

SUBMITTAL PAGE

(x) Area Plan for July 1, 2023 - June 30, 2026

() Amendment (Date): _____

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

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

Signature:  Date: 3/22/2022
Area Agency Director

The Area Agency Advisory Council has participated in the development and final review of the Area Plan. Advisory Council members, participation in public hearing, and participation in Area Plan process is included in Exhibit E-1 to E-3 of the Plan.

Signature  Date: 3/22/2022
Chair, Area Agency Advisory Council

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

Signature:  Date: 3-23-22
Director, Grantee Agency

Signature:  Date: 3.23.22
Chair, Grantee Agency Board

AREA PLAN on AGING and DISABILITY

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

FIRST TENNESSEE DEVELOPMENT DISTRICT

Designated Area Agency on Aging and Disability

for the

FIRST TENNESSEE

Planning and Service Area

**in TENNESSEE for
July 1, 2023 – June 30, 2026**

Designated Planning and Service Area

| | |
|---------------------------------|--|
| AAAD Name: | First Tennessee |
| Physical Address: | 3211 North Roan Street, Johnson City, TN 37601 |
| Mailing Address (if different): | |
| AAAD Phone and Fax Number: | 423-722-5102 423-926-8291 |
| AAAD Email Address: | kwhitaker@ftaad.org |
| Website: | www.ftaad.org |
| AAAD Director: | Kathy Whitaker |
| In Operation Since: | 1973 |
| Mission: | To assist older Tennesseans and adults with disabilities in Northeast Tennessee with information and services that promote quality of life and independence. |

AAAD County Data

| First Tennessee Area Agency on Aging and Disability | | | | | | | |
|---|----------------|---------------------------|---|--|---|---|---------------------------|
| Geography | Population | | Language | Poverty | | | Rural |
| | 60+ Population | % of 65+ who are minority | % of individuals ages 65+ who speak language other than English At Home | % of individuals ages 65+ who are below 100% FPL | % of total 65+ population who are below poverty | % of total 65+ population who are Low Income Minority | % of all 65 who are Rural |
| Carter County | 15,141 | 2% | 0.97% | 12.85% | 12.67% | 0.19% | 40.97% |
| Greene County | 18,564 | 2% | 0.75% | 10.17% | 11.49% | 0.18% | 65.19% |
| Hancock County | 1,712 | 0% | 1.50% | 19.52% | 24.40% | 0.00% | 100.00% |
| Hawkins County | 14,707 | 1% | 0.50% | 11.41% | 11.64% | 0.00% | 57.86% |
| Johnson County | 4,983 | 2% | 0.62% | 16.37% | 17.13% | 0.17% | 85.21% |
| Sullivan County | 43,234 | 3% | 1.55% | 8.98% | 9.92% | 0.33% | 25.56% |
| Unicoi County | 5,096 | 2% | 0.36% | 14.27% | 13.36% | 0.33% | 44.67% |
| Washington County | 29,368 | 5% | 2.19% | 6.58% | 7.38% | 0.52% | 26.42% |

Needs Assessment and Program Challenges

As a part of the Statewide Survey, questions were asked to both older adults and providers. The top challenges or unmet needs for each are listed below:

| Older Adult Survey Top 5 | |
|--|--|
| What challenges keep you from being more active in your community? | What improvements would make your day-to-day life better? |
| <ul style="list-style-type: none"> • COVID-19 Concerns (62.19%) | <ul style="list-style-type: none"> • COVID-19 Safety (47.18%) |
| <ul style="list-style-type: none"> • Health concerns or lack of healthcare (11.76%) | <ul style="list-style-type: none"> • Social Needs (47.2%) |
| <ul style="list-style-type: none"> • Financial concerns (7.5%) | <ul style="list-style-type: none"> • Improvement in financial concerns (7.92%) |
| <ul style="list-style-type: none"> • Transportation (6.9%) | <ul style="list-style-type: none"> • Exercise and Recreational Activities (6.72%) |
| <ul style="list-style-type: none"> • Social Needs (6.5%) | <ul style="list-style-type: none"> • Transportation (5.64%) |

| Service Provider Survey Top 4 | |
|--|--|
| What are the three (3) most common unmet needs you see in your older adult population? | In Tennessee, what are the three (3) most pressing changes to be made in order to improve daily life for older adults? |
| <ul style="list-style-type: none"> • Social Needs (43.7%) | <ul style="list-style-type: none"> • Social Needs (21.1%) |
| <ul style="list-style-type: none"> • Transportation (33.3%) | <ul style="list-style-type: none"> • Home and Community Based Services, “HCBS” (19.9%) |
| <ul style="list-style-type: none"> • Nutrition (29.4%) | <ul style="list-style-type: none"> • Transportation (19.9%) |
| <ul style="list-style-type: none"> • Access to Healthcare (22.9%) | <ul style="list-style-type: none"> • Nutrition (14.7%) |

1. Choose three (3) areas of unmet need or challenges mentioned in the above surveys that the AAAD sees as challenges the AAAD will face in the next 4 years. If you conducted a needs assessment for your planning area and identified needs not addressed in the above survey, you may choose those as a part of your three (3) areas.

The three areas of unmet needs or challenges FTAAAD will face in the next four years include: health concerns or lack of healthcare; financial concerns; and transportation.

2. As the State plans to be effective in the provision of services and supports to Older Tennesseans, we must utilize all available resources, including both people and money. In your planning and coordination, outline the strategies the AAAD will use to address these challenges and include the use of the following solutions:
 - 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
 - Anticipatory - address both immediate needs of older adults and the needs of future older adults

FTAAAD deals with **healthcare concerns and unmet healthcare needs** of seniors and adults with disabilities on a regular basis. In addition to direct services provided through the agency, staff document additional health-related resources available throughout the eight-county service area, allowing for streamlined referrals for consumers, regardless of the provider. Both the State Health Insurance Assistance Program (SHIP) and Information & Assistance departments at FTAAAD have many external contacts and resources that can help consumers receive better, more affordable access to health care. For example, there are several free or income-based medical clinics locally, and at least three organizations that provide low- or no-cost dental care to seniors. These clinics provide valuable services to older Tennesseans who are not yet eligible for Medicare. SHIP has a partnership with a volunteer, who is also an Affordable Care Act Navigator, at one of the local federally qualified health centers. This volunteer is sometimes able to assist individuals who are not yet Medicare-eligible to find health insurance coverage through the ACA Marketplace.

The SHIP specialists are also especially effective at assisting seniors with Medicare enrollment and billing issues, and with providing the customized information they need to select the best Medicare Supplement, Advantage Plan, or Part D Prescription Plan for their situation. SHIP and I&A staff also counsel family caregivers on community resources and support groups, and assist consumers with drug-manufacturer saving programs to reduce out-of-pocket costs of expensive medications.

SHIP currently has a partnership with ETSU's Human Resources Department to provide Medicare presentations to employees who are planning for retirement, and for their HR department to refer individuals to SHIP for one-on-one Medicare counseling. SHIP will work to establish partnerships with the human resources departments of other local employers to provide education and information to employees to inform them about AAAD services and Medicare assistance as they approach retirement age.

FTAAAD serves as a Single Point of Entry for individuals and families seeking information about long-term services and supports (LTSS) and/or seeking entry into the Medicaid-reimbursed LTSS delivery system, providing outreach and education on available option, facilitation of enrollment into the LTSS system, and acting as an advocate on their behalf when seeking access to Medicaid-reimbursed services.

FTAAAD also has programs that address seniors' health and wellness before it becomes a serious issue for them. Some of the most successful of these are the evidence-based programs that teach attendees to better manage their own health with positive lifestyle changes and less medical intervention. Classes like *Living Well with Chronic Conditions*, *Take Charge of Your Diabetes*, *Cancer: Thriving and Surviving*, *Matter of Balance*, and *Powerful Tools for Caregivers* provide participants with practical information, hands-on experience and measurable goals that all improve long-term health. A challenge has been getting older adults back into social situations without fear

and participating in in-person workshops; and preparing them to be comfortable with the technology necessary for virtual programs.

Because nutrition is a critical component of health, FTAAAD services such as home-delivered meals, congregate meals, emergency food boxes, and assistance with SNAP enrollment, all play an important part in the wellness of older Northeast Tennessee residents. In order to meet the diverse needs of unserved older individuals who reside in rural, isolated areas, FTAAAD will contract with a nutrition provider to provide them with frozen meals.

FTAAAD's responses to the COVID-19 pandemic (disseminating information about safety protocols and community resources; working with meal sites and senior centers to serve at-risk individuals safely while maintaining quarantine procedures; and creating innovative programs that benefitted both consumers and local family businesses), have allowed FTAAAD to develop a blueprint for future outbreaks, pandemics or other public-health events that will ensure swift and comprehensive implementation when needed.

There are many ways that FTAAAD assists low-income seniors who have **financial concerns** and struggle to make ends meet. The SHIP department, as discussed above, helps Medicare beneficiaries select the most cost-effective Advantage plans or Part D drug plans based on their medications and preferred physicians and pharmacies. They also screen consumers for Medicare Savings Plans like QMB/SLMB that eliminate co-payments and insurance premiums, and for the Extra Help program for reduced prescription costs. Application assistance for the SNAP program is also available in-house.

Referrals are regularly made to LIHEAP (low-income energy assistance program), and to local food pantries. Referrals are also made to the Emergency Home Repair Program for the Elderly and Disabled, which is administered through First Tennessee Development District. FTAAAD also maintains a database of low-income and senior housing units in Northeast Tennessee for consumers searching for less expensive housing options.

FTAAAD's ongoing education of both community partners and vulnerable older adults in Northeast Tennessee on recognizing and avoiding scams and frauds is another way to assist older adults with financial stability. Educating our audiences about current scams and what to look out for, and encouraging them to report fraud if it occurs, can prevent individuals from needlessly losing their money, and thereby ensuring they have the funds they need to pay for regular monthly expenses.

FTAAAD will consider training a staff member to provide a variety of presentation topics on financial security like simple budgeting, cost-effective grocery shopping, using technology to save money, etc., and make these programs available to senior centers and senior housing complexes for speaking engagements. An existing partnership with a local financial institution could also be leveraged to use their staff to provide presentations on these types of topics if needed.

Currently, **transportation** needs are met through our existing partnerships, which include public transportation in the three metropolitan areas of Bristol, Kingsport and Johnson City, and in the smaller rural communities through NET-TRANS. In order to create streamlined access to services

and programs, FTAAAD also contracts with each of the 11 senior centers for local transportation services. Priority trips include transportation to and from senior centers, congregate nutrition sites, grocery stores, doctor appointments, and pharmacies.

FTAAAD has been successful in setting up four MyRide programs in Johnson County, Jonesborough/Washington County, Greater Kingsport/Sullivan County and Greeneville/Greene County, with plans to implement a fifth program in Johnson City/Washington County. MyRide is a senior-friendly, door-through-door transportation program that uses volunteers driving their personal vehicles to transport older adults to their destinations. The MyRide programs are designed to allow riders the convenience and freedom to make social, medical and financial appointments at their convenience, rather than around public-transportation timetables. It also affords them the opportunity to participate in community activities on their own timeframe. Additionally, many seniors are not able to physically access public-transportation systems because they do not offer door-through-door or curb-to-curb services or require them to wait for long periods of time before they are picked up for their return trip. Our future goal to continue to meet the transportation needs of older adults is to develop additional MyRide programs in every county in our district, and to assist each program in becoming self-sustainable.

3. In the Service Provider survey, they identified barriers to improving the lives of older adults. These are related to areas of systems change. Choose one (1) of the following areas that the AAAD identifies as a barrier and include efforts the AAAD will make within the four-year Area Plan cycle to address systems change in that particular area:

- Not Enough Services/Organizations (25.97%)
- Inadequate Funding (24.2%)
- Staffing Issues (13.9%)
- Rules/Regulations (8.6%)
- Transportation (8.2%)

Staffing Issues. Staffing challenges such as lack of home care workers, staffing levels, wages, and turnover are significant barriers to providing services to older individuals and adults with disabilities in our district. The demand for home care workers is expected to increase dramatically in the coming years. According to an article written by Chris Farrell that appeared in *Forbes* magazine on April 18, 2018, “home care is the nation’s fastest growing occupation, with an additional million workers needed by 2026; that’s an increase of 50 percent from 2014”. Low wages, inconsistent work schedules, lack of affordable daycare, and poor advancement prospects make it difficult to find and retain home care workers. All of our home care providers have expressed concerns about staffing issues and have great difficulty providing regular and reliable in-home services and supports to eligible individuals. Missed visits have continued to increase due to providers unable to provide services because of a lack of staff. In September 2020, there were 20 missed visits due to providers being unable to provide services compared to 298 missed visits in September 2021. A portion of our HCBS Providers’ Quarterly Meetings is always devoted to discussing staffing issues. This gives the providers an opportunity to network and brainstorm with similar organizations for possible solutions.

Efforts FTAAAD will make within the four-year plan cycle to address systems change include:

- Help establish the curriculum and assist with organizing training classes for home care workers, possibly partnering with local colleges and/or technical schools.
- Educate our legislators about this growing problem and request increases in provider reimbursement rates.
- Provide short resource list to providers that includes potential recruiting sources that they may not have previously considered, like low-income career assistance/life skills programs, local professional networking organizations, and job-placement specialists at high schools, community colleges, trade schools, and online/in-person universities.
- Work with the First Tennessee Development District's (FTDD) workforce development program on innovative partnerships and opportunities using nontraditional workforces such as students, those in addiction recovery, and those coming out of incarceration as ways to access more potential employees.
- Explore retired and semi-retired populations as potential pipeline for home care workforce.
- Determine ways to reduce providers' paperwork and streamline operations.
- Continue devoting time at our providers' meetings to discussing staff issues and providing possible resources.

