

**AREA PLAN SCHEDULE  
July 1, 2020 – June 30, 2021**

<b>Task</b>	<b>Deadline</b>	<b>Responsible Agency</b>
<b>1. Area Plans Format and Instructions</b>	<b>2/3/2020</b>	<b>TCAD</b>
<b>2. Advertise Public Hearing<sup>1</sup></b>	<b>3/13/2020</b>	<b>AAAD</b>
<b>3. Public Hearings on Area Plan</b>	<b>3/27/2020</b>	<b>AAAD</b>
<b>4. AAAD RFP Process in Place<sup>2</sup></b>	<b>3/2/2020</b>	<b>AAAD</b>
<b>5. Area Plan Submitted (Submit signed copy of plan via email)</b>	<b>4/1/2020</b>	<b>AAAD</b>
<b>6. Review Area Plan and communicate to AAADs if clarification or correction is needed</b>	<b>4/15/2020</b>	<b>TCAD</b>
<b>7. Area Plan revisions submitted to TCAD, if needed</b>	<b>4/30/2020</b>	<b>AAAD</b>
<b>8. TCAD staff approval of Area Plans</b>	<b>5/4/2020</b>	<b>TCAD</b>
<b>9. Commission members given link to Area Plans</b>	<b>5/4/2020</b>	<b>TCAD</b>
<b>10. Discussion of Area Plan process at Commission Meeting</b>	<b>5/12/2020</b>	<b>TCAD</b>
<b>11. Contracts sent to AAADs</b>	<b>As soon as plan has been approved</b>	<b>TCAD</b>
<b>12. Contracts sent to TCAD for processing</b>	<b>As Soon as Possible Prior to 5/22/2020</b>	<b>AAAD</b>
<b>13. TCAD signs contract and sends to General Services—Central Procurement Office for contract approval</b>	<b>5/22/2020</b>	<b>TCAD and General Services</b>
<b>14. AAAD contracts with service providers</b>	<b>7/1/2020</b>	<b>AAAD</b>
<b>15. Copies (Email) of AAAD Provider Contracts</b>	<b>7/31/2020</b>	<b>AAAD</b>

<sup>1</sup> Public Hearing is required only if the AAAD is requesting a waiver that has not been approved.

<sup>2</sup> This is only required if RFPs are released due to AAAD requesting new providers, new services; and/or the AAAD only released the RFP for one year.

**July 2020 – June 2021 Area Plan Update  
Instructions**

This document is the annual amendment to the four-year Area Plan, 2019 – 2022. Instructions for each exhibit are provided in the table below.

<b>EXHIBIT</b>	<b>TITLE</b>	<b>INSTRUCTION</b>
	Submittal Page	Update and submit.
	Intro Page	Intro page is provided at the beginning of this document. Copy and paste it into your plan after the submittal page.
A-1	Plan for Program Development & Coordination	If your plan includes the use of III-B fund for program development and coordination, provide narrative on how those funds will be used.
B-1	FY 2020 Performance Highlight of Accomplishments with ACL Federal Funds and State Allocations	Provide a status update of the progress and accomplishments of federal and state program areas.
B-2	FY 2020 Highlight of Accomplishments from Other Funding Sources	Provide a status update of any accomplishments from other funding sources.
B-3	Goals, Objectives, Strategies, and Performance Measures	Unless the AAAD is making changes to the objectives and/or strategies included in the 4-year plan, FY 2019 – 2022, the AAAD only needs to update the performances measures.
B-4	Program Planning for FY 2021	Provide information to the questions detailing program planning for FY 2021.
B-5	Targeting Status report	Update the actual accomplishments for FY 2020 (Last complete 12-month period.)
B-6	Targeting Plan, Title VI	Update the AAAD Title VI Implementation Plan for FY 2021
C-1	AAAD Staffing	Provide information to questions around AAAD staffing
C-2	Training & Staff Development Plan	Update and submit.
C-3	Advisory Council Members	Update and submit.
C-4	Advisory Council By-laws	Include a dated copy of the current By-laws of the Advisory Council if there have been

Area Plan 2021 Update

		changes since the 2019 - 2022 Area Plan.
D-1	Public Hearing	A public hearing on the Area Plan Update is only required if you are requesting a new waiver. If you have no waivers or wish to continue with the waivers submitted in your 4-year plan, a public hearing is not required.
D-2	Advisory Council Participation	Update and submit. While the public hearing may not be required for the update, Advisory Council participation is required.
D-3.1	Direct Provision of Services Provided by OAA Funding	Only submit if requesting a change to 2019 – 2022 waiver or a new waiver.
D-3.2	Five Day Requirement	Only submit if requesting a change to 2019 – 2022 waiver or a new waiver.
D-3.3	Required Minimum Expenditures for Priority Service	Only submit if requesting a change to 2019 – 2022 waiver or a new waiver.
D-3.4	Cost Share Requirement	Only submit if requesting a change to 2019 – 2022 waiver or a new waiver.
D-3.5	TCAD Policy Requirement	Only submit if requesting a change to 2019 – 2022 waiver or a new waiver.
E-1	Assurances	Sign the attached document which includes the three (3) assurances if there has been a change in your AAAD Director or Grantee Agency Director since the FY 2020 Area Plan Update.
F-1	Budget Area Plan Update	Update and submit using the attached excel document.
F-2	Personnel Area Plan Update	Update and submit using the attached excel document.
G-1	Subcontracting Agencies	Complete and submit using the attached excel spreadsheet listing the subcontracting agencies for FY 2021 ( <i>Please note any additions or deletions of subcontracting agencies this document will need to be updated and resubmitted</i> )
G-2	Nutrition Sites	Complete and submit using the attached excel spreadsheet listing nutrition sites for FY 2021


## SUBMITTAL PAGE

(X) Plan Update for July 1, 2020 - June 30, 2021

( ) Amendment (Date): \_\_\_\_\_

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


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

Signature:  \_\_\_\_\_ Date: 5/20/2020  
Sara Fowler  
Interim Director of Aging & Disability Services, GNRC

The Area Agency Advisory Council has participated in the development and final review of the Area Plan. Comments of the Advisory Council are included in Exhibit D-2 of the Plan.

Signature: Confirmed via Email \_\_\_\_\_ Date: \_\_\_\_\_  
Don Ames  
Vice Chair, Area Agency Advisory Council

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

Signature:  \_\_\_\_\_ Date: 5/20/20  
Michael Skipper  
Executive Director, GNRC

Signature:  \_\_\_\_\_ Date: 5/26/2020  
Anthony Holt  
Chair, Greater Nashville Regional Council

# **AREA PLAN on AGING and DISABILITY**

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

Greater Nashville Regional Council

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Designated Area Agency on Aging and Disability

for the

Greater Nashville

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Planning and Service Area

**in TENNESSEE for  
July 1, 2020 – June 30, 2021**

## Plan for Program Development and Coordination

The AAAD is proposing to use \$60,000 in Title III-B direct service funds to pay for Program Development and Coordination during FY 2021. TCAD allows up to 10% of these funds to be used for this purpose. The proposed amount represents 3.5% of the AAADs new Title III-B direct service allotment.

