities.

Strategy 3-9.3: Increase outreach and communication efforts aimed at non-English speaking populations

Strategy 3-9.4: Consider development of any culturally appropriate outreach efforts that could be most effective for non-English speaking populations.

Strategy 3-9.5: Promote policies and initiatives that improve minority health

Strategy 3-9.6: Encourage public awareness of health issues affecting special populations including low-income, underserved, rural, and minorities.

Strategy 3-9.7: Continue to monitor (through reported data) participation in TCAD directed programs to ensure that participants in services represent the general population of the area.

Strategy 3-9.8: Review Area Agency Plans to ensure that agencies are identifying and addressing disparities in service.

Strategy 3-9.9: Ensure Aging Network has accessible and available trainings on OAA and targeting services to the most at-risk and underserved older Tennesseans.

Strategy 3-9.10: Assertively seek opportunities to meet with diverse groups, listen and provide information about services that are available through TCAD.

Measures / outcomes

- a) By December 2022, by analyze 2020 Census data to ensure services are being adequately targeted to address the needs of older Tennesseans in rural areas
- b) Increase the number of contacts to non-English speaking communities by 1% annually
- c) Annually by September 31, conduct at least one marketing campaign to OAA target populations

Objective 3-10. Working with partners, increase public awareness and strategies to alleviate social isolation among older Tennesseans and persons with disabilities

- Strategy 3-10.1:** Research and disseminate innovative and best practices for addressing social isolation
- Strategy 3-10.2:** Increase access to telephone reassurance programs
- Strategy 3-10.3:** Use informed collaborative resources to socially connect with caregivers and older adults through supporting mental health and prevent social isolation.
- Strategy 3-10.4:** Increase weekly check-in calls to older Tennesseans and caregivers.
- Strategy 3-10.5:** Expand outreach efforts to ensure caregivers and older adults are knowledgeable and able to access relevant programs to address social isolation
- Strategy 3-10.6:** Maintain training and develop materials to increase topics for volunteers to encourage social connection
- Strategy 3-10.7:** Coordinate marketing strategies by increasing outreach and promotional tools to increase volunteer participation.
- Strategy 3-10.8:** Increase access to technology for communication and social connectedness

Measures / Outcomes

- a) By July 2022, publish toolkit for telephone reassurance best practices
- b) By July 2021, staff will analyze quarterly data from program support requests in Care through Conversation Program
- b) By August 2021, evaluate outreach and marketing finding ways of continuous quality improvement
- b) By December 2021, obtain a quality improvement survey from volunteers to maintain dialog and information support.

Objective 3-11. Work with partners to increase access services through technology including telehealth

- Strategy 3-11.1:** Assess current status of technology based programs within Tennessee's aging network
- Strategy 3-11.2:** Identify partners to increase access through technology and telehealth
- Strategy 3-11.3:** Research and disseminate best practices for address social determinants of health through technology and telehealth
- Strategy 3-11.4:** Research framework for streamlining enrollment referrals across programs
- Strategy 3-11.5:** : Identify training opportunities to teach older adults about using technology
- Strategy 3-11.6:** Identify best practices to increase access to services through technology and telehealth in rural areas

Measures / Outcomes

- a) By September 2022, research and publish best practices for implementation of technology lending library
- b) By December 2022, partner with AAADs to assess use of technology based programs within aging network program
- b) By December 2023, host a conference or meeting with aging network partners on use of teleservices within the aging network and collaborate on best practices and challenges
- c) By 2023, TCAD staff will compile a list of potential technology based programs eligible for OAA funding, including evidence-based programs
- d) By 2023, identify at least 2 partner agencies to work with in implementing older adult technology based programming
- e) By 2024, publish information on TCAD website with links to educational information

GOAL 4: ENSURE THAT TENNESSEEANS 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.

Objective 4-1. Through Statewide Insurance Assistance Program (SHIP), provide objective one-on-one counseling, and assistance on Medicare, Medicaid, low-income assistance, and all other health insurances for consumers with Medicare, their adult children, their caregivers, and their advocates to include providing public and media outreach.

Strategy 4-1.1: Conduct Medicare training for state employees.

Strategy 4-1.2: Maintain a cadre of trained SHIP counselors and volunteers in each district

Strategy 4-1.3: Disseminate information about Medicare and related insurance benefits that help to maintain healthy aging.

Strategy 4-1.4: Design and implement community outreach to individuals eligible for Medicare with emphasis on targeting hard to reach populations such as disabled, Native American, low income, rural, and native non-English speaking populations.