Plan for Program Development and Coordination

The AAAD is proposing to use \$71,800 in Title III-B direct service funds to pay for Program Development and Coordination during FY 2023. TCAD allows up to 10% of these funds to be used for this purpose. The proposed amount represents 10% of the AAADs new Title III-B direct service allotment.

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

Goal: To have a direct and positive impact on the enhancement of services for older persons in the Northeast Tennessee using program development and coordination funds.

Objective 1: Coordinate trainings in cooperation with service providers and other local aging programs.

Strategies:

1. Host an annual training conference on aging for senior service providers and other aging programs.
2. Support the monthly meetings of the Northeast Tennessee Vulnerable Adult Coalition (NET-VAC) by planning programs pertinent to abused and exploited adults.
3. Serve as a Board member of the Tennessee Federation for the Aging (TFA), which provided an annual statewide training conference.

Objective 2: Coordinate the bi-monthly senior center directors' association meetings and assist the senior centers with their program development as community focal points.

Strategies:

1. Assist in the planning of agenda items and distribute the meeting notices.
2. Discuss best practices at each of the meetings.
3. Provide technical assistance to the senior centers to apply for and achieve accreditation.
4. Assist in the coordination of FTAAAD programs and events, which include evidence-based health programs, volunteer transportation programs, Medicare annual enrollment events, and World Elder Abuse Awareness programs.

Objective 3: Serve as the Secretary of the First Tennessee Advisory Council on Aging and Disability and coordinate the bi-monthly meetings.

Strategies:

1. Assist in the planning of the agenda items and distribute the meeting notices and meeting minutes.

2. Update membership list and committee lists.
3. Update Advisory Council's orientation manual as needed, and ensure all new members receive a copy.

Objective 4: Coordinate the District Senior Olympics, which is an important event that provides physical-fitness and health-promotion activities for older adults.

Strategies:

1. Arrange all venue sites for athletic competitions.
2. Prepare and send out registration information to senior athletes.
3. Recruit volunteer officials and scorekeepers.
4. Host Senior Olympic events.
5. Key in all results.

Exhibit C-1

FY 2022 Performance Highlight of Accomplishments with ACL Federal Funds and State Allocations

(Please limit your response to 3 pages)

Provide a status update of the progress and accomplishments of the following federal and state program areas (*Be sure to include accomplishments related to carryover funds used in FY 2022 as these were a part of the FY 2021 Area Plan Update*):

Older Americans Act Funding

- ❖ **Title IIIB Supportive Services:** IIIB funding supports our seven Options Counselors (five full-time, two part-time). During COVID, all assessments were completed by telephone. The 11 senior centers in our district receive IIIB funding for transportation. IIIB funding also supports our Long-Term Care Ombudsman program, which operates as a direct service through FTAAAD. The ombudsman volunteer coordinator was successful in recruiting, training and placing five Volunteer Ombudsman Representatives (VOR). IIIB funding also supports the Legal Services for the Elderly program. Most of the priority cases for this year have been related to housing and healthcare, which fall into the TCAD legal priorities. Although not a priority, the greatest request for services that Legal Aid receives is for wills.
- ❖ **Title IIIC Nutrition Services:** Addressing food needs during the pandemic continued to be an issue. FTAAAD saw congregate sites slowly open back up to onsite dining, but they continued to offer the option of curbside pickup. FTHRA continued to prepare hot meals for both congregate and home-delivered meals and provided all meals in the HDM packaging to ensure safety. FTHRA continued to provide shelf-stable meals to all homebound consumers above and beyond the normal cycle of emergency meals in the event they had to close due to an active COVID case or quarantine of staff or volunteers. FTHRA continued to work on volunteer recruitment to ensure there were enough volunteers to sustain the program through emergencies. Besides the perfect 100 percent on the health department score, FTHRA increased their starting pay by \$1 per hour, which has helped them stay competitive and has led to more applicants during the tight job-hiring environment. FTHRA's average pay is currently \$13–\$16 per hour with benefits (full-time). Food insecurity continued to be a challenge and we continued to explore additional funding sources and increased advocacy to lend this challenge a voice. We have worked with a provider from our small business restaurant initiative to provide frozen meals to our most isolated rural areas where FTHRA has had difficulty establishing or maintaining routes for hot meals. Frozen meals are delivered at a minimum of once every two weeks, and this provides not only meals but a wellness check on these older adults that deal with food insecurity. Dr. Whitney Bignell at ETSU has continued the nutrition counseling partnership with us, as well as ensuring that class projects center around nutrition education for seniors. Nutrition counseling reached seven older adults this year. FTHRA reached out to ETSU about the placement/internship of Dietetics majors for their field work within the agency. This partnership is a tremendous opportunity in terms of enhanced menu development, counseling resources, training for other employees, and potentially employee recruitment.

- ❖ **Title IIID Disease Prevention & Health Promotion:** Due to COVID-19, challenges continue for evidence-based programs, both in-person and virtually. Moving courses to an online platform has proven to be difficult because many participants are not familiar with the technology, and because of a constant rollover of positions at community partner organizations. We have planned three workshops (two in-person and one virtually) that had to be cancelled or postponed due to not being able to secure two leaders for all six sessions, or due to a lack of participants signing up for the workshops. The health promotion specialist is a Master Trainer and is currently working with the UT Extension Master Trainer to conduct three leader trainings that will update current leaders and allow us to have more leaders trained to conduct workshops. We will be starting a *Cancer: Thriving & Surviving* workshop in March and a *Take Charge of Your Diabetes* workshop in May. The health promotions specialist will also be trained in *Matter of Balance* in March and able to start workshops with four other community partners as a fall prevention program. We have continued to move forward with the *Powerful Tools for Caregivers/TN M.I.N.D.S.* program by holding a screening of the movie “Alive Inside” where we reached over 20 families, and conducted a volunteer training where eight volunteers were trained to assist with the music component. We have scheduled the workshop twice and had to postpone it due to low registration. We have a matinee screening of “Alive Inside” scheduled and two *Powerful Tools/TN M.I.N.D.S.* workshops planned before the end of the fiscal year.

- ❖ **Title IIIE National Family Caregiver Support Program:** FTAAAD continues to assist family caregivers and grandparents/relatives raising grandchildren by providing services and developing innovative programs to meet their needs. To increase community awareness to relevant family caregiver issues/challenges two presentations on grandparents/relatives raising grandchildren were presented at our local NET-VAC group and at the state TFA conference in partnership with the Knoxville Grandparents as Parents program through CAC Office on Aging. Our partnership with UT Extension continues to offer the Coffee & Conversation group at the Johnson City Senior Center monthly. We are also working with the GRANDfamily Coalition of United Way of Greater Kingsport and the UT Extension agent in Sullivan County to provide a monthly Coffee & Conversation group in Kingsport. We currently reach 10 grandfamilies through these groups. The *Caregiver Connection* newsletter offers resources, tips, events, community spotlights and a page dedicated to grandfamilies, and is sent out quarterly. The newsletter is distributed by mail, email and through distribution lists of community partners, reaching over 200 caregivers.

- ❖ **Title VII Elder Rights:** Increased awareness and access to information regarding the prevention of elder abuse, neglect and exploitation has been accomplished in a variety of ways. Monthly meetings of the Northeast Tennessee Vulnerable Adult Coalition (NET-VAC) continue to address issues pertinent to abused and exploited adults, and have transitioned to virtual meetings during COVID-19. Dates and times of these meetings are published quarterly in the FTAAAD newsletter, which is promoted to approximately 4,000 aging-network professionals, as well as to visitors to the FTAAAD website.

State Funds

- ❖ **OPTIONS Home and Community Based Services:** OPTIONS provides information and assistance, service coordination, homemaker services, personal care, home-delivered meals and personal emergency response systems to qualified individuals. FTAAAD OPTIONS Counselors have also done a great job connecting individuals to other services/agencies for clothes, food boxes, cleaning supplies, home repairs, home-energy assistance, incontinence briefs, and help with other chores around the home. During this fiscal year, I&A started using an online system (OneDrive) for logging all the calls that come in on the I&A phone line. All calls are logged into OneDrive in the order in which they are received. This system has allowed all staff to know how many calls are waiting to be returned and when the call came in. With all staff having access to OneDrive, they always know what calls must be completed by the end of the workdays in order to stay within the two-day time frame. We have had an increase in the number of calls, but our number of staff has remained the same.
- ❖ **Guardianship:** The Public Guardian program served 56 clients in FY 2021 and had an average monthly number of 41.75 clients served. The program continues to utilize four active volunteers. The Public Guardian program received a Beacon Grant from Johnson City Elks Club, and their members also shopped for several Public Guardian clients at Christmas time. COVID-19 restrictions have continued to make procedures more difficult, but Public Guardian staff strive to ensure clients are served and have their needs met.

Other

- ❖ **SHIP:** SHIP participated in local events, including the Appalachian Fair; provided numerous presentations; and held several enrollment events during Medicare's Annual Enrollment Period. SHIP also continued to provide Medicare counseling to beneficiaries. SHIP has completed presentations to, and receives referrals from, retiree associations and human resource departments of local employers, including East Tennessee State University, the Tennessee State Retiree Association, and the TVA Retiree Association. SHIP also has partnerships with local parish nurses and conducted several presentations for their congregations and continues a partnership with ETSU's College of Public Health for education and interns. SHIP also distributed educational materials on Medicare, SHIP, LIS and MSP—including a simplified informational flyer on LIS and MSP designed to help beneficiaries understand the eligibility requirements—to community partners, including agencies that serve the homeless population, rural counties, and the ESL population. SHIP has continued partnerships with local community agencies, including the Johnson City Community Health Center, local Social Security Administration offices, and social workers at our Veterans Affairs Medical Center. Between July 1, 2020, and February 9, 2022, FTAAAD SHIP counseled 8,777 beneficiaries, and reached a total of 5,591 people through public and media events.

Exhibit C-1

FY 2022 Highlight of Accomplishments from Other Funding Sources

(Please limit your response to 3 pages)

Provide a status update of any accomplishments from other funding sources that have been made regarding goals included in the FY 2021 Area Plan Update.

Families First

- ❖ IIC – \$468,000 for home-delivered meals. \$262,890 was allocated to 12 restaurants and \$189,210 was allocated to our traditional meals provider, the First Tennessee Human Resource Agency (FTHRA). All funds were expended by the end of October 2020.

CARES

\$1,435,500 total for the following services/activities: hygiene kits; assistive technology devices; MyRide transportation programs, PPE equipment for senior centers; emergency food boxes; the continuation of the Small Business Initiative to provide home-delivered restaurant meals; and a contract with our traditional meal's provider, FTHRA, to develop and implement a grocery access, delivery and assistance program that utilized current HCBS providers and administration support staff. At the end of December 2021, all funds had been expended.

- ❖ IIIB – \$392,657: For emergency food boxes (\$63,488); personal care (\$15,800); grocery access (\$10,700); senior center COVID-19 supplies (\$54,168); volunteer transportation (\$30,000); hygiene kits (\$16,701); assistive devices (\$15,347).
- ❖ IIC – \$773,634: For home-delivered meals via restaurants (\$505,660); home-delivered meals through FTHRA (\$267,972).
- ❖ III E – \$193,300: For in-home respite (\$9,020); homemaker (\$149,472); personal care (\$17,693); grocery access (\$7,180); assistive devices (\$9,935).

COVID-19 III – HDM Supplemental

- ❖ IIC – Small Business Initiative (restaurants) (\$202,770); FTHRA (\$108,309.72). All funds were expended end of January 2022.
- ❖ ADRC – \$95,000 – funding has been used for the purchase of technology upgrades for senior centers; the purchase of 55 Joy for All Robotic Companion Pets; the purchase of upgraded agency hardware and software; the purchase of OneCall for agency and senior centers; and the purchase of Service Scan and laptops for FTHRA, as well as hot/cold food storage bags. Ninety percent of the funds have been expended as of the end of February 2022.

MyRide Tennessee: FTAAAD currently oversees four successful MyRide programs in Johnson County, Jonesborough, Kingsport and Greeneville. We opened MyRide Greeneville in October

2021, and the other three programs (Johnson County, Jonesborough and Kingsport) celebrated their three-year anniversaries in 2021. We also had a goal of providing 10,000 rides by May 2021, which we successfully achieved. All programs remained open during the pandemic. Each program adjusted accordingly to provide essential rides only, and developed systems to keep the seniors in their homes while the volunteer drivers picked up groceries and other essential items for them. As of March 7, 2022, these programs have a combined total of 15,004 rides provided, 78 volunteers, 227 clients, 147,653 miles traveled, and if we were allowed to count in-kind, we would have accumulated an equivalent of \$284,556.

CHOICES: The COVID-19 pandemic has continued to present many challenges to performing day-to-day work activities to meet the needs of our aging and disabled populations and partner network. Our practices have been adapted to best meet those needs. In-person events and most assessments remain virtual or by phone. The ability to work remotely is essential. A secure cloud-based system allows staff to share information and gives instant access to data. A new phone system permits us to answer calls both remotely and in-office. A HIPAA-compliant virtual meeting platform was put into practice to assist with day-to-day virtual activities as well as client assessments. TennCare implemented “My TennCare Partner Portal” which allows for entering and submitting Medicaid applications electronically. Once submitted, verifications to support the application can be submitted securely through the portal. Two positions that were vacant have been filled and those employees are now trained and independent in their roles. We have contacted 60 community partner agencies, provided training, brochures, and other educational items as well as participating in or hosting 10 meetings to enhance the delivery of long-term services. As of January 31, 1,754 individuals have been assisted with CHOICES information, assistance, screenings and/or assessments. The CHOICES intake coordinators completed training and renewed their certification as Quality Assessors and National Core Indicators–Aging and Disability surveyors.

Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA): The CREVAA program addresses the unmet needs, both emergency and ongoing, of elder and vulnerable adult victims of crime. Due to changes in policy this year, we have seen the CREVAA caseload decrease to less than 10 cases a month and an average of 18 clients served each month. During this same time, \$47,378.30 was spent on CREVAA clients. The CREVAA program utilizes one volunteer and maintains one student intern from the East Tennessee State University. CREVAA advocates have continued to provide education for stakeholders by making virtual presentations to Development District’s Board of Directors and the Northeast Tennessee Vulnerable Adult Coalition (NET-VAC) by using Zoom and Microsoft Teams. During this same time, the State of Tennessee was investigating unlicensed group homes. CREVAA staff was involved in two group homes being closed in our district. CREVAA was able to provide personal items and food for the individuals in the unlicensed group home. CREVAA staff was able to help facilitate calls between one client and a long-term facility. CREVAA paid for transportation to leave the group home and go into the facility, plus personal care items for the transition. During the month of January 2022, CREVAA staff was introduced to a new partnership with the FBI. The local FBI agency in Johnson City is interested in developing a partnership with the First Tennessee Area Agency on Aging and Disability. CREVAA staff helped with scam-trend research in 2021 and 2020 by utilizing all the 1215s (screen-outs from Adult Protective Services). The average age of victims is 75. During this

period there was a loss of \$2,451,261 from seniors affected by scams. By working with the local FBI, we have another tool to help us with financial exploitation of elderly and vulnerable adults.

Collaborative Response to End Self-Neglect in Tennessee (CREST): On April 1, 2022, FTAAAD will launch a partnership with the State’s Adult Protective Services program. CREST will address unmet needs resulting from self-neglect of older or vulnerable adults. The CREST program will respond to emotional and physical needs of self-neglecting clients in order to stabilize their lives and reduce risk of harm. FTAAAD will add one CREST Advocate that will work with APS to provide emergency, client-centered services and resources. These services will include emergency housing, emergency food and clothing, home modification, transportation, durable medical equipment, medication, personal care and homemaker services.

SNAP Outreach Program: The SNAP Outreach program started growing again as many COVID-19 lockdown measures were ending during the summer of 2021. There were still no in-person events being held, and application assistance continued by phone throughout the pandemic. Since July 1, 2020, there have been 4,010 consumers screened for SNAP, and 121 applications completed. The “Take A Shot on Life” partnership between the FTDD and Ballad Health offered an opportunity to distribute SNAP materials at dozens of mobile vaccination sites around the region and account for most of the events reported during this period. SNAP outreach information was provided at a total of 105 events.

Grants: FTAAAD received a grant of \$97,400 from the Administration for Community Living (ACL) for COVID-19 Response. The purpose of the funding was to expand access to the COVID-19 vaccinations and booster shots, especially for older adults. FTAAAD requested funds for a four-month local television campaign that will raise awareness of FTAAAD, its programs and services, and the assistance that can be provided for accessing COVID-19 vaccinations. Funds were also used to contract print advertising in seven local newspapers covering all eight counties in the district and to produce a rack card promoting COVID-19 vaccine assistance through FTAAAD that will be distributed to home-delivered meals recipients, OPTIONS consumers, senior center members, and to other community locations.

FTAAAD also received a grant in the amount of \$6,160 from the East Tennessee Foundation to support 35 hours of homemaker services to seniors in our eight-county region.

Media Relations/Website: FTAAAD’s website has been completely redesigned, with detailed information and frequently asked questions provided for all the programs and services available through the agency. Multimedia educational materials on a variety of aging and disability issues are provided, including resources for family caregivers and elder-abuse education. The website went live in November 2021 and to date there have been more than 1,900 unique visitors to the website, and this number continues to increase daily. So far this fiscal year, five press releases have been distributed to local media and four email blasts sent out to blog subscribers. Finally, the FTAAAD Facebook page features new posts weekly, and continues to grow its followers.

Goals, Objectives, Strategies, and Performance Measures

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

Objective 1: Implement a new MyRide Johnson City Volunteer Transportation program.

Strategies:

1. Hire a volunteer coordinator.
2. Recruit and train volunteer drivers.
3. Sign-up riders for program in Assisted Rides.
4. Form local steering committee.
5. Develop all components for the program, to include the following: online software package, liability insurance, and other risk-management activities, standardized training for volunteers, volunteer recruitment plan and marketing plan.

Performance Measures:

1. Sign up 20 riders.
2. Recruit 10 volunteers.
3. Provide 500 rides by June 2023.

Objective 2: Develop partnership with local transportation organizations to reduce gaps in services as identified in the needs assessment.

Strategies:

1. Collaborate with local area transit units such as KATS, Johnson City Transit, Bristol Transit and senior centers that offer transportation.
2. Attend regional transportation meetings held by Johnson City Transit and participate in Johnson City Urbanized Area Coordinated Plan.
3. Develop a coordinated approach to increase public awareness about available transportation resources.
4. Identify additional funding to expand MyRide programs and voucher programs for those who qualify for public transportation.
5. Educate the public on transportation programs.

Performance Measure:

1. Attend meetings to discuss transportation issues and identify gaps by June 2023.
2. Identify two additional funding resources by June 2024.

Objective 3: Inform, educate, and empower older adults, their caregivers, and others to maintain their health, wellbeing, and independence in the community through “Healthy Aging” evidence-based programs.

Strategies:

1. Expand access to and sustain availability of evidence-based programs using Title IIIID funds, other funding sources, and by utilizing collaborations with UT Extension, public health departments, and other community partners.
2. Increase evidence-based offerings by adding *Matter of Balance* for fall prevention to workshops offered by FTAAAD health promotion specialist and community partners.
3. Continue to expand evidence-based programming to non-traditional environments, including online workshops and telephone/tool-kit options, especially for our rural counties.

Performance Measures:

1. Increase ability to provide evidence-based programming by training minimum of two community partners to co-lead programs by June 2023.
2. Partner with trained community organizations to offer a minimum of one *Matter of Balance* workshop per year.
3. Offer minimum of three evidence-based programs per year, including one telephone/tool-kit option for Hancock County.
4. Provide opportunities for ongoing training to ensure staff and community partners maintain required certifications and/or obtain higher level certification by offering one leader training by June 2024.

Objective 4: Promote independent living, reduce isolation, support healthy aging, and reduce food insecurity through the provision of high-quality nutritious meals and complementary nutrition services.

Strategies:

1. Maintain and expand home-delivered meal and congregate programs while increasing outreach initiatives targeting socially isolated populations.
2. Explore funding to continue and expand rural meal delivery initiative.
3. Research funding opportunities to continue offering emergency food boxes for older adults in need.
4. Continue to work with ETSU and UT on grant project for virtual supper club and nutrition ambassadors' program to decrease sense of isolation, decrease food insecurity and increase self-sufficiency to enjoy healthy meals.

Performance Measures:

1. Identify one grant opportunity for rural meal delivery initiative by June 2023.
2. Identify one funding source for purchasing emergency food boxes by June 2023.
3. Pilot test ETSU/UT curriculum at one targeted senior center by June 2023.
4. Work with ETSU/UT on continuing curriculum at targeted senior centers and evaluating completed sites by June 2024.

Objective 5: Increase education to community partners, family caregivers and grandparents/relatives raising grandchildren about programs, services, and supports available

that improve quality of life, enable at-home care, and allow care receivers to remain in their family environment.

Strategies:

1. Refer caregivers by maintaining and sharing a listing of support groups and other programs in the FTAAAD service area.
2. Increase community awareness to information or relevant informal caregiver issues/challenges through presentations, education, and training.
3. Connect with local agencies to determine available resources/opportunities to collaborate with partner agencies (school districts, day cares, head starts, relief nursery, foster care program, offering information on support groups and other resources to grandparents/relatives raising grandchildren.

Performance Measures:

1. Conduct yearly review of local support group resources for caregivers and grandparents/relatives raising children to ensure we are providing caregivers with up-to-date resources by June 2023.
2. Share relevant educational content through at least two media outlets (i.e., newsletters, both printed and electronic) on a quarterly basis by June 2023.
3. Provide/expand evidence-based programs by offering *Powerful Tools for Caregivers* and/or *TN M.I.N.D.S.* program a minimum of once per year by June 2024.

Objective 6: Explore various options for providing self-directed services and vouchers to increase direct support as part of IIIE National Family Caregiver Services.

Strategies:

1. Review state OPTIONS self-directed care services and explore incorporating into National Family Caregiver.
2. Examine other AAADs' processes for providing self-directed care and vouchers for caregivers to establish best practices.
3. Develop a strategy to implement self-directed/voucher program for our area caregivers.

Performance Measures:

1. Identify two AAAD offices across the state to meet with on best practices by June 2023.
2. Schedule meetings with two AAAD offices to develop best practices by June 2024.
3. Meet with FTAAAD finance department to explore procedures by June 2024.

Objective 7: Increase awareness and access to information regarding the prevention of elder abuse, neglect, and exploitation by working with a variety of agencies and organizations, including the news media.

Strategies:

1. Develop a partnership with FBI and TBI, focusing on financial exploitation.

2. Form a collaboration with the FBI, TBI, financial institutions, and other organizations to set up a "Panel Discussion Team" that would be available to discuss the ramifications of financial exploitation.
3. Explore the opportunity of creating a "Safe" person, whom the elderly may call to ask questions about scams, where to report, and how to prevent scams.
4. Create and distribute placemats that have information on the most recent scams concerning homebound seniors and include in home-delivered meals.
5. Create information packets on the different types of elder abuse, to be distributed to local churches.
6. Enhance the partnerships with financial institutions to increase public awareness of ANE (Abuse, Neglect and Exploitation) and how to report elder abuse.
7. Collaborate with co-workers and conduct training presentations virtually or in-person at the First Tennessee Development District to increase awareness of ANE (Elder Abuse, Neglect and Exploitation) and make presentation available in the video library on the FTAAAD website.

Performance Measures:

1. Conduct four presentations at local community centers and community outreach meetings, which may include senior centers, Northeast Tennessee Vulnerable Abuse Coalition (NET-VAC), and Vulnerable Adult Protective Investigative Teams (VAPIT) regarding the prevention of ANE (Elder Abuse, Neglect and Exploitation) by June 2023.
2. The Panel Discussion Team will educate FTAAAD and FTDD on the ramification of financial exploitation at one monthly staff meeting annually thru June 2024.
3. Conduct an annual FTAAAD staff training with presenters from Adult Protective Services (APS) to update 15 employees on information regarding the prevention of ANE (Elder Abuse, Neglect and Exploitation) and providing information on what APS can and cannot do legally thru June 2026.

Objective 8: Explore the possibility of an abbreviated screening that could be used for callers requesting home-delivered meals.

Strategies:

1. Engage with the TCAD I&A director, exploring the possibility of using an abbreviated screening for home-delivered meals.
2. Research the minimum requirements for home-delivered meals.
3. Develop an abbreviated screening.
4. Establish proposed process.
5. Seek approval for proposed process and screening.

Performance Measures:

1. Form a committee with team players involved in the screening process, meeting at least twice by June 2023.
2. Propose the abbreviated process to TCAD by June 2024.
3. Develop an abbreviated screening tool for meals by June 2025.
4. Present the abbreviated screening and process to TCAD and obtain approval for pilot project

or use of the form by June 2026.

Objective 9: Identify and apply strategies to ensure that the Ombudsman program continues to be effective and efficient in advocating for all residents in long-term-care facilities.

Strategies:

1. Review the data from the district ombudsman's monthly and quarterly reports for accuracy and information.
2. Meet with the district ombudsman on a regular basis to stay updated on any emerging issues.
3. Assist the district ombudsman in the recruitment of Volunteer Ombudsman Representatives (VORs).
4. Attend the initial and quarterly VORs trainings.

Performance Measures:

1. One-hundred percent of Ombudsmanager reports will be reviewed each quarter by the AAAD director.
2. Annually by December 31, submit two press releases to seven local newspapers recruiting VORs.
3. Increase the number of VORs in 2023 from five to six; in 2024 from six to eight; in 2025 from eight to 10; in 2026 from 10 to 12.

Objective 10: Continue partnership with Legal Aid of East Tennessee, focusing on wills, housing, and healthcare.

Strategies:

1. Establish a quarterly meeting with Legal Aid of East Tennessee.
2. Brainstorm with Legal Aid of East Tennessee on ways we can be better partners.
3. Assemble a list of resource materials pertinent to wills, housing, and healthcare.
4. Work with Legal Aid of East Tennessee to establish a process for referrals to their agency.

Performance Measures:

1. Meet with a Legal Aid of East Tennessee representative face-to-face, by phone, or virtually at least once a quarter.
2. Distribute resource information to three families or individuals in need.
3. Educate at least 12 FTAAAD staff on the referral process for Legal Aid of East Tennessee by June 2023.

Objective 11: Increase knowledge of staff and community partners about OAA programs and those services available through CHOICES.

Strategies:

1. Reinforce and update knowledge base of internal referrers about the specifics of OAA

- programs and the CHOICES program through virtual or in-person training.
2. Reinforce and update knowledge base of external referrers about the specifics of OAA programs and the CHOICES program through virtual or in-person training.
 3. Identify and develop relationships with new or inexperienced referrers.
 4. Outreach to three stakeholder agencies such as Veteran's Administration, local Housing Authority staff, Ballad Health, or senior centers to offer CHOICES training to agency staff or to consumers.
 5. With permission, email program information to new contacts met through networking, calls for information, new referrers, or new admissions staff at facilities.

Performance Measures:

1. Host annual in-person or virtual CHOICES training for agency Information and Referral staff, Options counselors, and Adult Protective Services staff.
2. Email blast to four Ballad acute care case managers at least one time per year, providing program updates, resources and offering CHOICES support, information, training.
3. Provide training activity once per year to three stakeholder agencies.
4. Send program information annually to at least six new contacts met through networking.