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

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

### Strategies:

1. Form partnerships with the following organizations for education, coordination, and advocacy:
  - Tennessee Emergency Management Agency (TEMA)
  - Suicide Prevention Organizations
  - Tennessee Rural Health Association
  - Faith-based organizations, such as:
    - i. Islamic Center of Nashville/Islamic Center of Tennessee
    - ii. Local churches
    - iii. Others as identified
  - Center for Gerontological Nursing
  - TN Department of Human Services
2. Maintain partnerships with the following organizations for education, coordination, and advocacy.
  - Adult Protective Services
  - Alzheimer’s Association
  - Community Life Bridge, Inc (Senior Ride Sumner)
  - Conexión Américas
  - Council on Aging of Middle TN
  - Empower TN
  - Hands on Nashville
  - Jewish Federation of Nashville and Mid TN
  - Music for Seniors
  - National Association of Area Agencies on Aging (N4A)
  - Nashville CARES
  - Our Place Nashville

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

## **FY 2020 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 2020 as these were a part of the FY 2020 Area Plan Update*):

### **Older Americans Act Funding**

#### ❖ Title IIIB Supportive Services:

##### Information and Assistance:

- All eligible Information and Assistance staff have current AIRS Certification
- Researched best practices and determined procedures for updating the Greater Nashville Region Resource Directory.
- Created new marketing and outreach materials for the helpline and services available, which will be translated into Spanish, Kurdish, and Arabic.

##### In-Home Services:

- Held monthly meetings/training sessions for Options and IIIB Case Management staff with updates and training on various topics
- Provided mandatory training for GNRC's provider network on documentation, LGBT populations, Title VI, and more.
- Provided quarterly training opportunities for GNRC's provider network on documentation and best practices. Provider staff training was conducted at the mandatory annual provider meeting in July, along with orientation/refresher at meetings in September and December. Additional training will be available in March and June of 2020.

#### ❖ Title IIIC Nutrition Services:

- Held quarterly nutrition provider meetings to provided needed training and guidance, including training on volunteer recruitment
- Metro Social Services has reduced staff costs by making most Congregate meal sites volunteer-run
- Provided training on SNAP and AAAD Nutrition Programs, open to all GNRC staff
- From July 1, 2019, to January 31, 2020, 3,180 individuals have been served a total of 264,363 meals.

#### ❖ Title IIID Disease Prevention & Health Promotion:

- GNRC encouraged contracted senior centers to take advantage of opportunities to offer fall prevention programs. As a result:
  - Four (4) senior centers currently offer a total of seven (7) SAIL classes.



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- One (1) additional senior center has signed up for SAIL training.
- Two (2) senior centers will offer Stepping On by the end of FY 2020.
- GNRC held a CDSMP “train the trainer” training and increased volunteers able to facilitate the program by nine (9).
  
- ❖ Title IIIE National Family Caregiver Support Program:
  - Held monthly meetings/training sessions for Case Management staff with updates and training on various topics
  - Continue to serve family caregivers in the region.
  
- ❖ Title VII Elder Rights
  - GNRC staff regularly conduct public presentations and provide information regarding various components of Elder Abuse to the community.
  - GNRC staff meet with Adult Protective Services regularly

### **State Funds**

- ❖ OPTIONS Home and Community Based Services:
  - See in-home services under Title IIIB Supportive Services above (page 8)
  
- ❖ Guardianship:
  - Developed and implemented a revised training orientation for new Public Guardianship program volunteers
  - Staff continue to work diligently to provide services to clients, who are appointed by the Circuit, Civil, and Probate Court systems.
  - Guardianship staff visit clients monthly, and quarterly assessments are done on each client determining any changes and/or needs that require follow-up.
  - Relevant staff underwent training to meet CEU requirements of the National Guardianship Association along with trainings required by TCAD specifically for the Public Guardianship Program.

### **Other**

- ❖ SHIP:
  - Reached 2,774 individuals through mailings regarding the LIS/MSP programs available for individuals meeting certain income requirements and 2,774 individuals reached with PDP worksheets.
  - Increased our outreach presence by building new partnerships with community based, faith based, and medical based organizations that serve low-income Medicare beneficiaries such as Siloam Health Clinic, Conexon Americans, Salahdeen Center of Nashville, Islamic Center of Nashville, West End Church of Christ and Nashville Public Library. These partners received in-person education on our services and have been given materials funded by ACL to provide beneficiaries with information on SHIP/SMP services, LIS/MSP eligibility requirements, and how to apply.
  - Assisted individuals in applying for LIS/MSP assistance
  - Scheduled 7 trainings for 2020 to bring on 15-20 new SHIP volunteers

## **FY 2020 Highlight of Accomplishments from Other Funding Sources**

(Please limit your response to 3 pages)

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

### ❖ CHOICES

- Between July 1, 2019 and February 01, 2020, the CHOICES team assisted 659 CHOICES applicants and their families.
- Between July 1, 2019 and February 01, 2020, the CHOICES team submitted 435 completed applications for the CHOICES program.
- Between July 1, 2019, and February 01, 2020, the CHOICES team participated in 22 outreach and educational events and presentations, including those to underserved populations.
- The Community Living Supports Ombudsman made 316 Community Living Supports (CLS) visits from July 1, 2019 – February 29, 2020. This includes Education, Pre-Transition and Post-Transition visits.

### ❖ Veterans Self-Directed HCBS

- Between July 1, 2019 and January 31, 2020, 18 additional veterans have been fully enrolled into the VD-HCBS program for a total of 26 active enrollees (as of 1/31/20).
- All participants have mentioned satisfaction with the program and the desire to continue receiving care via the VD-HCBS Program.

### ❖ Senior Medicare Patrol

- 2,774 mailings were sent to Medicare beneficiaries in our region this year to notify of the new Medicare card and provide information on scams to prevent Medicare fraud.
- Individuals were reached through community events held in every county educating on SMP services, the new Medicare card, and scams targeting Medicare beneficiaries.

## Goals, Objectives, Strategies, and Performance Measures

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

### Information and Assistance

- **Objective:** Provide Information and Assistance services that are easily accessible through telephone and email throughout the FY 2019 – 2022 area plan period.
- **Strategies:**
  1. Update and maintain the Greater Nashville Region Resource Directory.
  2. Continue to ensure that all I&A staff are AIRS certified.
- **FY 2021 Performance Measures:**
  1. By the end of FY 2021, all eligible I&A staff will have current AIRS certification.
  2. The Greater Nashville Region Resource Directory will continue to be updated and maintained
  3. By the end of FY 2021, GNRC will have pursued partnerships with other agencies in the region who maintain resource directories to ensure coordination and best practices
- **Objective:** Provide Information and Assistance services to 10% of the Hispanic older adult population by utilizing existing partnerships and new partnerships for outreach by the end of FY 2022.
- **Strategies:**
  - ~~1. Collaborate with the Council on Aging of Middle Tennessee to have the directory of services translated into Spanish.~~
  - ~~2. Collaborate with the Council of Aging of Middle Tennessee to have copies of the Directory of Services printed in Spanish in the beginning of fiscal year 2022.~~
  - ~~3. Collaborate with Disability Pathfinder to have Spanish printed directories distributed to the Hispanic communities of Middle Tennessee by FY 2022.~~

*This funding was not secured, so these strategies have been removed.*

  1. Ensure information about GNRC's Aging and Disability Services is accessible to Spanish-speaking individuals.
  2. Increase the Hispanic community's awareness of GNRC
- **FY 2021 Performance Measures:**
  1. By the end of FY 2021, translated GNRC materials will be distributed to agencies/organizations/businesses with proven outreach to the Hispanic community
  2. In FY 2021, GNRC will continue to collaborate and partner with agencies who serve the region's Hispanic community
  3. In FY 2021, GNRC will have representation on Encuentro Latino, a collaborative advocacy effort for the Hispanic community in the region.