Strategy 4-1.5: Assist beneficiaries with finding affordable prescription drugs plans; screen and provide application assistance for low income subsidy or Medicare Savings Program.

Strategy 4-1.6: Ensure that all SHIP staff and volunteers receive annual training to update the information needed to provide accurate and effective counseling services

Measures / outcomes

- a) Annually research and analyze demographic data for each region of the state to identify vulnerable populations and develop outreach plans in each region, during the Annual Spring Training conducted in April, to better serve those populations.
- b) By June 1st of each year, host Medicare training for state employees.
- c) Continue to develop healthy aging social media campaign focused on Medicare and related insurance benefits, with emphasis on target our hard to reach populations, and submit at least 2 posts each month to be uploaded to TCAD's social media and/or website.
- d) 100% of staff and volunteers will complete update training and testing yearly.
- e) By the end of each grant cycle, reach a minimum of 6% of Tennessee's total Medicare-eligible population.

Objective 4-2. Direct the attention of local and state key decision makers, as well as the public, to the needs of seniors in Tennessee through increased communication and advocacy via publications and online resources.

Strategy 4-2.1: Direct attention to issues affecting older adults through outreach using "The State of Aging in Tennessee: A County by County Snapshot".

Strategy 4-2.2: Organize and lead statewide social media campaigns to direct attention to and promote healthy living

Strategy 4-2.3: Host statewide webinars to review relevant data on aging issues.

Strategy 4-2.4: Continue to update and make improvements to the TCAD webpage.

Measures / outcomes

- a) Host (1) event to promote State of Aging County by County.
- b) Annually by December 31, host at least 1 statewide webinar to review relevant data on aging issues.

Objective 4-3. Design and oversee a resource mapping of all federal and state funding sources and funding streams as well as resources for nonprofit and other nongovernmental entities that support the health, safety, and welfare of older adults in this state who are sixty (60) years of age or older.

Strategy 4-3.1: Compile inventory of all federal and state funding sources that support these older adults in Tennessee

Strategy 4-3.2: Compile inventory of all state, federal, or government subsidized services and programs offered to these older adults in this state, set out by program, target population, geographical region, agency, or any other grouping that would assist the general assembly in determining whether there are overlapping programs that lead to duplication within the state, gaps in service delivery, and any administrative inefficiencies

Strategy 4-3.3: Compile inventory of the funds for older adults for which Tennessee may be eligible, but is currently not receiving or using, and the reasons why the funds are not being used

Measures / outcomes

- a) By August 1 annually, submit formal data request to partner agencies and organizations
- b) By December 15 annually, submit a full resource mapping report to the State Legislature

Objective 4-4. Expand the availability of relevant data for SUA staff, AAADs, Commission, and Legislature for the purposes of planning, program development, and advocacy.

Strategy 4-4.1: Ensure stakeholders have timely access to relevant demographic estimates by county

Strategy 4-4.2: Provide annual update or policy brief highlighting top issues identified in Statewide needs assessment

Strategy 4-4.3: Ensure partner organizations have access to relevant data as needed for application of grants or federal funding

Strategy 4-4.4: Increase visibility of data through social and electronic media

Strategy 4-4.5: Develop a robust report library

Measures / outcomes

- a) By December 2022, compile and distribute updated 2020 Census demographic estimates to all relevant stakeholders
- b) Annually by March 1, analyze and distribute updated American Community Survey demographic estimates to all relevant stakeholders
- c) Annually by December 31, release focus publication on at least 1 top issue identified in the Statewide Needs Assessment
- d) Increase engagement with data related posts through social media by 1% annually
- e) By 2024, develop dedicated webpage with all published reports.

Public Hearing

In an effort to provide multiple opportunities for feedback, the Tennessee State Plan on Aging for October 1, 2021 through September 30, 2025 was reviewed at both the TCAD Quarterly Commission meeting on May 11, 2021 and a Public Hearing on May 27, 2021. In addition, public comments were accepted via email from May 1, 2021 through May 31, 2021

Approximately 30 days prior to these meetings, a copy of the draft state plan was made publicly available and emailed to key stakeholders.

During each of these two meetings, TCAD staff presented the TN State Plan PowerPoint presentation, as shown below. All attendees were provided link to full copy of plan and given opportunity to provide written and/or verbal feedback.