Objective 12: Utilize PowerPoint or videos to educate seniors on various topics, such as elder abuse, financial exploitation, scams and fraud, wills and legal documents, computer security and avoiding viruses, etc.

Strategies:

1. Make PowerPoint presentations and videos available to senior centers.
2. Utilize YouTube for senior centers to identify useful video resources.
3. Utilize existing PowerPoint presentations on various topics.

Performance Measure:

1. Document that at least three senior centers will have utilized resources provided to them to serve a total of 50 seniors.

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

Objective 1: Develop partnerships with community health centers that serve low-income persons to educate about assistance programs for Medicare beneficiaries, including LIS and MSP, and receive referrals from them.

Strategies:

1. Expand partnership with Johnson City Community Health Center to provide education and information on Medicare, MSP, and LIS for beneficiaries.
2. Explore partnerships with local Rural Health Services Consortium clinics.
3. Explore partnerships with local urgent care and walk-in clinics.

4. Strategize best outreach methods to reach low-income populations that utilize community health centers.

Performance Measures:

1. Explore partnerships with three mobile clinics offered by Rural Health Services Consortium to distribute SHIP/SMP information to individuals by June 2023.
2. Contact three locations of Rural Health Services Consortium and three local urgent care/walk-in clinics to gauge interest in partnerships with our programs by June 2024.
3. Provide education and information regarding Medicare, MSP, and LIS to three local Rural Health Services Consortia and three local urgent care/walk-in clinics by June 2026.

Objective 2: Develop productive working relationships with larger community organizations that regularly provide referrals to other resources to the consumers they serve to ensure they are familiar with FTAAAD and the services provided to older adults and adults with disabilities.

Strategies:

1. Create brief gap assessment survey for organizations like Red Cross of Northeast Tennessee, Second Harvest Food Bank of Northeast Tennessee, Upper East Tennessee Human Development Agency, or the regional health departments to determine awareness of FTAAAD and its programs, and the types of referrals most often needed by their clients.
2. Promote availability of FTAAAD speakers who can present agency information to interested organizations.
3. Develop brief quarterly email blasts on topics indicated by results of needs assessment.

Performance Measures:

1. Produce and distribute gap assessment survey to at least six community organizations by June 2023.
2. Schedule agency presentations with at least three community organizations by June 2024.
3. Distribute at least three informational email blasts and any requested agency materials annually.

Objective 3: Explore the possibility of working with local senior centers to help retain and grow their membership by partnering to provide marketing and public-relations assistance. In doing so, potentially increase their ability to reach socially-isolated older adults who may be unaware of the programs and services offered at the centers and to encourage members who have not returned to the centers after the COVID-19 shutdowns to come back.

Strategies:

1. Meet with senior center staff to determine membership goals and most popular center assets.
2. Create individual plans of action that identify target audiences, means of reaching the target audiences, and reporting strategies.
3. Utilize FTAAAD website, contact lists and social media as appropriate to

- assist senior centers with their marketing campaigns.
4. Develop brief plan to encourage members to safely return to their senior centers.
 5. Identify socially-isolated older adults and other community members and persuade them to come to their local center for a tour.

Performance Measures:

1. Meet with at least three senior centers to discuss their membership goals by June 2023.
2. Create one plan of action to increase attendance at a senior center by June 2024.
3. Create one plan of action to increase the number of new members at a senior center by June 2025.

Objective 4: Establish, maintain, and reinforce agency relationships with community stakeholders serving the aging community and people with disabilities.

Strategies:

1. Be visible and available to local senior resource networks to facilitate information-sharing and support with accessing agency programs.
2. Be visible and available to TMAC (Tri-Cities Military Affairs Council) to facilitate information-sharing and support with accessing agency programs.
3. Be visible and available to local health departments to facilitate information-sharing and support with accessing agency programs. Establish contacts at health departments serving Carter, Washington, Sullivan, Unicoi, Hawkins, Hancock, Johnson and Greene Counties. Identify appropriate agency contacts at local health departments and establish communication for support with and education about agency services; email, virtual meeting, or in-person training.
4. Continue Resident Orientation Program for medical students and interns as assigned per geriatric rotation, providing education on FTAAAD and CHOICES.
5. Explore possibility of expanding Resident Orientation program to capture advanced practice nurses with geriatric specialty.
6. Work with clinics serving target populations to facilitate access to agency programs for consumers, and knowledge about agency programs for clinic staff.
7. Make regular contact with ETSU clinic managers to offer staff education, Rx for Care pads, brochures, logo items, and referral support.

Performance Measures:

1. Attend each local Senior Resource Meeting at least once in 2023, including newly-established Senior Resource Network meeting in Hawkins County.
2. Join TMAC mailing list and update Area Agency staff on TMAC events and news via email at least once per year.
3. Identify appropriate agency contact at, and establish communication with, at least two health departments per year.
4. Outreach to Director DNP Adult Gerontology Primary Care Nurse Practitioner Concentration at East Tennessee State University to explore agency training for

advanced practice nurses by June 2024.

5. Identify ETSU clinic contacts and email outreach at least twice per year ongoing.

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

Objective 1: Implement ways to make some processes of the OPTIONS counselors digital.

Strategies:

1. Utilize the SAMS file attachment feature to upload items that can be scanned or saved as PDF to attach to the SAMS record.
2. Utilize OneDrive to create virtual charts.
3. Utilize portable scanners to scan documents while in the field and upload to the SAMS record or OneDrive virtual record.
4. Eliminate the printing of call logs for the purpose of storing in a paper chart
5. Create a digital process for the routing of the virtual charts.

Performance Measures:

1. Have at least 150 charts converted to a mostly-digital format by June 2024.

Objective 2: Ensure other potential resources have been explored and are not available prior to making a referral or placing on the wait list for home-delivered meals.

Strategies:

1. Evaluate food insecurity and abilities of the individual requesting home-delivered meals.
2. Discuss SNAP benefits and other resources that may be available and make referrals as necessary.
3. Publish a list of food resources and make available to those in need.
4. Establish a list of congregate meal sites that can be mailed to individuals as needed.

Performance Measures:

1. Provide information about SNAP benefits to at least five individuals by June 2023.
2. Mail information about other food resources in the community to at least six individuals by June 2024.
3. Distribute resources to combat food insecurity to at least 25 individuals by June 2024.

Objective 3: Contact local attorneys and request that they petition the courts (*pro bono*) for conservatorships to the Public Guardian program.

Strategies:

1. Talk to chancellors or judges to request that they ask bar members to offer *pro bono*

- services for petitioning the court for conservatorships.
2. Compile a list of attorneys who may be interested in working with the Public Guardian program.
 3. Contact these attorneys and provide information about the Public Guardian program and determine if they could assist the program with conservatorships.
 4. Develop a list of the interested attorneys and provide copies to individuals who need conservatorship assistance.

Performance Measure:

1. Identify two attorneys willing to offer free service or reduced rates and increase number to five by 2026.

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 lives for as long as possible, and about planning for their financial futures, healthcare access, and long-term care.

Objective 1: Improve awareness of SHIP and other AAAD programs and services, and access to information, for ESL population.

Strategies

1. Translate local promotional and educational materials into Spanish.
2. Explore partnerships with faith-based organizations and churches that have ESL populations.
3. Explore partnerships with healthcare providers that serve ESL population.
4. Recruit/maintain a volunteer or staff member who speaks a second language.

Performance Measure

1. Contact two local faith-based organizations or churches to gauge interest in partnerships with our programs by June 2023.
2. Translate SHIP and AAAD brochures into Spanish by June 2026.

Objective 2: Improve outreach and education to local communities and increase awareness of FTAAAD programs and eligibility requirements.

Strategies:

1. Partner with community organizations like hospitals, home-care provider agencies, LTC facilities, and other agencies in the aging network to provide education and information for those that work directly with target populations.
2. Explore partnerships with local employers and human resource departments to provide information about AAAD programs and SHIP to employees.
3. Provide information and materials to residents of rural counties by distributing information through assistance agencies in those areas and sending mailouts to residents of rural counties.
4. Provide education and outreach to low-income individuals by distributing

information through food-distribution sites and/or local assistance agencies.

Performance Measures:

1. Contact two local employers to gauge interest in partnership by June 2024.
2. Complete a mailout to residents of two rural counties about AAAD programs and SHIP by June 2026.

Objective 3: Explore the possibility of working with local high school or college students to produce short informational videos on various topics of interest to older adults, adults with disabilities, family caregivers and aging-industry professionals that will be uploaded to the FTAAAD website.

Strategies:

1. Meet with high school and college administrators to determine the possibility of working with their students as part of a community-service project or class credit.
2. Create list of topics that would be of most interest to FTAAAD audiences.
3. Develop plan to promote informational videos through social media.

Performance Measures:

1. Contact at least three schools to determine interest in a cooperative project with FTAAAD by June 2024.
2. Create list of five informational topics that address common questions or issues among the Northeast Tennessee aging community by June 2023.

Objective 4: Develop a brief marketing plan outlining strategies for raising money through the FTDD Foundation that would be used to fund the Emergency Assistance Program (EAP) or pay for home-delivered meals for eligible older adults.

Strategies:

1. Create compelling message to encourage donations that would be used across all platforms and media.
2. Identify best platforms for reaching target donor audiences.
3. Develop timeframe for campaign, ensuring regular contact with target audiences to enhance message retention and name recognition.

Performance Measures:

1. Create and post at least six messages across selected media platforms directing potential donors to the “Donate Now” button on the FTAAAD website by June 2025.
2. Establish a tracking system to ensure funds are utilized in the manner requested recording donations and utilization then reporting to the FTAAAD finance department by June 2026.

Objective 5: Continue to participate and foster partnerships with local advocacy organizations, elected officials, and state and federal agencies, as well as the general public.

Strategies:

1. Participate in USAging’s webinars, podcasts, surveys, and policy work.
2. Review legislative bills/briefings, identifying those that would enhance and improve services to seniors.
3. Re-activate the Advisory Council’s legislative committee to advocate for needed legislation.
4. Work with the FTDD to develop the district’s legislative agenda on aging issues.

Performance Measures:

1. By January 31 annually, add one aging issue to the district’s legislative agenda.
2. Identify one topic of focus related to a senior issue at one Advisory Council meeting annually.

Objective 6: Make information readily available that assists individuals in making an informed plan for long-term care and maintaining an independent life.

Strategies:

1. Seek out available resources in the community that assist with information and planning for healthy lifestyles, financial wellbeing, and long-term care planning.
2. Devise a checklist of helpful tips or items needed to age successfully.
3. Distribute a list of resources (upon request) that contains items essential to aging well.
4. Partner with community agencies to provide training on planning for long-term care.

Performance Measures:

1. Make a checklist of items and resources to aid in planning for long term care by June 2023.
2. Distribute information at six health fairs or booths by June 2024.

Program Planning for FY 2023

Information & Assistance

1. Complete the following table:

| | |
|---|---|
| Total # of I&A Staff: | 3 |
| Total # of AIRS Certified I&A Staff: | 2 |

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

I&A plans to target four rural counties: Greene, Johnson, Hancock and Unicoi, with various outreach activities such as presentations, newsletters and Facebook posts. FTAAAD will disseminate information about services to local churches and community locations such as commodities distribution centers and libraries. One of the I&A staff persons translated the FTAAAD brochure and rack card into Spanish and these will be disseminated to limited-English-proficiency individuals.

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

1. Complete the following table:

| | FY 2021 | FY 2022 – Projected (Served/Units) | FY 2023 – Projected (Served/Units) |
|--|-------------|---------------------------------------|---------------------------------------|
| State – Options Allocation Amount | \$1,027,100 | \$978,200 | \$982,300 |
| # Served | 344 | 275 | 281 |
| Units of Service | 61,109 | 59,404 | 60,592 |

2. Complete the following table (*The table should include Federal IIIB/State Homemaker In-home service funds only*):

| | FY 2021 | FY 2022 – Projected (Served/Units) | FY 2023 – Projected (Served/Units) |
|--|-----------|---------------------------------------|---------------------------------------|
| Federal Title IIIB/State Homemaker In-home services Allocation Amount | \$924,176 | \$1,011,800 | \$718,000 |
| # Served | 191 | 283 | 289 |
| Units of Service | 12,025 | 16,971 | 17,310 |

3. Describe the methodology for the projections listed above.

For projecting the number of people served and units we first determined how many consumers per month the YTD increases. From this we would assume that between now and end of year we would add the average number of consumers for each month. For determining the number of units, we took an average number of units we serve per month across all current months we had data for. From that average we assume for the additional months we have left we would do at least that average number of units per month. For the FY2023 projection we are estimating we could attempt to serve an additional 2% more consumers and units.

4. Complete the following table:

| | |
|---|-------|
| Number of Individuals on OPTIONS Category A Waiting List | 261 |
| Number of Individuals on OPTIONS Category B Waiting List | 582 |
| Number of Individual on Title IIIB Waiting List | 1,085 |

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

We will review the list and send letters to request status updates. We will document returned information for priority updates to the database and re-screen as needed. With the expected increase in OPTIONS funds, we expect the number of individuals on the waiting list will be eliminated or dramatically decreased.

6. Include strategies or plans that your AAAD will make to ensure that funds for both OPTIONS and IIIB in-home services are maximized to ensure that funds are expended within the fiscal year for OPTIONS or 92% of IIIB funds by the end of FY 2023.

We will analyze monthly and revise the number of people being serviced. We will review for extensive short-term services needs for existing individuals and add regular increased services to individuals declining in health through ongoing reassessments. We will replace individuals as quickly as possible when services end for any reason.

Title IIIC Nutrition Services

1. Provide a description/flow chart of how the nutrition program is administered for the AAAD, including a list and coverage area of all nutrition providers and where admin, food preparation, and delivery duties are assigned.