### Nutrition

- **Objective:** To reduce nutritional insecurity to individuals 60 years of age and older by providing access to nutritional services through the Older Americans Act Programs in the GNRC area during the area plan period.
- **Strategies:**
  1. Continue to work with nutritional providers to promote and provide nutrition services in the GNRC area.
  2. Utilize additional federal dollars received to increase direct service capacity for congregate and home-delivered meals, thereby reducing the home-delivered meals waitlist.
- **FY 2021 Performance Measures:**
  1. In FY 2021, GNRC will continue to partner with Metro Social Services and Mid-Cumberland Human Resource Agency to provide nutrition programs that reduce nutritional insecurity faced by older adults in the region
  2. In FY 2021, GNRC will continue to meet with nutrition providers quarterly and conduct trainings on outreach to increase awareness of the program
- **Objective:** To improve program capacity for congregate and home delivered meals by the end of FY 2022.
- **Strategies:**
  1. Work with our nutrition partners to develop and implement strategies for recruitment of program volunteers to assist nutrition sites with meal assembly and delivery and to assist with provider fundraising efforts
  2. Train all GNRC home based community services, SHIP, I&A line, and senior centers on nutrition programs through AAAD and SNAP to provide outreach and education to all seniors, caregivers, family members, and advocates.
- **FY 2021 Performance Measures:**
  1. In FY 2021, GNRC staff will continue to provide assistance with volunteer recruitment to nutrition partners as requested.
  2. In FY 2021, GNRC will provide training for staff on AAAD nutrition programs and SNAP.
- ~~**Objective:** To increase SNAP outreach to seniors by the end of FY 2022.~~
- ~~**Strategy:** Collaborate with TCAD in developing an approach to improve outreach to seniors.~~

### IIIB In-home Services

- **Objective:** To promote an HCBS system that empowers seniors, disabled adults and other targeted populations to remain supported and independent in their homes and/or communities throughout the FY 2019 – 2022 area plan period.
- **Strategies:**
  1. Hold consistent and regular training with GNRC OPTIONS and III-B counselors and partners to ensure that practices are adequate, coherent, and compliant with regulations.
  2. Provide an infrastructure within GNRC to ensure that OPTIONS and III-B services delivered are beneficial and appropriate.

- **FY 2021 Performance Measures:**

1. By the end of FY 2021, hold a minimum of 2 mandatory training sessions for contracted providers
2. In FY 2021, schedule monthly meetings with OPTIONS and III-B Case Management staff with updates and training incorporated into meetings
3. In FY 2021, GNRC will provide opportunities for three (3) additional trainings on the SAMS database and other tools.
4. In FY 2021, GNRC will strive to expend at least 92% of the III-B funds provided.
5. Throughout FY 2021, GNRC will continue to release individuals from the wait list as funding and service availability allows with the intent to grow the number of clients being served
6. In FY 2021, GNRC will consider developing programs to address immediate needs as appropriate, such as those being developed in response to the COVID-19 pandemic.

**National Family Caregiver Support Program (NFCSP)**

- **Objective:** To provide caregivers the necessary support and education in an effort to allow the caregiver to continue care of the care receiver during the area plan period.
- **Strategies:**
  1. Continue outreach efforts via conferences, public speaking, etc.
  2. Develop and implement targeted outreach efforts to Latino and LGBT communities.
  3. Grow program awareness through marketing and educational campaigns.
  4. Increase outreach regarding in-home dementia education trainings and grandparent caregiver respite summer programs.
  5. Maintain a focus on processing NFCSP referrals from the waitlist in a timely manner.
- **FY 2021 Performance Measures:**
  1. In FY 2021, all relevant GNRC staff will receive training to include and highlight NFCSP in their public outreach efforts.
  2. GNRC staff will provide presentations on the FCSP program by the end of FY 2021
  3. By the end of FY 2021, translated materials will be made available to agencies/organizations/businesses with proven outreach to the Hispanic community
  4. In FY 2021, GNRC will use targeted advertising to reach LGBT communities.
  5. In FY 2021, GNRC will offer assistance with outreach regarding grandparent caregiver respite summer programs.
  6. GNRC will increase the number of individuals served through NFCSP
  7. GNRC will continue to focus on assigning referrals from the NFCSP in a timely manner.

**Evidence Based**

- **Objective:** To increase public awareness of falls prevention among older adults by the end of FY 2022.
- **Strategies:**

1. Disseminate information via senior centers, and to encourage center staff to pursue certification in highest tier falls prevention programs.
  2. Continue to partner with our current centers offering SAIL and to promote SAIL training for other centers.
  3. Offer falls prevention programming through partnerships within the larger community
- **FY 2021 Performance Measures:**
    1. In FY 2021, at least seven (7) of our seventeen (17) senior centers will offer highest tier falls prevention evidence-based programming in order to meet the objective of increasing public awareness of falls prevention.
    2. In FY 2021, at least two senior centers will add new courses of falls prevention evidence based programming.
    3. In FY 2021, GNRC will continue to support Senior Centers in the region who are interested in evidence-based falls prevention programming.
  - **Objective:** To expand the number of evidence-based program opportunities within the district.
  - **Strategy:** Utilize funds to expand access to the Chronic Disease Self-Management Program (CDSMP) to participants at senior centers within the district.
  - **FY 2021 Performance Measures:**
    1. In FY 2021, GNRC will hold approximately five (5) CDSMP courses throughout the region, utilizing volunteers

### Senior Centers

- **Objective:** To assist senior centers in expanding community partnerships and services via technology to maintain quality of life through social connection for persons in their larger communities during the FY 2019 – 2022 area plan period.
- **Strategies:**
  1. Encourage senior centers to increase use of technology and nontraditional methods to expand the senior center’s reach and serve more individuals by offering technical assistance and suggestions for resources for establishing, updating, and maintaining relevancy on social media.
  2. Continue to facilitate discussions with centers on expanding awareness within their communities of telephone reassurance services, and on partnering with community service agencies to identify persons in need of telephone reassurance.
- **FY 2021 Performance Measures:**
  1. In FY 2021, GNRC will continue to provide support to Senior Centers on social media usage at regular Senior Center Directors Meetings
  2. In FY 2021, GNRC will encourage contracted Senior Centers to develop local partnerships with organizations that reach vulnerable and isolated older adults in order to expand telephone reassurance services.
  3. GNRC will meet with contracted Senior Centers at regular Senior Center Directors meetings to provide training and resources in FY 2021.

### **Transportation**

- **Objective:** To continue to support existing transportation partnerships during the area plan period.
- **Strategy:**
  1. Provide referrals to and disseminate information about transportation partnerships
  2. Provide assistance to transportation partnerships with volunteer recruitment, and, where available, funding.
- **FY 2021 Performance Measures:**
  1. In FY 2021, GNRC will continue to provide financial assistance to volunteer transportation programs in the region.
  2. GNRC Information & Referral helpline will continue to provide referrals to transportation agencies and partnerships in the region as appropriate.
  
- **Objective:** Increase access to transportation services for older adults during the area plan period.
- **Strategy:**
  - ~~1. Provide funding assistance to Senior Ride Sumner.~~  
*This has been removed as it is funding assistance to transportation partnerships with volunteer recruitment, indicated in Strategy 2 above.*
  1. Leverage GNRC's transportation activities to work toward increased access.
- **FY 2021 Performance Measures:**
  1. In FY 2021, GNRC Aging & Disability Services Department will ensure that Older Adults are considered in GNRC's development of the Unified Transportation Plan.