1

State Plan on Aging

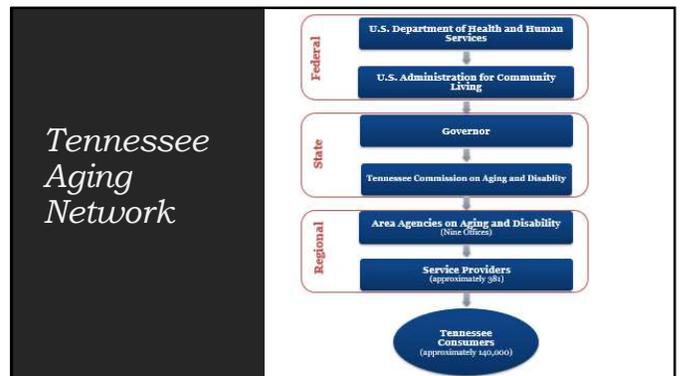
- State Plan on Aging is requirement for State to receive OAA funding
- Instructions and template are provided by ACL
- Done in 4-year planning cycle
- Serves as a tool for planning/tracking the State's efforts to serve older Tennesseans

2

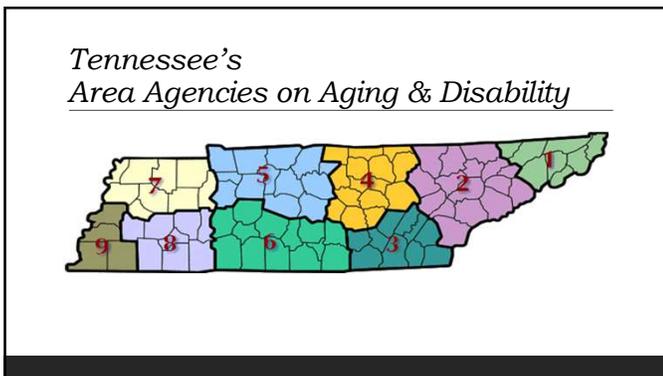
Contents of State Plan

- History & mission
- Focus Areas
- Needs Assessment
- Challenges
- Planning for the Future: Goals, Objectives, Strategies, Performance Measures
- Quality Management
- Assurances and Required Information

3



4



5

Focus Areas & Programs

Older Americans Act & Federally Funded Programs

- IIIB: Supportive Services , In-Home Services
- IIIC: Nutrition (Congregate & Home Delivered Meals)
- IIID: Health Promotion & Prevention
- IIIE: National Family Caregiver Support Program
- IV: ADRC
- VII: Elder Rights

6

Focus Areas & Programs

State Funded Programs

- Options for Community Living
- Public Guardian

7

Focus Areas & Programs

Discretionary Grants

- SHIP, MIPPA, SMP
- Lifespan Respite
- SNAP Outreach
- Alzheimer's Disease Program Initiative (ADPI)
- Falls Prevention / SAIL
- TN Person Centered Music Program
- CREVAA
- Office of Criminal Justice Programs Elder Abuse Public Service Announcement

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Statewide Needs Assessment

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Statewide Needs Assessment

1. Statewide Survey of Older Adults (833 respondents)
2. Statewide Survey of Service Providers (231 respondents)
3. Analysis of I&A Phone Calls

10

What are the 3 biggest ways COVID-19 has impacted older Tennesseans

Older Adult Survey

- Social Isolation (85%)
- Worry / Fear / Anxiety (35%)
- Health (22%)
- Healthcare access / Delay of Care (20%)

Provider Survey

- Social Isolation (79%)
- Access to Services (39%)
- Stress / Fear / Anxiety (35%)
- Health (28%)

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Thinking beyond COVID-19, what is currently working well in your community to support older adults?

Older Adult Survey

- COVID-19 Adaptations (24%)
- Senior Centers (19%)
- Nutrition Programs (18%)

Provider Survey

- Nutrition (27%)
- Senior Centers (16%)
- Home and Community Based Services (13%)

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Thinking beyond COVID-19, what changes would improve daily life for older adults (make your day-to-day life better)?

Older Adult Survey

- COVID-19 (47%)
- Social Support: family, friends, neighbors, etc. (12%)
- Financial Improvements (8%)

Provider Survey

- Social Support (21%)
- Home and Community Based Services (20%)
- Transportation (20%)

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Thinking beyond COVID-19, what are the three most common unmet needs you see in your older adult population?

Provider Survey

- Social Needs (44%)
- Transportation (33%)
- Nutrition (29%)
- Access to Healthcare (23%)

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Thinking beyond COVID-19, as a service provider, what is the greatest barrier you encounter in your efforts to improve the lives of older adults?