FTAAAD has had a contract with the First Tennessee Human Resource Agency (FTHRA) for over 45 years to provide congregate and home-delivered meals and all related services. FTHRA was created in 1974 by state and local elected officials in accordance with provisions of the Tennessee Human Resource Agency Act of 1973 as amended. Jason Cody is the executive director of FTHRA, and Scot Nelms is the director of nutrition services. Foods purchased for hot meals are of very good quality from reputable vendors and suppliers in accordance with appropriate bid

specifications and industry standards. Non-refrigerated foods are stored in a temperature-controlled room until used. A walk-in cooler and freezer are used for all other appropriate food items. Menus and dietary guidelines are used for purchasing food items and for meal preparation. All the food items are baked, steamed, or cooked in a tilt skillet. FTHRA operates a central kitchen designed for the provision of congregate and home-delivered meals. Food safety and sanitation are incorporated into each day's activities. Tennessee Department of Health regulations are adhered to as evidenced by the inspection reports. Foods are prepared for daily consumption, rather than preparing meals several days in advance. Fresh fruit and produce are brought in through a local vendor. Food temperatures are taken and recorded as required. Congregate meals are packed in bulk for delivery to the congregate meal sites. Meals are delivered in either insulated food containers or temperature-controlled food-delivery vehicles. Home-delivered meals are packed in approved plastic food trays and sealed with an automated film-sealing machine. The food tray is labeled with the menu, date, and heating/usage instructions. The tray may be heated in the oven or microwave. Home-delivered meals are delivered in either insulated food containers or temperature-controlled food-delivery vehicles. Frozen meals are prepared and packaged by a food manufacturer. Meals are purchased from a distributor and heated in the oven or microwave. Frozen meals are delivered to consumers who live in remote or rural locations, or because of the consumers' preference over hot meals. These meals are packaged as a five-day meal kit and need to be delivered only once a week or once a month, depending on adequate freezer capacity. Shelf-stable meals are purchased and boxed according to menu requirements. Consumers may utilize these meals if they do not have adequate freezer capacity for other meal types. All homebound meals are delivered by over 530 volunteers on over 70 meals routes. FTAAAD OPTIONS counselors determine someone's eligibility for service using a standardized in-home assessment. Regular reassessments are completed by the OPTIONS counselors to determine continued eligibility for the service. As COVID-19 numbers in our service area continued to stay level or rise throughout the previous year, congregate meal sites have opened but continue to serve prepackaged meals to meet the needs of those that choose to eat on site and those that continue to pick up meals. Delivery of hot meals for home-delivered has continued through the pandemic.

To target resources to our rural areas, FTAAAD will be contracting with a nutrition provider, Fit Clean Meals. Fit Clean has excellent partnerships with two food vendors that supply them with all the food they need. Fit Clean procures fresh, refrigerated and frozen food from them depending on the menu, need and the availability. All fresh food gets washed and rinsed in water and then cut and prepped for cooking with the appropriate seasonings. The food then gets cooked to the right temperature and then gets cooled down at room temperature or a flash freezer and gets stored in the refrigerator or the freezer. All frozen food is procured in either blanched in the case of vegetables or precooked so that the transition of portioning and packaging is very efficient. All food is maintained to the proper temperatures in the refrigerator or in the freezer and is only brought out when it is time to portion out and package the meals. After the meals are packaged, they get put back in the freezer until all the rest of the meals are done. Finally, all meals get bagged in sets of 5 and put back into the freezer and are ready for delivery. All meals are transported in high quality coolers that can hold ice for 5 days. For extra precaution, all coolers are topped with ice to maintain the frozen meals for an entire day of delivery. The meals are delivered to the individual's door every two weeks. Fit Clean typically takes food and puts it in the clients' freezers upon request. And upon request have been able to drop off food at directed locations whether it be the front door or the side or back door and leave at designated areas.

2. Complete the following table:

| Provider | IIC Allocation | NSIP Allocation | Total Amount of Contract | # Congregate Meal Sites | # Projected Congregate Meals Served in FY 2023 | #Projected Home Meals Served in FY 2021 |
|-----------------|-----------------------|------------------------|---------------------------------|--------------------------------|---|--|
| FTHRA | \$859,445 | \$152,100 | \$1,011,545 | 15 | 90,000 | 160,000 |
| Rural Nutrition | \$278,200 | -0- | \$278,200 | -0- | -0- | 46,367 |
| | | | | | | |

3. Complete the following table:

| Service | Amount IIC Allocated |
|-------------------------------------|-----------------------------|
| Nutrition Counseling | \$ 0 |
| Nutrition Education | \$ 0 |
| Other Services (Describe): _____ | \$ 0 |

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

FTHRA’s nutrition program strives to provide the highest quality meals at the most efficient cost. We do this by working on a menu that is nutritionally sound and that follows the nutritional requirements set forth by TCAD and the USDA. We work with our vendors to find the right products, especially paying attention to proteins which are affordable and are still very high quality. We have worked hard to keep our food and supply inventories low. We order only the quantity of items that are needed and keep a very tight rein on our inventory. We also have tightened production to cook only what we will use for that meal. This is not an exact science on all items, but we find ways to utilize all our leftovers. We use them as holiday meals or freeze them for another usage. We have very little waste. All our meals are delivered by a volunteer or a meal site coordinator if a volunteer is unable to deliver that day. We will pay mileage to the coordinator if they use their own vehicle. We have utilized more staff delivering meals than normal this year due to COVID. Many of our community volunteers are elderly and have been cautious about volunteering.

Fit Clean Meals has excellent partnerships with two food vendors that supply them with all the food that is needed. Fit Clean procures fresh, refrigerated and frozen food from them depending on the menu, need and the availability considering the supply chain issues. All meals are transported in high quality coolers that can hold ice for 5 days. For extra precaution, all coolers are topped with ice to maintain the frozen meals for an entire day of delivery.

5. Describe both your fiscal and programming approach to Congregate funding and the use of congregate meal sites considering the changes due to the COVID-19 pandemic. (i.e., Are most of your sites open/closed, will you be transferring funds to C-2, etc.)

Our 15 congregate meal sites have all re-opened but continue to serve prepackaged meals to meet the needs of those that choose to eat on site and those that continue to pick up meals.

6. Describe how participant feedback is solicited and the results are used to improve service quality. Specifically describe what actions were taken in 2022.

Input from our consumers is taken very seriously. Our goal is to provide a hot, nutritious lunch, but we also want it to be delicious and something they look forward to eating. We believe our menu is very satisfactory to most of our consumers. We take the daily work report that gives us direct feedback from consumers about meal items very seriously. This has helped in deciding what new menu items should be tried again, what menu items need to be tweaked or what items should not show up on the menu again. FTAAAD conducts a quality-satisfaction evaluation of consumer satisfaction with services provided. Since the congregate sites were closed last year, we did not conduct an evaluation of these sites. Our OPTIONS counselors interviewed 244 home-delivered meals recipients. Of those, 90.63% of the individuals responded they were “almost always/always satisfied” with the service. A full copy of the evaluation is provided to TCAD.

Fit Clean Meals did a survey and documented the results for the past four months. A total of 188 individuals have been served in the past 4 months and 100 clients have been surveyed with regards to the food and delivery. Clients that loved and appreciated the food and delivery 95% and clients that didn't like the food but appreciated the service 5%.

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

Many of our meal sites are in some of the greatest social and economic need areas in Northeast Tennessee. We are increasing our outreach efforts in some of our most rural areas to inform them about the congregate nutrition program and where they can access a nutritious lunch each weekday. The senior centers have also assisted in getting the word out about the prepackaged hot meals that meet COVID-19 protocols at the sites.

8. Describe your plan to ensure that services will not be disrupted in an emergency or in the event of the loss of a food provider.

We have a supply of frozen meals that we can send to homebound meal recipients if there were production issues on the day of service. Since the congregate sites are re-opening, we would send out cold meals, as they all have ovens that can heat the meals themselves. We also have a supply of shelf-stable meals that can be used in an emergency. The shortages in our supply chain were

shown during the beginning of COVID-19 in our country and our nutrition program never missed a single day of delivering a meal.

Fit Clean Meals has been proactive about planning for change in schedules and servicing the clients. Fit Clean Meals will deliver shelf stable meals twice a year so that the client will have food in the event there is a weather-related emergency. Emergency calls will be taken for assistance and a solution will be provided to redeem any situation

Guardianship:

1. Complete the following table:

| | 2021 Calendar Year | 2022 Calendar Year – Projected | 2023 Calendar Year – Projected |
|------------------------|-----------------------------------|---|---|
| Active Caseload | 41.75 | 42 | 45 |

2. Describe the agency’s plan to maintain or increase the number of volunteers.

We will increase the number of volunteers to a minimum of seven, with two of those volunteers serving in a professional capacity and providing services on an as-needed basis. One of the professional volunteers is a C.P.A. and prepares tax returns and any other assistance free of charge related to taxes. The second professional volunteer is an attorney who provides free legal counsel. We will maintain our volunteers through regular correspondence with them regarding their assigned clients and recognize the valuable contributions they make to our program.

National Family Caregiver Support Program (NFCSP) – Title IIIE

1. Complete the following table:

| | FY 2021 | FY 2022 – Projected (Served/Units) | FY 2023 – Projected (Served/Units) |
|--|----------------|---|---|
| # Served <i>(Excluding Case Management, Information Services, and Information & Assistance)</i> | 179 | 244 | 246 |
| Units of Service <i>(Excluding Case Management, Information Services, and Information & Assistance)</i> | 13,285 | 19,343 | 19,536 |

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

FTAAAD used the same needs assessment survey that we created several years ago, and a total of 65 individuals completed the survey. The needs assessment identified the following caregiver needs: Covering your legal bases; Managing finances; Paying for care; Managing medical care; Talking about the future; Coping with caregiving responsibilities, Finding community resources/help locally; Dealing with death; Prescription medications management; Help with personal hygiene and care; Assistance with meals and nutrition; Home maintenance and housekeeping; Transportation; and In-home respite care. Individuals were then asked to prioritize the five top caregiver needs. As a result, the following were identified as the five top needs in our area, with one as the greatest need.

1. **Paying for Care** – We will utilize the 501(c)3 nonprofit status of the First Tennessee Development District Foundation to pursue private fundraising and grant awards that allow FTAAAD to increase funds for caregivers’ services. A “Donate” button has been put on FTDD’s website, as well as FTAAAD’s website, to give individuals the opportunity to donate online to any of aging’s programs.
 2. **Assistance with Meals and Nutrition** – FTAAAD has identified rural areas in our district where it is difficult for hot meals to be delivered. We will contract with a meals provider that will be able to deliver frozen meals in these areas.
 3. **Coping with Caregiving Responsibilities** – We will continue to offer our *Powerful Tools for Caregivers* health evidence-based program, which is designed to help family caregivers take care of themselves while caregiving for a relative or friend. Each quarter we publish a caregiver newsletter, *Caregiver Connection*, that has been mailed to all our consumers who are receiving services from NFCSP. The goal of the newsletter is to empower, engage, educate and embrace caregivers by providing them with the knowledge and resources to meet the challenges and responsibilities of caregiving.
 4. **Transportation** – MyRide TN is an innovative service providing volunteer-assisted transportation in Johnson County, Jonesborough area, Greater Kingsport area, and Greeneville. A new MyRide program will be starting soon in the Johnson City area. A long-term goal of FTAAAD is to have a MyRide program in every county.
 5. **Finding Community Resources/Help Locally** – Information and assistance, as well as case management services, is available through the NFCSP. These services assist caregivers in obtaining access to the services and resources that are available within the community. Our *Caregiver Connection* newsletter offers resources, tips, events, community spotlights and a page dedicated to grandfamilies and is sent out quarterly. The newsletter is distributed by mail, email and through distribution list of community partners reaching over 200 caregivers.
3. Describe plans for outreach that the AAAD will implement to ensure that caregivers are aware of the NFCSP and services it provides to increase the enrollment in the program.

FTAAAD will implement several outreach methods to ensure caregivers are aware of NFCSP and the services provided, including highlighting the program on our Facebook page and on our newly

re-designed website; newsletter articles detailing the program and its services will run in both the FTAAAD newsletter and the *Caregiver Connection* newsletter; during National Caregiver Month a press release specific to NFCSP and its services will be sent out to local newspapers. Information about NFCSP and its services will also be shared when *Powerful Tools for Caregivers* or *Tennessee M.I.N.D.S.* programs are conducted and during our Coffee & Conversations support groups for grandparents, so caregivers are aware of the program.

4. Include strategies or plans that your AAAD will make to ensure that IIIIE funds are maximized to ensure that funds are expended by 92% of IIIIE funds by the end of FY 2023.

We will analyze monthly and revise the number of people being services. We will review for extensive short-term services needs for existing individuals and add regular increased service to individuals declining in health through ongoing reassessments. We will replace individuals as quickly as possible when services end for any reason.

Legal Assistance

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

Health and housing are the two priority areas in which we had the greatest number of cases in 2021. We also had a significant number of consumer cases. Although not a priority, the greatest request for services we continue to receive is for wills.

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

The legal priority with the greatest number of cases does currently represent the greatest need.

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

Clients in poverty, minority in poverty, and rural clients all represent less than 50 percent of those served through legal assistance last year. In addition to the outreach vehicles listed, please include outreach and community education at senior centers as they are now open.

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

FTAAAD and Legal Aid will work to make economically and socially needy populations aware of our services, aware that our services are free, and aware that we will come to them if necessary. Senior centers are now open, and we do meet seniors there to discuss and address needs.