### **Elder Abuse**

- **Objective:** Increase awareness of elder abuse in the Greater Nashville Region during the area plan period.
- **Strategies:**
  1. Disseminate information about recognizing elder abuse through the GNRC website, brochures, and other media outlets.
  2. Maintain a relationship with Adult Protective Services through meetings and trainings with GNRC staff and community partners.
- **FY 2021 Performance Measures:**
  1. In FY 2021, GNRC staff will communicate regularly with Adult Protective Services.
  2. In FY 2021, staff will disseminate Elder Abuse Pocket Guides to a minimum of ten (10) banks and ten (10) healthcare clinics.
  3. In FY 2021, GNRC staff will offer at least five (5) presentations to the senior community about various topics related to Elder Abuse.

## **Ombudsman**

- **Objective:** All residents of long-term care facilities will receive assistance from the Ombudsman program, upon request, without regard to age, race, nationality, gender, income, sexual orientation or gender identity at no cost to the service recipient during the FY 2019 – 2022 area plan period.
- **Strategies:**
  1. Ombudsman Program staff and trained Volunteer Ombudsman Representatives will provide advocacy services to long-term care residents on resolving resident complaints.
  2. District Long-Term Care Ombudsman will publicize the need for volunteers through media outlets in 13 counties and will offer quarterly volunteer training opportunities and provide monthly support and ongoing training meetings for volunteers.
  3. Establish and maintain working relationships with Legal Aid Society of Middle Tennessee, the Tennessee Vulnerable Adult Coalition, Adult Protective Services, the TN Department of Health, Vulnerable Adult Protective Investigative Teams, the TN justice Center and TN Disability Rights to address complaints by residents of long-term care facilities.
  4. Make quarterly visits to each long-term care facility to assess resident care.
- **Objective:** Educate long-term care residents and citizens on services available through the Ombudsman program throughout the area plan period.
- **Strategies:**
  1. Share printed and verbal information with residents and citizens on the Ombudsman program and how to access services.
  2. Speak, upon request, to resident councils, family councils, civic groups, faith groups, senior centers and other venues on the ombudsman program and its services.
- **Objective:** Provide guidance on addressing the needs of long-term care residents and navigating the long-term care system
- **Strategies:**
  1. Provide consultations to facility staff on creating long-term care communities that are safe, provide for quality living, respect resident rights and offer excellence in care to residents.
  2. Provide information and referral consultations to individuals on navigating the long-term care system or identifying resources to prolong independence.
- **FY 2021 Performance Measures (for all Objectives):**
  1. 100% of resident complaints received by the Ombudsman that fall within the Ombudsman Scope of Services will be investigated and 90% of them resolved to the resident's satisfaction and 90% will report that their knowledge of the ombudsman program has been increased.
  2. The program will be found to be in substantial compliance at its annual monitoring by the Tennessee Commission on Aging & Disability. Monthly reports will be submitted to the State Long-Term Care Ombudsman.



3. Quarterly reports will be submitted to the AAA&D and the State Long-Term Care Ombudsman.
4. Provide 750 consultations per year to facility staff on creating long-term care communities that are safe, provide for quality living, respect resident rights and offer excellence in care to residents.
5. Provide 200 information and referral consultations per year to individuals on navigating the long-term care system or identifying resources to prolong independence.
6. Educate 3,000 long-term care residents and citizens per year on resident rights and services available through the Ombudsman program and give them literature on the program.
7. Per revised requirements from the State Ombudsman, make quarterly visits to all nursing homes and two visits per year to assisted living facilities and residential homes for the aged to monitor conditions and speak with residents.

### **Legal Assistance**

- **Objective:** Irrespective of income, all applicants/clients and clients 60 years of age or older receive assistance at no cost from the Legal Aid Society of Middle Tennessee and the Cumberland.
- **Strategy:** Elder law staff will meet with OAA applicants and clients over the telephone, at LAS offices, in their residence, nursing home or senior centers to evaluate and ensure access to legal assistance.
- **FY 2021 Performance Measures:**
  1. Quarterly reports will be evaluated to ensure that service objectives are met.
- **Objective:** Support and enhance multi-disciplinary responses to elder abuse, neglect, and exploitation involving Adult Protective Services (APS), Ombudsman, legal assistance, law enforcement, healthcare professionals, and financial institutions.
- **Strategies:**
  1. Establish a partnership with the Tennessee Vulnerable Adult Coalition and/or other partners in the elder abuse prevention community to identify best means of distributing elder abuse prevention information.
  2. Establish a solid partnership with APS to increase awareness of services and contact information.
  3. Public outreach will be directed to community partners, seniors and caregivers to educate, identify and respond to elder abuse, neglect, and exploitation.
  4. Establish working relationships with the Vulnerable Adult Protective Investigative and law enforcement to provide assistance and information as needed.
- **FY 2021 Performance Measures:**
  1. By the end of FY 2021, continue to participate in the development of a statewide community education and awareness campaign to promote statewide senior services and increase awareness of legal aid services.

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

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

### **Suicide Prevention**

- **Objective:** To provide yearly suicide prevention and pre-intervention training to relevant staff during the area plan period.
- **Strategies:**
  1. Identify and develop partnerships with organizations involved in suicide prevention and pre-intervention
  2. Coordinate a yearly training for all relevant GNRC staff
- **FY 2021 Performance Measures:**
  1. By the end of FY 2021, GNRC staff will receive yearly suicide prevention and pre-intervention training
  2. By the end of FY 2021, GNRC will seek to be involved in Suicide Prevention initiatives in the region as a resource and advocate for older adults.

### **SHIP**

- **Objective:** SHIP will provide objective one-on-one counseling and assistance on Medicare, Medicaid, and all other health insurance for consumers with Medicare, their adult children, their caregivers, and their advocates to include providing public and media outreach throughout the area plan period.
- **Strategies:**
  1. Maintain cadre of trained SHIP counselors and volunteers in the region.
  2. Disseminate information about Medicare and related insurance benefits.
  3. Engage in community outreach to individuals eligible for Medicare with emphasis on targeting hard-to-reach populations such as low-income, rural, and non-native English speaking populations.
  4. Assist beneficiaries with finding affordable prescription drug plans or Medicare Advantage plans based on their individual needs.
  5. Screen beneficiaries and provide application assistance for low-income subsidy or Medicare Savings Programs.

6. Ensure that all SHIP staff and volunteers receive annual training to update the information needed to provide accurate and effective counseling services.
  7. Utilize yearly demographic data for each county of the greater Nashville region to identify and focus outreach to vulnerable populations by FIPS as denoted by TCAD.
  8. Build social networking presence and provide monthly health tip related to seniors and Medicare.
- **FY 2021 Performance Measures:**
    1. SHIP will assess progress toward measures provided in the contract on a quarterly basis to ensure goals are being met throughout FY 2021
    2. In FY 2021, SHIP will continue Fall and Spring mailouts for information about available Prescription Drug Plans and LIS/MSP assistance.
    3. SHIP will continue to provide information through GNRC's agency-wide social networking in FY 2021
    4. SHIP will continue to offer trainings and an annual volunteer appreciation event in FY 2021.
    5. SHIP will continue community outreach through offering presentations on Medicare and program eligibility in FY 2021.
    6. SHIP staff and volunteers will continue to provide one-on-one phone, in-person, email, and internet-based unbiased Medicare counseling in FY 2021.
    7. By the end of FY 2021, SHIP will maintain at least 45 active SHIP volunteers.

### **Underserved Communities**

- **Objective:** Develop partnerships and provide awareness and training during the area plan period to ensure that services are provided to older individuals and adults with disabilities in underserved communities.
- **Strategies:**
  1. Provide training to GNRC AAAD staff and service providers on inclusivity for the LGBT Community
  2. Develop partnerships with LGBT-focused organizations
  3. Identify the needs of LGBT older adults and adults with physical disabilities in the Greater Nashville region
- **FY 2021 Performance Measures:**
  1. Maintain representation from GNRC on Nashville Pride Community Visioning Project Older Adults Taskforce in FY 2021.
  2. In FY 2021, offer training opportunities specific to LGBT older adults to GNRC staff through SAGE, maintaining GNRC's SAGECare Credential.