Provider Survey

- Not Enough Services / Organizations (26%)
- Funding / Financial Barriers (24%)
- Staffing issues (14%)

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Analysis of calls to the statewide Information & Assistance line

2019			2020		
25,788	36.5%	Health/In-Home Services	22,569	29.2%	Health/In-Home Services
13,107	18.6%	Health Benefits	11,953	15.4%	Health Benefits
12,119	17.2%	Nutrition	11,762	15.2%	Housing
5,622	8.0%	Public Benefits	9,918	12.8%	HCBS/OPTIONS
2,369	3.4%	Financial Assistance	7,013	9.1%	Nutrition
2,343	3.3%	Housing	3,911	5.1%	Public Benefits
2,009	2.8%	Transportation	1,750	2.3%	Financial Assistance
1,321	1.9%	Medicaid Services	1,632	2.1%	SHIP
1,005	1.4%	Options Information	1,409	1.8%	Transportation
991	1.4%	Benefit Counseling	1,228	1.6%	Medicaid Services

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Challenges

Challenges

Capacity of Programs & Services

- Lack of Organizations, Services, and Providers In Some Communities
- Transportation
- Technology Access
- Staffing
- Waitlists

Changes Resulting from COVID-19

- Demographic Changes
- Fiscal Challenges

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Outcomes & Performance Measures

19

Goals

1. Ensure that programs and services funded with **federal appropriations including the Older Americans Act** are cost effective and meet best practices
2. Ensure that programs and services funded by **state and other appropriations** are cost effective and meet best practices
3. Pursue **funding, strategies, and partnerships** with aging network, community-based organizations, local governments, state legislature, healthcare providers, and state departments in order to **advocate to reduce the gaps in services** identified in the statewide needs assessment.
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.

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Quality Management

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Quality Management - Key Areas

1. Collection and maintenance of accurate data and records
2. Remediation of problem areas
3. Continuous Improvement

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Intrastate Funding Formula

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Intrastate Funding Formula

$$Y = (.35 * \%60) + (.3 * \%LI) + (.1 * \%LIM) + .15 * (\%RUR) + .1 * (\%80)$$

Factor	Weights
Population Age 60 and over	35%
Low Income Elderly	30%
Low Income Minority Elderly	10%
Elderly Living in Rural Areas	15%
Population Age 80 and Above	10%

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Next Steps

25

Public Hearing

Draft is [available online](#)

Comments are also being accepted via email: tn.aging@tn.gov

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Approval Process

Sent to Governor Lee for approval

Sent to Administration for Community living by July 1, 2021

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Questions?

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Comments/Questions on State Plan on Aging

Public Comment submitted via email

“TCAD has operated at a highly effective and efficient level for the past four years. TCAD has proactively secured funding to expand existing programs and services and to initiate new programs and services that are beneficial to the older and vulnerable citizens of Tennessee. The next four years will be critical to continue the momentum of the previous four years.”

“In Chapter 2, Focus Areas and Programs, page 10, Discretionary Grants Fall Prevention. It states the current grant expires June 30, 2021. Will the current grant be renewed or will the SAIL program address Fall Prevention?”

A: We applied for the ACL Fall Prevention Sustainability grant that would have expanded the SAIL program. Unfortunately, we were unsuccessful with this application. The SAIL programs that have been implemented can continue to use IIID funds to support as the AAADs see fit. Additionally, more SAIL programs can be implemented with IIID funds and training can be provided by current Master Trainers.

“In Chapter 2, page 11, Office of Criminal Justice. It states that a Public Service Announcement (PSA) will be developed and distributed. What is the status and the timeline for the PSA?”

A: Grant Submission – page 12

Public Comment during Public Hearing held at Commission Meeting

May 11th, 2021 1:00pm – 1:30pm CST

Approximately 60 attendees

“Will Commission members be made aware of any changes after the public comment period prior to submission”

A: Yes. The final document will be sent to commission members with any changes noted as needed.

“Will changes be made to plan based upon public comment”

A: Yes. Changes will be made to the draft as needed based upon public comment.

Public Comment during Public Hearing held via webinar

May 27, 2021 2:00pm – 3:30pm CST

8 Attendees

“Are you sharing the results of the statewide needs assessment with TennCare given the opportunity for increased federal funding for HCBS?”

A: The Statewide Needs Assessment is shared through the draft and final State Plan on Aging. Additionally, we can share the results via email as requested.

“Following up to last question - has there been a crosswalk of this plan to TennCare HCBS Capacity building plans?”

A: The State Plan on Aging is a requirement for the State Unit on Aging, however, we welcome information from other agencies on pertinent topics.

“When will the draft be finalized?”

A: After today’s public hearing, the draft will be finalized and sent to the Governor for approval. Once approved, we will send to Administration for Community Living (ACL) by the July 1, 2021 deadline.