Senior Centers

1. Complete the following table:

| Senior Center | #Participants | #Low-Income | #Minority | #Rural | # English Limitation |
|-------------------------------------|----------------------|--------------------|------------------|---------------|-----------------------------|
| Bristol-Slater Senior Center | 1,000 | 250 | 10 | 100 | 12 |
| Church Hill Senior Center | 100 | 20 | 2 | 10 | 2 |
| Clinchfield Senior Adult Center | 280 | 40 | 4 | 75 | 1 |
| Elizabethton Senior Citizens Center | 435 | 56 | 9 | 178 | 0 |
| Hancock County Senior Center | 60 | 50 | 10 | 50 | 0 |
| Johnson City Senior Center | 2400 | 190 | 50 | 10 | 5 |
| Johnson County Senior Center | 270 | 150 | 5 | 200 | 2 |
| Jonesborough Area Senior Center | 1229 | 271 | 13 | 137 | 5 |
| Kingsport Senior Center | 1500 | 100 | 20 | 20 | 4 |
| Roby Fitzgerald Adult Center | 350 | 170 | 14 | 300 | 3 |
| Rogersville Senior Citizens Center | 75 | 60 | 6 | 75 | 2 |

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

Due to COVID-19, the 11 senior centers in our district were closed for most of FY 2020-2021. Because of these closures, all senior centers with the exception of the Johnson County Senior Center did not meet their targeted participants populations. The reason for the increased participant numbers for the Johnson County Senior Center was due to the large number of drive-thru pick-up meals provided by the center. The #Low-Income, #Minority, #Rural and #English Limitation numbers were also low due to the closure of the centers. Since the targeted #Participant numbers were low, we plan to meet with the senior center directors to discuss and plan ways to increase their outreach and ensure they meet their targeted numbers for FY 2021-2022. With the senior centers reopening and fully operational, we feel the targeted populations will slowly increase to bring the previous numbers back as projected. With the return to projected populations, the #Low-Income, #Minority, #Rural and #English Limitation numbers will increase as well. Along with the discussion with the senior center director about increasing outreach, we plan on involving

community partners such as pharmacies, doctors’ offices, programs for individuals in need and local media will be utilized to reach low-income and minority individuals.

Emergency Preparedness

1. Name of Staff Person on the local emergency management team: Kathy Whitaker
2. How is the agency’s emergency plan communicated to staff?

The purpose of the Emergency Action Plan (EAP) is to comply with the Occupational Safety and Health Administration’s (OSHA) standard on emergency action plans. The intent of the EAP is to ensure all employees have a safe and healthful working environment and to provide basic emergency information, including building evacuation procedures for natural and man-made emergencies. All members of the FTAAAD staff are required to read and understand the EAP information and procedures. There is an acknowledgement page at the end of the plan where staff must hereby acknowledge in writing that they have received and read the EAP and understand its contents. Extra precautions for staff safety have taken place during COVID-19.

SHIP

1. Complete the following table:

| | Grant Year 2021 (April – March) | Grant Year 2022 (April – March) | Grant Year 2023 (April – March) |
|--|--|--|--|
| # Client Contacts | 11,091 | 11,424 | 10,224 |
| # of Consumers Reached Through Outreach Events | 5,872 | 10,224 | 10,224 |
| # of Client Contacts Under Age 65 | 2,606 | 2,684 | 2,256 |
| # of Hard to Reach Client Contacts | 8,540 | 8,796 | 5,762 |
| # Of Enrollment Contacts | 11,091 | 11,424 | 10,224 |
| # of Low Income/Medicare Savings Enrollment Assistance Contacts | 1,077 | 1,109 | 3,487 |

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

Client Contacts: We will distribute information about SHIP through local health fairs, festivals, and senior expos; and will continue partnership with the Social Security Administration.

Information will also be provided through presentations, and distribution of materials and SHIP phone number through local health providers.

of Consumers Reached Through Outreach Events: We will continue participate in local events including health fairs, senior expos, local festivals and county fairs. We also provide presentations at local churches, senior and community centers, and to other groups.

of Client Contacts Under Age 65: We will work to distribute information and provide education to organizations including local housing authorities, local churches, and the Social Security Administration. We will also distribute information through local community health clinics and providers.

of Hard to Reach Client Contacts: We will work to target Greene, Johnson and Hancock counties (rural counties) by participating in community events. SHIP will also continue to hold Medicare enrollment events in rural counties. We will also continue to have a regular SHIP counseling volunteer at the Roby Fitzgerald Adult Center in Greene County. We will continue our partnership with the Social Security Administration. We will also provide information and education to senior centers, churches, housing authorities, and libraries. We will continue outreach activities through health fairs and festivals, presentations, newsletters and social media. Lastly, we will work to translate SHIP materials into Spanish.

of Enrollment Contacts: We plan to hold enrollment events during Medicare Part D Annual Enrollment Period, and will continue to send an AEP mailing to Medicare beneficiaries each year.

of Low Income/Medicare Savings Enrollment Assistance Contacts: We will provide information on LIS/MSP to community health centers and FQHCs, senior and community centers, churches, housing authorities, libraries, and pharmacies. We will also continue to do a yearly mailing on LIS/MSP to low-income individuals in the area.

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

We will work to target Greene, Johnson and Hancock counties (rural counties) by participating in community events, including the Hancock County Fall Festival, Greene County Fair, and events at the Johnson County Senior Center. SHIP will also continue to have a regular SHIP counseling volunteer at the Roby Fitzgerald Adult Center in Greene County. We will continue our partnership with the Social Security Administration and will provide materials to the local Department of Human Services offices. We will also distribute information at commodity distribution centers, senior centers, churches, housing authorities, libraries, community centers, and pharmacies. We will continue outreach activities through health fairs and festivals, presentation, newsletters and social medial. We will also work to translate SHIP materials into Spanish and will continue to do a yearly mailing on LIS/MSP to low-income individuals in the area.

Targeting Status Report

Report on activities during the preceding year.

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

| 2022* OBJECTIVE | ACTUAL ACCOMPLISHMENT |
|---|--|
| 1. Continue to partner with UT Extension's TNCEP agents. | Agency brochures and Healthy Aging workshop brochures were sent out to the FCS extension agents in all counties, but specifically in Hancock, Johnson and Unicoi. |
| 2. Increase the number of 60+ adults that are aware of SNAP outreach & application assistance in the categories of minorities, those with limited English proficiency, and rural residents. | FTAAAD website has been promoted via articles in the newsletter, at community meetings, and through Search Engine Optimization. This ensures that anyone searching for online resources for any of our programs and services sees the link to our website. Because of this, the SNAP pages have served as the entry page to the website for 26 unique visitors so far and this number will continue to increase. |
| 3. Reach individuals with limited English proficiency. | The SHIP/SMP and AAAD rack cards have been translated into Spanish. |
| 4. Continue to partner with churches that focus on the minority populations. | "Take a Shot on Life" partnership with Ballad Health offered an opportunity to distribute our agency rack card to seven minority churches reaching 265 individuals. |
| 5. Provide information on how to better target minorities and those with limited English proficiency at senior centers. | Information is provided and discussed at quarterly senior center directors' meetings. |
| 6. Recruit additional minority representation on FTAAAD's Advisory Council. | Not accomplished due to COVID-19 and virtual meetings. |
| 7. Increase awareness of our programs and services to older individuals who are in both social and economic need. | FTAAAD rack cards have been taken to all senior centers and low-income housing projects. |

| | |
|---|--|
| 8. Work with Legal Aid to assist individuals in the targeted groups. | Required by FTAAAD contract. |
| 9. Report the number of older individuals with greatest economic social need, including low-income minorities on an annual basis. | Numbers are reported in the district's annual report. |
| 10. Utilized members of our Advisory Council to assist with outreach especially targeting individuals with limited English proficiency. | Not accomplished due to COVID-19 and virtual meetings. |

* Last complete 12-month period.

Targeting Plan, Title VI

Civil Rights Act of 1964, Title VI, and Targeting Activities

Area Agency Title VI Implementation Plan FY 2023 – 2026

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

First Tennessee Area Agency on Aging and Disability (FTAAAD) abides by Title VI of the Civil Rights Act of 1964. FTAAAD makes every effort to ensure fair and equal treatment of all consumers of services and all FTDD employees. Additional information on Affirmative Action is in FTDD Personnel Rules and Regulations. The Tennessee Human Rights Commission is the lead coordinating state agency for the monitoring and enforcement of Title VI of the 1964 Civil Rights Act. The FTAAAD staff person designated as the Title VI coordinator is the projects specialist. The Title VI coordinator investigates if there is a complaint. The Title VI coordinator keeps a file that contains:

- A. A copy of the 1964 Civil Rights Act
- B. Grievance Procedure steps
- C. Complaint form
- D. Withdrawal of Complaint or Appeal for Fair Hearing form
- E. Report of Investigations form
- F. Appeal for Finding form
- G. Written policy to address participants using courtesy title (Mr., Mrs., Ms., Miss)
- H. Any complaints received and the outcomes of each case.

2. Complete the following table:

| | FY 21 | FY 22 - Projected | FY 23 - Projected |
|-----------------------------------|--------|----------------------|----------------------|
| Total Individuals Served | 15,084 | 24,133 | 24,374 |
| Total Minority Individuals Served | 602 | 859 | 868 |

3. Describe the way persons with limited English proficiency are served by the agency.

The agency uses the AVAZA language interpretation services. One of our Information and Referral Specialists is bilingual.

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

The projects specialist has been appointed as the Title VI local coordinator and has been trained in grievance procedures and the use of the appropriate forms. The required posted information includes the contact information for the Title VI coordinator.

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

All complaints go through the Title VI coordinator, who fills out the appropriate forms and takes the complaint to the Area Agency director. If the problem cannot be resolved, the problem will be taken to the Development District executive director. If the problem still cannot be resolved, it will be sent to TCAD. A record of every complaint will be kept on file.

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

No complaints.

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

See file Area Plan Minority Contracts

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

The projects specialist and other designated staff work to ensure that each service provider contracted with the agency follows Title VI and includes the subject in their staff training. FTAAAD utilizes the Title VI contractor compliance form when monitoring each service provider, including HCBS providers, nutrition sites, and senior centers. The assurance signs and grievance files are monitored yearly. Each provider is required to have a written Title VI policy.

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

Information about services and programs are provided through our dedicated I&A telephone line, and through our senior centers, via our OPTIONS counselors. To aid in targeting those in greatest need for services, FTAAAD utilizes a standard assessment form for prioritizing individuals for in-home services. The assessment rates functional status, health, social support, and economic resources. Guidelines give priority to low-income minorities if resources are not available to serve all individuals with the same assessment

score. Regional and specific target-group marketing allows FTAAAD to concentrate limited resources to provide the greatest opportunities to reach seniors.

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

FTAAAD requires all service providers to target their services to those in most social and economic need through contract provision. First Tennessee District has a total minority population of 50,366 (all ages) and most of that population resides in Sullivan and Washington counties. Our targeting efforts have been successful as we are projected to serve 859 minorities by the end of fiscal year 2022, which is 257 more than last year.

- c. What documentation or process is used by the Area Agency to document activities focused on increasing the representation and/or participation of minority populations in programs and services?

FTAAAD gathers information such as race, ethnicity, age and income level through participant-registration forms, intake screenings or in-home assessments. This is entered into our SAMS system so that we may gather statistical information as needed. FTAAAD activity logs provide a system to record the targeted audiences of presentations, health fairs, targeted mail-outs, and media events. The tracking system also records the staff engaged in outreach activities, using a desktop system to record the event and funding source for each event and whether the participants are minority, limited-English-proficiency, low-income, homeless, potential volunteer, rural residents, and/or caregivers. The activity log provides the documented information needed for monthly reports for several funded programs. During COVID-19, most of our outreach has been accomplished through virtual meetings and mail-outs. We are anticipating more face-to-face outreach will occur during the upcoming fiscal year.

Older Americans Act Required Targeting Activities

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

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

| OBJECTIVE | TASK / ACTIVITY | AREA AGENCY STAFF RESPONSIBLE |
|--|--|---|
| 1. Continue to partner with UT Extensions' TNCEP agents. | Distribute our agency brochure to low-income minority, older individuals with limited English proficiency and rural areas. | Tracy Buckles |
| 2. Increase the number of 60+ adults that are aware of FTAAAD SNAP outreach and application assistance in the categories of minorities, those with limited English proficiency, and rural residents. | Add links to resources for translation services and applications in languages other than English on the SNAP pages of the FTAAAD website and continue to ensure that information on SNAP assistance is periodically included in meals delivered to homebound residents in rural areas. | Kathleen McLaughlin |
| 3. Reach individuals with limited English proficiency. | Distribute FTAAAD/SHHIP/SMP rack cards that have been translated into Spanish. | Melody Conkin, Leslie Thompson, Kathleen McLaughlin |
| 4. Discuss ways to better target minorities and those with limited English proficiency at senior centers. | General discussion among senior center directors on best practices. | Teresa Sutphin |
| 5. Recruit additional minority representation | Work with the Advisory Council's membership committee. | Teresa Sutphin |

| | | |
|--|---|---|
| <p>on FTAAAD's Advisory Council.</p> | | |
| <p>6. Increase awareness of our programs and services to older individuals who are in both social and economic need.</p> | <p>District agency rack card to commodities locations, farmers' markets, senior centers, churches, low-income housing, county health departments.</p> | <p>Lee Gay, Kathleen McLaughlin</p> |
| <p>7. Work with Legal Aid to assist individuals who are in the targeted groups.</p> | <p>Discuss outreach activities with Legal Aid at the quarterly meetings.</p> | <p>Kathy Whitaker</p> |
| <p>8. Report the number of older individuals with greatest economic and social need, including low-income minorities on an annual basis.</p> | <p>Provide these statistics in our agency annual reports.</p> | <p>Dale Condon</p> |
| <p>9. Raise awareness of FTAAAD services, including CHOICES program, in healthcare professionals service our rural populations.</p> | <p>Establish relationship with ETSU Division of Rural and Community Programs with an eye toward providing education to healthcare professional, students, and residents via the Rural Primary Care Track.</p> | <p>JoAnn Spears</p> |

AAAD STAFFING

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

Attached. See Organization Chart for Area Plan 2022.pdf

2. List all new hires not included in the FY 2021 Area Plan Update. Include the following information:

- Name and Position

Debbie Bowling, Information Technician

Ann Cunningham, Support Services Technician

Maggie Holmes, Public Guardian Support Assistant/Volunteer Coordinator

Mae Grimes, Long-term Care Ombudsman

- Full/Part time status (If the individual will have multiple roles, indicate each responsibility separately and the percent of time to be dedicated to each role)

Full time status working 100% of time dedicated to service coordination.