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

### **OPTIONS**

- *See IIIB In-home Services under Goal 1, above (page 12-13)*

### **Guardianship**

- **Objective:** To provide effective and quality Public Guardianship Services to our clients based on their specific characteristics and individualized needs during the area plan period.
- **Strategies:**
  1. Guardianship staff will work one on one with clients, developing individualized plans of care, based on the client's needs. These plans will be reviewed and adjustments made if/when necessary.
  2. The Public Guardian and the assistant Public Guardian will attend trainings/meetings to stay aware of the National Guardianship Standards of Practice including Ethical Principles Standards. This will include awareness and knowledge of the Federal and State laws pertaining to the population served.
  3. The program will continue ongoing recruitment of volunteers including retired professionals with experience in various disciplines who can often meet a client's special needs
  4. The Guardianship Program staff will continue to identify and access community resources to address the needs of clients lacking funds for those services that would assist and/or enhance their quality of life.
  5. The District Public Guardian will properly and timely file all court documents required under state statute and TCAD policy.
- **FY 2021 Performance Measures:**
  1. In FY 2021, staff will continue monthly visits for each client along with ongoing contacts and quarterly assessments for each client. When deemed necessary, either by the Guardian or the courts, Mental Health Evaluations will be obtained regularly.
  2. By the end of FY 2021, there will be on-going training to meet CEU Requirements of the National Guardianship Association, along with trainings required by the Tennessee Commission on Aging specifically designed for the Public Guardianship Program. Training will also be provided at the Conservatorship of Tennessee annual conference.
  3. In FY 2021, both written and oral reports from volunteers will continue to be required and reviewed.
  4. By the end of FY 2021, Staff will continue to apply for and access public assistance or grants available to meet a client's particular need for financial assistance for placement, medications, medical treatment, etc.
  5. Staff will offer at least four (4) Guardianship volunteer trainings in FY 2021.

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

### **SHIP**

- See SHIP, under Goal 2, above (page 18-19)

**Information and Assistance**

- *See Information and Assistance, under Goal 1, above (page 11)*

## Program Planning for FY 2021

### Information & Assistance

1. Complete the following table:

<b>Total # of I&amp;A Staff:</b>	6
<b>Total # of AIRS Certified I&amp;A Staff:</b>	4

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.

- Advertising Information and Assistance services in the Directory of Senior Services
- Disseminating outreach materials at senior centers across the region.

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

1. Complete the following table:

	FY 2019	FY 2020 – Projected (Served/Units)	FY 2021 – Projected (Served/Units)
<b>State – Options Allocation Amount</b>	\$1,779,700	\$1,779,700	\$1,779,700
<b># Served</b>	433	410	410
<b>Units of Service</b>	64,310	63,578	63,578

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

	FY 2019	FY 2020 – Projected (Served/Units)	FY 2021 – Projected (Served/Units)
<b>Federal Title IIIB/State Homemaker In-home services Allocation Amount</b>	\$84,380 IIIB \$62,100 State	\$173,990 IIIB \$62,100 State	\$263,050 IIIB \$62,100 State
<b># Served</b>	88	98	100
<b>Units of Service</b>	7,096	11,438	15,753

3. Describe the methodology for the projections listed above.

FY 2019 used totals from SAMS, the June IFR and the final TCAD report.

FY 2020 used totals from SAMS, and internal reports to project the # served. This is a projection as it is difficult to determine how many will be replaced during the remaining months. Units of service were based on the average cost per unit in FY 2019 multiplied by the funding allocated for the FY 2020 year.

FY 2021 used projected allocations for the year. The # served is based on the funding allocated divided by the estimated cost per person in FY 2020. This is a projection as it is difficult to determine how many will be replaced during the FY 2021 year. Units of service were based on the average cost per unit in FY 2020 multiplied by the funding allocated for the year.

4. Complete the following table:

<b>Number of Individuals on OPTIONS Waiting List</b>	608
<b>Number of Individual on Title IIIB Waiting List</b>	483

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

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

Applicants who are in Category B Waitlist will be sent a letter after 3 years. This letter will give the Applicant an opportunity to call in if the Applicant would like to remain on the waitlist, which would result in an assessment being completed to update their information and priority score.

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

6. What are your projections for the number of individuals on the waiting list for FY 2021?

Barring an influx of additional funding, we do not anticipate a significant change to the number of individuals on the waiting list for FY 2021.

**Title IIIC Nutrition Services**

1. Provide a description/flow chart of how the nutrition program is administered for the AAAD. GNRC has two (2) nutrition providers; Metro Social Services (MSS) covers Davidson County, and Mid Cumberland HRA (MCHRA) covers the remaining twelve (12) counties in our district. Each provider can determine eligibility for either type of meal and start an individual's nutrition service. GNRC covers nutrition under unit cost services and through a grant to our two nutrition providers based on their projections within the respective service area.
2. Complete the following table:

<b>Provider</b>	<b>IIIC Allocation</b>	<b>NSIP Allocation</b>	<b>Total Amount of Contract</b>	<b># Congregate Meal Sites</b>	<b># Projected Congregate Meals Served in FY 2021</b>	<b>#Projected Home Delivered Meals Served in FY 2021</b>
MCHRA	\$1,097,353	\$215,428	\$1,312,782	10	81,019	148,624
MSS	\$861,507	\$85,072	\$946,578	15	78,148	82,283

3. Complete the following table:

<b>Service</b>	<b>Amount IIIC Allocated</b>
Nutrition Counseling	\$0 Included in meal cost
Nutrition Education	\$0 Included in meal cost
Other Services (Describe): _____	\$0 n/a

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

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

Metro Social Services (MSS) has made all sites' day-to-day functioning self-operating and volunteer-run. MSS maintains administrative and training responsibilities for all sites and MSS staff are available for site support, such as covering when a volunteer is unavailable. Volunteers, many of whom are participants, order and serve the meals and report issues and absences. Some volunteers receive a small stipend.



Mid Cumberland Human Resource Agency (MCHRA) uses social media, newspaper articles, community contacts, radio, and the occasional television segment to promote awareness of the nutrition program and to highlight the need for contributions and volunteer participation. An area of focus for MCHRA has been streamlining of data collection and reporting processes so that administrative costs are reduced.

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

GNRC continues to work with our providers on overall stewardship of all program dollars. Both providers contribute significant local funding, and they would collaborate with GNRC to ensure that congregate meals continue. Currently, some sites already include a dedicated potluck day. MSS now has 100% self-operating, volunteer-run sites. Both MSS and MCHRA rely heavily on volunteers for nutrition services. Primarily, GNRC continues to work with providers to use congregate funding as efficiently as possible, and to address additional means of stretching those dollars.

6. Describe how participant feedback is solicited and the results are used to improve service quality. Specifically describe what actions were taken in 2020.

Both providers conduct satisfaction surveys, as do their food vendors, and the results are reviewed for menu planning and general program planning. GNRC also conducts satisfaction surveys for nutrition services and provides the results to the respective subcontractor. Each provider incorporates menu changes suggested by consumers wherever that is feasible.