Full time status working 100% of time dedicated to service coordination.

Full time status working 80% of time dedicated to public guardian program and 20% dedicated to the long-term care ombudsman program.

Part time temporary status working 100% of time dedicated to the long-term care ombudsman program

- Required Qualifications (List the individual's qualifications)

High School Diploma

High School Diploma and Certified Nursing Assistant

Bachelor of Science in Public Health Administration

High School Diploma

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

Susan Reid, Interim Executive Director

4. The total number of staff at the AAAD is: 34. Of the total number of AAAD staff the following are:

- Age 60+: 12
- Female: 30
- Minority: 1
- Disabled: 0

5. Provide the total number of FTE Options Counselors that manage an active caseload for OPTIONS, III-B In-home Services, III-C, and/or III-E.

6.4 FTEs

6. What is the average caseload for Options Counselors managing cases for OPTIONS, III-B In-home Services, III-C, and/or III-E?

Each full-time Options Counselor (five) manages an average of 230 cases, and each part-time Options Counselor (two) manages 190 cases. This includes the number of individuals we have transferred from CARES funds to IIIB, IIIE, IIIC and ARP.

7. What is your plan for increasing capacity in programs with regards to Options Counselor's caseloads as funding for programs increase?

The Options Counselors are having great difficulty managing their large caseloads. As funds increase, additional counselors will need to be hired. In addition, we will look to make our two part-time Options Counselors full-time.

Training and Staff Development Plan FY2022 (to be up-dated annually)

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

| Title & Subject of Training | Category & Number of Persons to be Trained | | | Estimated Date of Training |
|-----------------------------------|--|-----------------------|------------|----------------------------|
| | AAAD Staff | Providers or Partners | Volunteers | |
| Options Counselor Training | 9 | 5 | 0 | Every 2 months |
| Annual Conference on Aging | 33 | 200 | 25 | April 2023 |
| National AIRS Conference | 1 | | | April 2023 |
| TN AIRS Conference | 1 | | | July 2022 |
| Meals on Wheels Annual Conference | 1 | 1 | | July 2022 |
| Aging America Conference | 1 | | | July 2022 |
| SE4A Annual Conference | 3 | 5 | | September 2022 |
| WellSky Annual Conference | 2 | | | September 2022 |
| SHIP/SMP Annual Training | 2 | | | April 2023 |
| TN Elder Justice Conference | 6 | 5 | | May 2023 |
| TN Federation for the Aging | 10 | 10 | | October 2022 |
| Title VI Training | 34 | 25 | | June 2023 |
| | | | | |
| | | | | |
| | | | | |

Advisory Council

A. MEMBERSHIP and REPRESENTATION

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

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

| Members | Represents |
|------------------|--|
| Dr. Edward Brown | Age 60+ (50% Older persons) Resides in a Rural Area |
| Sandra Byington | Age 60+ (50% Older persons) |
| Mar Carter | Age 60+ (50% Older persons) Minority age 60+ |
| Gina Clark | Advocate for Older Persons Service Provider for Older Persons |
| Lori Greene | Provider of Veterans’ Health Care |
| Cheryl Ann Hess | Service Provider for Older Persons |
| Lynn Hodge | Age 60+ (50% Older persons) Resides in a Rural Area |
| Melissa Johnston | Service Provider for Older Persons |
| Karen King | Service Provider for Older Persons Minority age <60 |
| Jerry Lukach | Age 60+ (50% Older persons) |
| Bob Mallory | Age 60+ (50% Older persons) Resides in a Rural Area |
| Sue Maxwell | Age 60+ (50% Older persons) Resides in a Rural Area |
| Bessie Moody | Age 60+ (50% Older persons) |

| | |
|------------------|--|
| | Resides in a Rural Area |
| Kim Moore | Service Providers for Older Persons |
| Daris Morgan | Age 60+ (50% Older persons) |
| David Oaks | Age 60+ (50% Older persons) General Public (County Representative) |
| Freddy Rodriguez | Age 60+ (50% Older persons) Minority age 60+ |
| Francis Scheirer | Age 60+ (50% Older persons) General Public (County Representative) Resides in a Rural Area |
| Bryan Smith | Service Provider for Older Persons |
| Heather Smith | Service Provider for Older Persons |
| Fred Tankersley | Age 60+ (50% Older persons) Resides in a Rural Area |
| Carol Tilson | Age 60+ (50% Older persons) General Public (County Representative) Resides in a Rural Area |
| Glenn Tilson | Age 60+ (50% Older persons) Resides in a Rural Area |
| Jo Willems | Age 60+ (50% Older persons) |
| Tracey Wilson | Service Provider for Older Persons Service Provider for Individuals with Disabilities |
| | |

**B. SCHEDULE OF ADVISORY COUNCIL MEETINGS for FY 2022
(Up-dated annually)**

Give Dates and Times of Scheduled Meetings

- Tuesday, August 16, 2022 at 1:30 p.m.
- Tuesday, October 18, 2022 at 1:30 p.m.
- Tuesday, December 13, 2022 at 11:00 a.m.
- Tuesday, February 21, 2023 at 1:30 p.m.
- Tuesday, March 21, 2023 at 1:30 p.m.
- Tuesday, April 18, 2023 at 1:30 p.m.
- Tuesday, June 20, 2023 at 1:30 p.m.

C. OFFICERS & OFFICE

| <u>Name of Officer</u> | <u>Office</u> | <u>Date Term Expires</u> |
|------------------------|---------------|--------------------------|
| Glenn Tilson | Chairman | 12/31/2022 |
| Lori Greene | Vice Chairman | 12/31/2022 |
| Jo Willems | Secretary | 12/31/2022 |

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

Below is the last page of the by-laws that indicates the last time they were reviewed.

ARTICLE XVI - ADOPTION OF BY-LAWS

Section 1 - These By-Laws shall supersede and render invalid all previous By-Laws of the Advisory Council of the First Tennessee Area Agency on Aging & Disability and shall take effect and be in full force immediately upon their adoption by two-thirds majority of the Advisory Council membership present and voting in the regular monthly meeting of the Advisory Council.

This full revision of the By-Laws of the Advisory Council was adopted this the 15th day of October, 2013.

Public Hearings on Area Plan

A. PUBLIC HEARING INFORMATION

| | |
|--|--|
| Date(s) of Public Hearing | March 22, 2022 |
| Time(s) when hearing was held | 2:00 p.m. |
| Place(s) where hearing was held | Johnson City Senior Center at Memorial Park Community Center |
| Was Place Accessible? | Yes |
| Type of Notice(s) or Announcement(s) | Legal Notice in three major newspapers, media release to nine local newspapers, email to 11 senior centers |
| Date(s) of Notices or Announcements (attach copy) | Legal Notices in three major newspapers on March 8, 2022, and a News Release sent to 7 newspapers on March 4, 2022. Email to 11 senior centers about the upcoming public hearing on March 4, 2022. |

B. ATTENDANCE*

| County | # of Advisory Council Members from County | Total from County** |
|---|---|---------------------|
| Carter | 1 | 2 |
| Greene | 0 | 1 |
| Hancock | 0 | 0 |
| Hawkins | 0 | 0 |
| Johnson | 0 | 0 |
| Sullivan | 3 | 2 |
| Unicoi | 3 | 3 |
| Washington | 1 | 3 |
| Total # Advisory Council Members in column 2 | 8 | |
| Total Attendance* | | 11 |

* Do not include AAAD staff in Public Hearing attendance

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

C. AGENDA & ANNOUNCEMENTS

Attach a copy of the agenda. See P&P manual for required agenda topics. Attach one example of each type of notice sent out and describe who notices were sent to. If the AAAD is requesting a waiver for any reason, the agenda and announcement must include a statement that a waiver is being requested. Document efforts to outreach to rural, minority and low-income populations for their participation in this planning effort.

See file **Public Hearing Announcements.pdf**

D. DESCRIPTION

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

Attendance at the Public Hearing was low even though the Public Hearing was held at one of our larger senior centers. Due to COVID, many seniors are still not coming to the senior centers and individuals in our community are still afraid to gather in large numbers.

E. SUMMARY of PUBLIC COMMENTS

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

- ✓ I want to say that I applaud everyone for all the good work on all these objectives, strategies, and measures. I think by doing that hasn't been true with previous plans but with this one it really helps with transparency. It helps you really know what's going on and what you need to do with the public as you share it. They can't complain they don't understand completely what you are trying to accomplish certainly as the Advisory Council or the AAAD in Nashville it's the same way. With clarity and transparency, everyone is on the same page. I think that's a great way to be.
- ✓ Good to see working relationships with larger community organizations such as Red Cross. Since Jason Cody is on the Board of Directors of the Red Cross, it's a perfect fit. Also, interesting to see partnership with FBI and TBI.
- ✓ COVID-19 and its variants will continue to impede implementation of objectives/strategies to meet social needs of senior citizens. There will be reluctance to return to senior centers as long as there is a perceived risk of COVID. For seven years I was at senior center twice a week. I haven't been there since 2019. One of the AAAD plan strategies is to "develop a brief plan to encourage members to safely return to their senior centers". The key work here is "safely". Perhaps some outdoor activities. Or, at a local park. It's a challenge for sure. As for disseminating information about AAAD services via rack cards and brochures (English & Spanish) if those are available to Advisory Council members, I'm more than willing to distribute to local churches that serve minority population, and to the public library in Elizabethton. Thank you to the AAAD team for persevering through the pandemic, overcoming many of the challenges, and being dedicated in providing and supporting services designed to help the aging and disabled. I read the entire plan, and as always, was truly impressed. Great job!
- ✓ I think Spanish brochures are a wonderful way to target language barriers. Can't wait to have those at the center.

- ✓ During COVID FTAAAD was very supportive of the senior centers and the needs of homebound individuals. I strongly agree with the continuing educating seniors about scams and fraud.

F. SUMMARY of CHANGES

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

As a result of our Public Hearing, no changes will be made to the Area Plan.

Advisory Council Participation in the Area Plan Process

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

1. Date(s) when the Area Plan was reviewed by the Advisory Council.

February 15, 2022 – Area Plan format and timetable was discussed. Advisory Council members were required to provide input on the top caregiver needs in our district. In addition, members were requested to comment on the statewide needs assessment surveys that was conducted by TCAD.

March 22, 2022 – One week prior to the meeting, the Area Plan was emailed to the membership for their review prior to the meeting. The FTAAAD director reviewed the completed plan at the meeting and the Chairman requested approval.

2. Attach an agenda of the Area Plan review meeting or describe the review process including any alternative measures that were taken to review the Area Plan due to COVID-19.

Agendas for the February 15th and March 22nd meetings are on the following pages. The meeting in February was a virtual meeting and the March meeting was a face-to-face meeting prior to the Public Hearing. Members were requested to write any comments on the sheet provided.

3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process. If the plans were emailed to Advisory Council Members due to COVID-19 include those members who reviewed and process for accepting and reviewing comments received.

February meeting: Tracey Kendall Wilson, Jo Willems, Freddy Rodriguez, Lori Greene, Gina Clark, Cheryl Ann Hess, Bill Mallory, Sue Maxwell, Heather Smith,

March meeting: Jerry Lukach, Jo Willems, Gina Clark, Sue Maxwell, Glenn Tilson, Carol Tilson, Sandra Byington

4. Provide a summary of comments made by advisory council members about the completed plan. All Advisory Council members in attendance approved the FY 2023-2026 Area Plan for Services.
5. Summary of Changes. List changes made in the plan as a result of comments made at Advisory Council review.

No changes were made to the Area Plan.



FIRST TENNESSEE DEVELOPMENT DISTRICT • 3211 NORTH ROAN STREET • JOHNSON CITY, TN 37601
TEL: 423-928-3258 • FAX: 423-926-8291 • WWW.FTAAAD.ORG

**FIRST TENNESSEE ADVISORY COUNCIL ON
AGING & DISABILITY
AGENDA**

DATE: Tuesday, February 15, 2022
TIME: 1:30 p.m.
PLACE: VIRTUAL

Please join my meeting from your computer, tablet or smartphone.

<https://meet.goto.com/947877869>

You can also dial in using your phone.