The feedback led to the following changes at MSS:

- MSS provided breakfast meals for the first two quarters based on requests from 65 % of participants.
- MSS will begin providing individual packs of hot sauce and vinegar in response to requests from 50% of persons attending the congregate meal sites.
- Customers requested a menu change from hamburgers every Tuesday. The agency's food vendor will serve a different meal on Tuesdays up to two times per month.
- HDM customers requested non-fat dry milk instead of liquid milk and this change has been incorporated.

MCHRA's consumer feedback led to the following menu changes this year:

- Increased number of salads served
- More cold meals served
- More variety of meats served
- Changes to the types of vegetables served

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?

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

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

MCHRA, serving the other twelve (12) counties, targets outreach to low-income areas and numerous areas with high concentrations of older persons with limited English proficiency. MCHRA staff partner with local agencies who provide services to targeted populations to conduct outreach. They also conduct outreach through presentations to churches, through the Foreign Language Institute, as well as using social media and traditional media sources. In addition, MCHRA has created a new position, an Outreach Specialist, who is also tasked with spreading information about congregate meal services to potential clients. MCHRA is hoping to increase the participation at congregate sites but no location changes are planned at this time

Based on current assessment of settings, there is no immediate plan to change congregate locations. The appropriateness of congregate locations will continue to be assessed.

8. Describe your plan to ensure that services will not be disrupted in an emergency situation.  
GNRC's providers are diligent in keeping clients of both home delivered and congregate meals stocked with either shelf-stable or frozen meals in anticipation of possible emergencies such as inclement weather that could close sites temporarily. Inventory quality and freshness is monitored by both providers. For their residential sites, MSS ensures that there are two (2) days' worth of emergency meals onsite at all times, and these are secured. For other MSS congregate sites, meals are given to participants five (5) times across the year for their home use in case the congregate site closes. MCHRA distributes emergency meals to consumers of both home delivered and congregate sites across the year, particularly when severe weather is predicted. MCHRA has made cross-training a priority in an attempt to ensure continuity of services in the event of an emergency. The program updates its Inclement Weather/Emergency policy annually which identifies standard procedure to follow in the event of an emergency.

**Guardianship:**

1. Complete the following table:

	<b>2019 Calendar Year</b>	<b>2020 Calendar Year – Projected</b>	<b>2021 Calendar Year – Projected</b>
<b>Active Caseload</b>	80	130	100

2. Describe the agency’s plan to maintain or increase the number of volunteers.  
GNRC continues to employ a full-time Volunteer Coordinator for the agency who works to retain and recruit volunteers for the Public Guardianship program. GNRC Public Guardianship staff assists with Public Guardianship Volunteer trainings and conducts volunteer placements with clients.

**National Family Caregiver Support Program (NFCSP) – Title IIIE**

1. Complete the following table:

	<b>FY 2019</b>	<b>FY 2020 – Projected (Served/Units)</b>	<b>FY 2021 – Projected (Served/Units)</b>
<b># Served</b> ( <i>Excluding Case Management, Information Services, and Information &amp; Assistance</i> )	223	193	193
<b>Units of Service</b> ( <i>Excluding Case Management, Information Services, and Information &amp; Assistance</i> )	34,863	32,641	32,641

2. Prioritize the 5 top caregiver needs in your area and describe how the NFCSP will respond to those needs.

The top five (5) needs of caregivers in our area are:

1. Increased awareness of available resources
2. Need for respite care
3. Help with supplies (consumables ~ incontinence, nutritional supplements, minor assistive devices, etc.)
4. Transportation assistance
5. Emotional Support for the caregiver

The NFCSP is well-suited to address these issues. The voucher and ‘Take a Break’ programs each provide self-directed respite for overburdened caregivers, and we are able to use NFCSP funds to reimburse clients for incontinence supplies. I&A staff and Service

Coordinators are trained to screen callers and clients to additional programs such as home delivered meals, and to make referrals to our partners providing transportation and other forms of assistance. Significant encouragement and information for caregivers to attend local support groups will continue to be provided to caregivers.

Currently efforts are being made to partner with mental health organizations in the region in an effort to assess ability to provide one session with referrals by Centerstone as necessary for additional support for depression of caregivers.

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

The NFCSP is implemented to address what we see as the greatest needs in our area, although there is always more that we could do. For example, in FY 2020 we have increased the number of hours available through the ‘Take a Break’ program in order to better meet client needs. However, we further see another great need for increased education and outreach efforts in order to raise awareness of the available resources available to caregivers in our region. Throughout the coming fiscal year, we intend to focus on increasing participation in the NFCSP by developing innovative outreach strategies, with a focus on outreach to underserved populations such as racial and ethnic minorities, immigrant communities, the LGBT community, and rural populations as well as exposure to the program and services through our on-going In Home Dementia Education provided to all caregivers, not only those enrolled in the FCSP.

### **Legal Assistance**

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

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

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

The greatest number of cases handled in the GNRC services area under Title IIIB are in protective services. The greatest need overall among the client population is in the legal priority area of health. However, this is addressed primarily by experienced staff attorneys in the Nashville office through the Tennessee Senior Law Alliance (TSLA). The TSLA program funds additional staff dedicated to providing educational outreach. Their efforts are instrumental in spreading the word about all the types of services LAS provides.

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

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

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

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

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

### Senior Centers

1. Complete the following table:

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
Ajax Turner Senior Center	4065	704	975	363	120
Ashland City Senior Center	932	175	151	932	1
Byrum-Porter Senior Center	1617	500	19	1617	0
Dickson Senior Center	1271	56	45	75	2
Fifty Forward/ College Grove	122	7	7	115	0
Fifty Forward/ Donelson Station	1114	56	198	10	2
Fifty Forward/ Knowles	197	34	97	1	1
Gallatin Senior Center	509	433	85	43	0
Hendersonville Senior Center	1,085	15	63	15	7
J. D. Lewis Senior Center	104	10	4	104	0
LaVergne Senior Center	50	20	17	20	2
Mt. Juliet Senior Center	470	22	32	0	0
Robertson County Senior Citizens	400	200	50	50	15
St. Clair Street Senior Center	2,124	147	107	513	58
Stewart County Senior Center	534	172	48	534	0
Torrey Johnson Senior Center	502	75	49	306	0
Trousdale County Senior Center	84	10	13	84	0

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

QA works year-round with center staff to know the populations within their catchment areas by providing data and training and by facilitating sharing among center staff in how to enhance outreach and services to all underserved groups. QA has required centers to conduct outreach within the larger community of groups of older adults who are under-represented in the center’s membership and to provide intercultural learning opportunities for members so that prejudices decline and ease of inclusion rises. GNRC’s centers all offer varied programming to persons at no cost, and these are advertised in multiple ways so that persons of low income can know of the opportunities for learning and socialization that are free.

**Emergency Preparedness**

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

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

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

**SHIP**

1. Complete the following table:

	<b>FY 19</b>	<b>FY 20 – Projected</b>	<b>FY 21 - Projected</b>
<b># Client Contacts</b>	16,630	22,173	22,173
<b># of Consumers Reached Through Outreach Events</b>	16,630	22,173	22,173
<b># of Client Contacts Under Age 65</b>	2,835	3,780	3,780
<b># of Hard to Reach Client Contacts</b>	4,116	5,488	5,488
<b># Of Enrollment Contacts</b>	16,600	22,173	22,173
<b># of Low Income/Medicare Savings Enrollment Assistance Contacts</b>	2,065	5,487	5,487

2. Describe your efforts to increase the number in each column in the table above.
  - Enhancing engagement through community outreach events and counseling sites
  - Providing education on SHIP & SMP services
  - Assisting LIS/MSP eligible individuals with applications assistance, benefits enrollment, and Medicare preventive services in all program counties
  - Including the TN SHIP hotline on all marketing materials, printed and electronic
  - Encouraging individuals to call for counseling service request
  - Adding QR codes to all SHIP posters, flyers, brochures, social media and webpage for quick counseling and community events request
  - Building partnerships on an ongoing basis with new community venues to provide group education including retirement groups, churches, new American communities and medical providers.
  
3. Describe your agency's approach to reaching Medicare beneficiaries who are hard to reach due to ethnicity; limited English proficiency; those with disabilities and those eligible for low income subsidies.

Partnerships have been created with BRIDGES for the Deaf and Hard of Hearing, Nashville CARES, Vanderbilt Homeless Outreach Clinic, The People's Clinic of Clarksville, and Metro Center Healthcare Group. These agencies help a high volume of low-income Medicare beneficiaries, they also care for beneficiaries under and over 65. Ongoing partnerships are being created with other agencies and organizations that provide services to non-native English speakers, such as Conexión Américas. Nashville Public Library, Muslim faith-based organizations, Siloam Health and neighborhood health clinic..

## Targeting Status Report

Report on activities during the preceding year.

(This information is used for the Title VI Plan)

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

2020* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Increase outreach to LGBT Community by identifying appropriate further LGBT-specific training opportunities.	<ul style="list-style-type: none"> <li>• GNRC AAAD participated in SAGE training regarding LGBT Older Adults</li> <li>• LGBT-related training was shared with Senior Center directors</li> </ul>
Increase outreach to Hispanic community by providing informational and outreach materials	Program brochures are in the process of being translated.
Increase outreach in rural communities by providing informational and outreach materials to faith leaders, libraries, and other community resources	New outreach materials were created and distributed in all communities
Increase outreach in rural communities by increasing volunteer outreach to rural communities	GNRC engaged the Advisory Committee and Senior Centers, both of which have representation from rural communities, in volunteer outreach. GNRC has volunteers in every county in the region.
Increase outreach to medical providers and community resources focused on low-income and minority populations by providing informational and outreach materials	<ul style="list-style-type: none"> <li>• Presented to Vanderbilt Medical Center staff about GNRC Aging &amp; Disability Programs</li> <li>• Began outreach to clinics who serve low-income and minority populations</li> </ul>

\* Last complete 12-month period.



## Targeting Plan, Title VI

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

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

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

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

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

2. Complete the following table:

	FY 19	FY 20 - Projected	FY 21 - Projected
Total Individuals Served	14,197	16,588	16,588
Total Minority Individuals Served	2,667	2,278	2,278

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

GNRC utilizes the Avaza Language Line for interpretation services when working with clients with limited English proficiency to ensure that resources and programs are accessible. A copy of Limited English Proficiency Policy is attached (**Attachment B-6\_3.PDF**)

4. Complaint Procedures

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

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

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

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

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

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

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

	Number	Percentage	Amount Expended	Percentage Expended
<b>Total Contractors</b>	39 (all) 20 (owned*)			
<b>Total Minority Contractors</b>	3	7.7% (all) 15% (owned*)	\$62,490.91 FY 2019	1.3% of all FY 2019

*\* Includes only contractors that are owned by an individual or group of individuals. Does not include governmental agencies, senior centers, or other agencies without an identified owner/team of owners.*

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

GNRC reviews Title VI and related requirements with all service providers as part of annual training meetings. This training is typically conducted by GNRC's staff attorney and covers non-discrimination and complaint procedures, including required forms, processes, and signage. The training also includes working with persons with limited English proficiency. After the group meetings, all handouts are also emailed to providers.

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

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

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

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

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

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

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

The following data reflects diversity in all aspects of planning:

- **Programming:** Our home and community based services participants receive services based on a prioritization of their needs, and diversity is not a consideration for determining who receives benefits.
- **Participants:** Approximately 19% of all individuals served in FY 2019 were of racial minority.
- **Personnel:** Approximately 38% of all AAAD staff self-identify as a racial minority. Approximately 90% of all AAAD staff self-identify as women. Approximately 10% of all AAAD staff self-identify as individuals with disabilities.
- **Service Providers:** Of our contracted service providers with an identified owner/team of owners, 15% are owned by individuals of racial minority.
- **Advisory Council:** 69% of the current members self-identify as female. 35% the current members self-identify as an individual of racial minority. 96% of current membership is over age 60.

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

GNRC provides each of the funded Senior Centers with annual data from the American Community Survey that details the demographic characteristics of residents in their communities. This data is then used by the Centers to plan specific activities focused on increasing the participation of minority populations in their Center's programming. QA requires centers to complete programming designed to bring members of underrepresented groups within their larger communities into the center, along with offering at least one program designed to increase understanding and reduce prejudices of non-minority members. The proposed activities require approval by QA, and the centers also report on the outcome of those efforts.

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

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

### Older Americans Act Required Targeting Activities

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

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

OBJECTIVE	TASK / ACTIVITY	AREA AGENCY STAFF RESPONSIBLE
Increase outreach to the LGBT community	<ul style="list-style-type: none"> <li>• GNRC will be represented on Nashville Pride Community Visioning Project Older Adults Taskforce</li> <li>• GNRC will maintain SAGECare Credentials through LGBT-focused training.</li> </ul>	<ul style="list-style-type: none"> <li>• Sara Fowler</li> <li>• All relevant staff</li> </ul>
Increase outreach to Hispanic community	<ul style="list-style-type: none"> <li>• Provide translated materials to agencies/organizations/businesses with demonstrated outreach to the Hispanic Community</li> <li>• Continue to develop partnerships with agencies who serve older adults and adults with disabilities who speak Spanish</li> </ul>	All relevant staff
Increase outreach in rural communities	<ul style="list-style-type: none"> <li>• Continue to identify community hubs in rural communities to focus outreach efforts</li> </ul>	All relevant staff
Increase outreach to low-income and minority populations	<ul style="list-style-type: none"> <li>• Provide informational/outreach materials and develop partnerships with medical providers and community resources who serve low-income and minority populations</li> </ul>	All relevant staff

## AAAD STAFFING

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

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

2. List all new hires not included in the FY 2020 Area Plan Update. Include the following information:

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

Staff Name	Position	Full/Part Time	% Time Dedicated	Required Qualifications
<b>Reisha Wardlaw</b> (Hired 4/22/2019)	Information and Assistance Counselor	Full	100%	Required qualifications: Bachelors of Social Work or related field. Reisha's qualifications: Bachelors of Social Work
<b>Tammy Cooper</b> (Hired 5/13/2019)	Service Coordinator	Full	100%	Required Qualifications: Bachelors in social work Tammy's qualifications: Bachelor of Social Work / Licensed Social Worker
<b>Hardy Adham</b> (Hired 8/9/2019)	Medicare Counseling Coordinator	Full	100%	Required Qualification: Bachelors degree in related field. Hardys Qualifications: Bachelor of Science in General Biology / Administrative Office Technology Degree
<b>Margaret Wolf</b> (Hired 9/16/2019)	CHOICES Intake Program Counselor	Full	100%	Required Qualifications: Bachelors in social work and licensed or LPN. Meg's qualifications: Bachelors of Social Work and Licensed.
<b>Janie Jewell</b> (Hired 10/01/2019)	Community Living Supports Ombudsman	Full	100%	Required Qualifications: Bachelors degree in social work, gerontology sociology counseling or nursing. Janie's Qualifications: Bachelors of Social Work
<b>Angela Reeves</b> (Hired 1/21/2020)	Service Coordinator	Full	100%	Required Qualifications: Bachelors in social work. Angela's qualifications: Bachelors of Social Work / Masters in Human Services Counseling

3. What is the name of the individual who directly supervises the Director of the Area Agency on Aging and Disability?  
Michael Skipper, Executive Director
4. The total number of staff at the AAAD is: 41. Of the total number of AAAD staff the following are:
  - Age 60+: 10
  - Female: 37
  - Minority: 15
  - Disabled: 3
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.  
GNRC has 10 FTE Options Counselors that manage an active caseload of 1388 clients total. (This caseload does not count the VD-HCBS cases or Choices intakes.)
6. What is the average caseload for Options Counselors managing cases for OPTIONS, III-B In-home Services, III-C, and/or III-E?  
The average caseload for an FTE Options Counselor is approximately 139 clients. (This caseload does not count the VD-HCBS cases or Choices intakes.)
7. What is your plan for increasing capacity in programs with regards to Options Counselor's caseloads as funding for programs increase?  
GNRC is exploring options to increase capacity through an additional Counselor position.