United States: [+1 \(872\) 240-3412](tel:+18722403412), **Access Code:** 947-877-869

- PRESIDING: Glenn Tilson,
Chairman
- I. Call to Order Glenn Tilson
- II. Roll Call Jo Willems
- III. Approval of Minutes Glenn Tilson
- IV. Announcement/Reports
 - A. Directors Report Kathy Whitaker
- V. New Business
 - A. FTAAAD Area Plan Kathy Whitaker
- VI. Adjournment

NEXT MEETING: Tuesday, March 15, 2022 at 1:30 pm

Serving CARTER GREENE HANCOCK HAWKINS JOHNSON SULLIVAN UNICOI WASHINGTON Counties in Northeast Tennessee

First Tennessee Development District 423-928-0224 or I&A for all other Tennessee Districts 1-866-836-6678
Speech or Hearing Impaired call TN Relay Center – TTY 1-800-848-0298 or Voice 1-800-848-0299



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TEL: 423-928-3258 • FAX: 423-926-8291 • WWW.FTAAAD.ORG

FIRST TENNESSEE ADVISORY COUNCIL ON AGING & DISABILITY AGENDA

DATE: Tuesday, March 22, 2022
TIME: 1:00 p.m. **(In-Person)**
PLACE: Dining Room, Memorial Park Community Center, 510 Bert Street,
Johnson City

- PRESIDING: Glenn Tilson,
Chairman
- I. Call to Order Glenn Tilson
- II. Roll Call Jo Willems
- III. Approval of Minutes Glenn Tilson
- IV. Announcement/Reports
 - A. Directors Report Kathy Whitaker
- V. New Business
 - A. FTAAAD Area Plan FY 2023-2026 Kathy Whitaker
- VI. Adjournment

NEXT MEETING: Tuesday, April 19, 2022 at 1:30 p.m.

Serving CARTER GREENE HANCOCK HAWKINS JOHNSON SULLIVAN UNICOI WASHINGTON Counties in Northeast Tennessee

First Tennessee Development District 423-928-0224 or I&A for all other Tennessee Districts 1-866-836-6678
Speech or Hearing Impaired call TN Relay Center – TTY 1-800-848-0298 or Voice 1-800-848-0299

Request for Waiver for FY2023-2026

FTAAAD

DIRECT PROVISION OF SERVICES PROVIDED BY OLDER AMERICANS ACT

FUNDING

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

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

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

FTAAAD issued a Legal Notice that we were accepting proposals to provide case management/service coordination services. Seven Outsource and Cloud PWR requested a copy of the Request for Proposal Application (RFPA). These two agencies did not apply for funding. Elizabethton, Johnson City, Jonesborough, Roby Fitzgerald, and Rogersville Senior Centers provide case management (Options Counseling) in their respective services areas. These senior centers completed the RFPA for case management.

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

The Greater Kingsport area/Sullivan County does not have an agency to provide case management (Options Counseling).

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

FTAAAD contracts service coordination or Options Counseling services to five of our senior centers (Elizabethton, Johnson City, Jonesborough, Roby Fitzgerald and Rogersville). FTAAAD provides service coordination directly in the Kingsport areas, as well as our program manager for the service. Case management is an access services and is designed to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible; therefore, this is directly related to our administrative functions.

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

Our model is very cost-effective, and we have a \$158.15 cost per unduplicated individuals across all funding sources.

Nutrition Services Administration

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

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

✓ Ombudsman

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

There are no agencies in our PSA that provide this service to elderly persons.

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

Two years ago, Legal Aid of Upper East TN Inc., ended the contract with us to provide ombudsman services. FTAAAD contacted the First Tennessee Human Resource agency as a potential agency to provide this service, but the executive director of the agency did not feel this service met their overall mission.

3. Explain why it is a best practice for the AAAD to provide this service directly.

The role of the FTAAAD is to 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 Area Plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals. It is a best practice for the FTAAAD to provide this service directly, due to the equally important role of the ombudsman, to serve as an effective and visible advocate on behalf of older individuals who reside in long-term care facilities.

✓ National Family Caregiver Support Program

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

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

FTAAAD issues a Legal Notice that we were accepting proposals to provide case management/service coordination services. Seven Outsource and Cloud PWR requested a copy of the Request for Proposal Application. These two agencies did not apply for funding. Elizabethton, Johnson city, Jonesborough, Roby Fitzgerald, and Rogersville Senior Centers provide case management (Options Counseling) in their respective services areas. These senior centers completed the RFPA.

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

The Greater Kingsport area/Sullivan County does not have an agency to provide case management (Options Counseling).

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

FTAAAD contracts service coordination or OPTIONS counseling services to five of our senior centers (Elizabethton, Johnson City, Jonesborough, Roby Fitzgerald and Rogersville). FTAAAD provides service coordination directly in the Kingsport areas, as well as our program manager for the service. Case management is an access service and is designed to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible; therefore, this is directly related to our administrative functions.

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

Our model is very cost-effective, and we have a \$158.15 cost per unduplicated individual across all funding sources.

Legal Assistance

1. List all agencies in the PSA that provide this service to elderly persons.
2. Explain how the service capacity in the PSA is inadequate to meet the need.

3. Explain why the Legal Services Corporation funded agency serving the region does not have the capacity to meet the need.

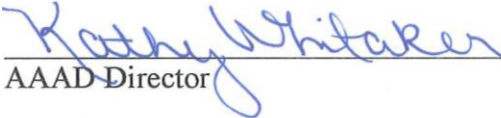
Senior Center/Office on Aging

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

Other

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

SIGNATURES:


AAAD Director

3/22/2022
Date


Chief Administrative Officer of Grantee Agency

3-23-22
Date


Advisory Council Chairperson

3/22/2022
Date

ASSURANCES

Older Americans Act (2020) Assurances of Compliance

AREA PLANS

SEC. 306. (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 subclause (I);

(i) 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 (42

U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

(D) establish an advisory council consisting of older individuals (including minority individuals and older

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

(E) establish effective and efficient procedures for co-ordination 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) ⁷ 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 area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

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

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

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

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

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

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

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

(i) the need to plan in advance for long-term care; and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

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

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

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

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

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

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

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

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

(9) provide assurances that—

(A) 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; and

(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; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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.

(20) (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 re- source 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.

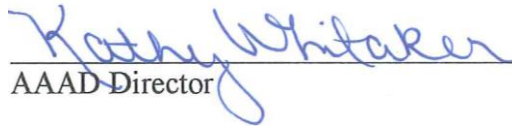
SEC. 374. MAINTENANCE OF EFFORT.

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

Certification by Authorized Agency Official

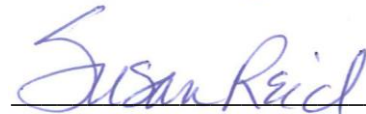
First Tennessee Area Agency on Aging and Disability hereby gives full assurance that every effort will be made to comply with the regulations of the Older Americans Act.

SIGNATURES



AAAD Director

Date 3/22/2022



Grantee Agency Director

Date 3-23-22

Availability of Documents

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

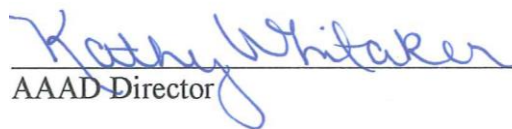
1. Current policy making board member roster, including officers
2. Applicable current licenses
3. AAAD Advisory Council By-Laws and membership list
4. AAAD staffing plan
 - a. position descriptions (signed by staff member)
 - b. staff resumes and performance evaluations
 - c. documentation that staff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

14. Grievance Procedure and designated staff member
15. Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers, and participation of target groups, low income, minority, rural.
16. Americans with Disabilities Act (ADA) policies, ADA Existing Facility Checklist and report on barrier removal
17. Documentation of match commitments for cash, voluntary contributions and building space, as applicable
18. Financial Reports, or if applicable, copy of audited copy of Financial Report of service providers
19. Emergency Preparedness/Disaster Plan
20. Drug-Free Workplace policies
21. Confidentiality and HIPAA policies
22. Individual background information for newly hired employees and volunteers who provide direct care for, have direct contact with, or have direct responsibility for the safety and care of older persons and adults with disabilities in their homes.

Certification by Authorized Agency Official

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

SIGNATURES



AAAD Director

Date 3/22/2022



Grantee Agency Director

Date 3-23-22

Title VI of the Civil Rights Act of 1964 Compliance

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

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

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

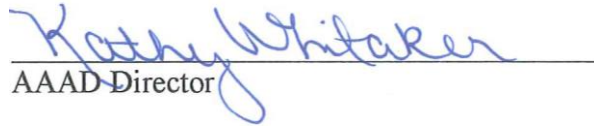
Prohibited practices include:

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

The First Tennessee Area Agency on Aging and Disability shall appoint a Title VI coordinator to ensure that the Area Agency on Aging and Disability and all service providers comply with the provision of Title VI. Whenever a planning or advisory body, such as a board or a committee is an integral part of the Area Agency on Aging and Disability or service provider program, the Area Agency on Aging and Disability will take such steps as are necessary to ensure that minorities are notified of the existence of such bodies and are provided equal opportunity to participate as

members. Where members of a board or committee are appointed by the area agency or service provider agency, minorities shall be represented at least in proportion to their presence in the general population of the service area.

SIGNATURES


AAAD Director

Date 3/22/2022


Grantee Agency Director

Date 3-23-22

ADDITIONAL DOCUMENTS (*Attached*)

| <u>Exhibit Number</u> | <u>Title of Exhibit</u> |
|------------------------------|---------------------------------|
| H-1 | Budget Area Plan |
| H-2 | Personnel Area Plan |
| H-3 | List of Subcontracting Agencies |
| H-4 | List of Nutrition Sites |

Area Plan Revision - OPTIONS 2.0 Funding

1. Complete the following table with current waitlist information:

| | |
|---|-----|
| Number of Individuals on OPTIONS Category A Waiting List | 264 |
| Number of Individuals on OPTIONS Category B Waiting List | 601 |

2. Complete the following table with overall OPTIONS 2.0 funding projection:

| | |
|--|---|
| | FY 2023 – Projected (Served/Units) |
| State – Options Allocation Amount | \$980,000 |
| # Served | 377 |
| Units of Service | 66,970 |

Describe the methodology for the projections listed above.

The # served is based on using our current average actual cost of services which is \$2,600 divided by the allocation amount.

The units of service are based on total units for current fiscal year based on services to 344, and prorating the number to projected # served of 377.

3. OPTIONS 2.0 funding is intended to serve those currently on both category A and B waiting lists for services, please describe your plan for addressing the individuals on the waiting list.

FTAAAD Options Counselors will run a report of individuals on the waiting list by priority (high, medium, low). The Options Counselors will attempt to contact individuals via phone starting with high priority, then moving to medium priority, followed by low priority, and determine the continue need for services. Three phone calls will be made to the individual leaving a message if possible and requesting a return call. On the third attempt, the Options Counselor will contact the emergency contact if available, requesting their assistance. If no emergency contact is available, after three unsuccessful attempts to reach the individual, the waiting list will close but can be reopened as needed. Upon a successful attempt to reach the individual, the Options Counselor will complete an assessment to determine eligibility forming a plan for services based on the individual's needs.

4. Please outline overall strategies or plans that your AAAD will make to ensure that funds for both OPTIONS and OPTIONS 2.0 are maximized to ensure that funds are expended within the state fiscal year.

The need for additional staff will be evaluated to meet the program demands. Additional staff will be hired as determined needed. Options Counselors will be educated on Options 2.0, the services that can be provided, and the importance of serving as many individuals as possible from the waiting list.

FTAAAD will meet with service providers communicating the plan for Options 2.0 services, gaining feedback to determine if they have the capacity to provide services. Spending will be evaluated monthly, and services will be revised as needed. Additional service options will be added as need is determined. The Options Counselors will submit items requested outside of the types of services offered. Service options will be reevaluated as we learn of service gaps, making attempts to find service types to fill the needs identified. Services such as CHORE, Assistive Technology, Minor Home Modifications, Pest Control, and Transportation will be started on anyone on the waiting list in need regardless of their priority status. Starting traditional services such as Personal Care, Homemaker, Home Delivered Meals, and PERS will be based on highest priority individuals from the waiting list being served first.

5. If infrastructure changes need to occur with OPTIONS 1.0 funding, as a result of the additional OPTIONS 2.0 funding, please outline those changes below:

As a result of the additional OPTIONS 2.0 funding, FTAAAD will need to add one full time position and one part time position with OPTIONS 1.0 funding. The full-time position will cost approximately \$78,200 and the part time position will cost approximately \$32,200. This is a total cost of \$110,400. With each of our OPTIONS counselors, we split the costs with IIIB, IIIE and OPTIONS funding. The OPTIONS portion is estimated at \$33,100. The OPTIONS amount could increase if it is determined that they are spending a larger amount of their time on OPTIONS.

6. If additional types of services will be offered outside of Personal Care, Homemaker, In-home Respite, and Adult Day Care, please list additional services, projected budget and service amounts. Complete the following table:

| Type of Service | FY 2023 – Projected (Budget Amount) | FY 2023 – Projected (Persons Served) | FY 2023 – Projected (Units Served) |
|-----------------------------|--|---|---|
| Transportation | \$90,000 | 75 | 15,000 |
| Home Mods | \$188,000 | 94 | 282 |
| Assistive Technology | \$30,000 | 75 | 150 |
| CHORE | \$89,525 | 189 | 1,989 |

| | | | |
|---------------------|----------|-----|-----|
| Pest Control | \$47,000 | 150 | 600 |
|---------------------|----------|-----|-----|

Describe the methodology for the projections listed above.

Transportation – 20% which is 75 of total # served (377) is projected to need this service projecting 15,000 units served @ an average cost of \$6.00 per trip = \$90,000 budget amount.

Home Mods - 25% which is 94 of total # served (377) is projected to need this service at an average cost of \$2,000 per individual, estimated 3 units per individual = 282 projected units served = \$188,000 budget amount.

Assistive Technology Devices – 20% which is 75 of total # served (377) is projected to need this service at an average cost of \$200 per device with each person receiving an average of two devices projecting 150 units served = \$30,000 budget amount.

Chore – 75% which is 283 of total # served (377) is projected to need these services at an average cost of \$45.00 per unit, estimated 5 units per individual projected 945 units = \$42,525 budget amount.

Pest Control – 40% which is 150 of total # served (377) is projected to need this service at an average number of four visits per individual projected 600 units served @ \$125 per visit = \$47,000 budget amount.

A total of \$444,525 will be spent on additional types of services and \$535,475 will be utilized for the traditional services. Spending amounts may vary depending on individual needs and provider availability.