## Training and Staff Development Plan FY2021 (to be up-dated annually)

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

Title & Subject of Training	Category & Number of Persons to be Trained			Estimated Date of Training
	AAAD Staff	Providers or Partners	Volunteers	
Aging in America*	2			Apr-21
CMS Regional Annual Update Training	2			Summer 2020
CNM Training	7			Ongoing
Conservatorship of TN Conference	2			Apr-21
Diabetes Self-Management Program	2			TBA
Disability Mega Conference	4			Spring 2021
Emergency Preparedness Conference*	2			Mar-21
Excel training	2			TBD
HCBS Annual Conference*	2			Aug-20
Internal I&A Trainings	10			Monthly
N4A Conference*	2			Summer 20
National AIRS Conference*	4			Spring 2021
National Guardianship Conference*	2			Fall 2020
Nutrition Provider Training	5	5		Quarterly
Options Provider Training	15	30		Jul-20
Service Coordinator In-House Training	15			Ongoing
I&A Trainings w/ Partners	10	10		Quarterly
SE4A Conference*	7			Fall 2020
Senior Directors' Meeting	8	25	5	October 2020; April 2021
SHIP Volunteer Training	3		TBD	Ongoing
SQL Reporting Training	2			TBA
TCAD District Public Guardian Training	2			Spring 2021
TDDA Conference	5			TBA
TFA Conference	14			Oct-20
Tim Takaks Time Out Workshop	30			Jun-21
TN AIRS Conference	5			Spring 2021
TFA Conference	10			Oct-20
TN SHIP/SMP Volunteer Trainings			TBD	Ongoing
Upper Cumberland Vulnerable Adult Summit	2			Spring 2021
WellSky Annual SAMS Conference*	2			Sep-20
WellSky Annual Training*	3			Spring 2021



## 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

<b>Members</b>	<b>Represents</b>
Don Ames	Business Community, General Public, Leader in Private or Voluntary Sectors
Faye Baldwin	Leader in Private or Voluntary Sectors
Barbara Belcher	Family Caregiver, General Public
Ronnie Boyd	Family Caregiver
Susie Boyd	Family Caregiver
Ed Cole	Advocate for older persons, Service provider for older persons, leader in private or voluntary sectors
Dan Dillon	Advocate for Older Persons, Advocate for Persons with Disabilities, Leader in Private or Voluntary Sectors, General Public
Will Duncan	(New member as of Feb 2020)
Monroe Gildersleeve	Advocate for Individuals with Disabilities, Local Elected Official

Area Plan 2021 Update

Susan Gould	Advocate for Older Persons, General Public
Judy Hayes	General Public
Betsy Hester	Local Elected Official, Advocate for Individuals with Disabilities
Yvonne Hunter	Family Caregiver, Advocate for Older Persons, Service Provider for Older Persons, Business Community
Martha Kinel	Advocate for Older Persons
Karin Landers	Business Community
Amber Locke	Family Caregiver, Advocate for Older Persons, Advocate for Individuals with Disabilities, Business Community, General Public
Betty McNeely	Service Provider for Older Persons (retired), Advocate for Individuals with Disabilities, Service Provider for Individuals with Disabilities (retired)
Goldine Miller	None Selected
Patty Moore	(New Member as of Feb 2020)
Stacey Moore	(New Member as of Feb 2020)
Barbara Payne	Advocate for Older Persons, General Public
Ann Peek	General Public
Lawrence Saunders	General Public
Hershell Warren	Local Elected Official
Cheryl Wilson	Advocate for Older Persons, Business Community, General Public, Leader in Private or Voluntary Sectors
Katie Wilson	Family Caregiver, Advocate for Individuals with Disabilities, Leader in Private or Voluntary Sectors

**B. SCHEDULE OF ADVISORY COUNCIL MEETINGS for FY 2021  
(Up-dated annually)**

Give Dates and Times of Scheduled Meetings

**FY 2020**

- August 19, 2019 at 10:00 a.m.
- November 18, 2019 at 10:00 a.m.
- February 24, 2020 at 10:00 a.m.
- May 18, 2020 at 10:00 a.m.

**FY 2021**

- August 17, 2020 at 10:00 a.m.
- November 16, 2020 at 10:00 a.m.
- February 22, 2021 at 10:00 a.m.
- May 17, 2020 at 10:00 a.m.

**C. OFFICERS & OFFICE**

<b>Name of Officer</b>	<b>Office</b>	<b>Date Term Expires</b>
Don Ames	Chair	May 2022
Monroe Gildersleeve	Vice Chair	May 2022

**D. ADVISORY COUNCIL BYLAWS**

Attach Bylaws that show date of last review.

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

## **Advisory Council Bylaws**

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

There have been no changes to the Advisory Council bylaws at this time.

## Public Hearings on Area Plan

### A. PUBLIC HEARING INFORMATION

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

### B. ATTENDANCE\*

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

\* Do not include AAAD staff in Public Hearing attendance

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

### C. AGENDA & ANNOUNCEMENTS

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

**D. DESCRIPTION**

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

**E. SUMMARY of PUBLIC COMMENTS**

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

**F. SUMMARY of CHANGES**

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

## Advisory Council Participation in the Area Plan Process

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

1. Date(s) when the Area Plan was reviewed by the Advisory Council.
  - February 3, 2020 – Advisory Council Conference Call for updates on Highlights of Accomplishments
  - February 24, 2020 – Regular Advisory Council Meeting – Informational Session about Area Plan & review of Program Planning Section
  - March 11, 2020 – Full Area Plan Draft sent to Advisory Council for review via email & mail
  
2. Attach an agenda of the Area Plan review meeting or describe the review process.
  - Agenda from February 24, 2020 meeting, including the informational session: **Attachment D-2\_2a.PDF**
  - Advisory Council members were sent full Area Plan draft in addition to a feedback form (**Attachment D-2\_2b.PDF**) on March 11, 2020. Feedback forms could be returned by email or mail or feedback could be provided by phone.
  
3. List of Advisory Council members in attendance at the review meeting or who were actively involved in the review process.
  - February 24, 2020 Attendance:

Amber Locke	Cheatham County
Betsy Hester	Williamson County
Betty McNeely	Rutherford County
Don Ames	Sumner County
Faye Baldwin	Dickson County
Goldine Miller	Trousdale County
Karin Landers	Humphreys County
Martha Kinel	Dickson County
Monroe Gildersleeve	Montgomery County
Raul Hernandez	Stewart County
Ronnie Boyd	Montgomery County
Susan Gould	Houston County
Susie Boyd	Montgomery County
Will Duncan	Sumner County
  - All Advisory Council Members were involved in the review process via the full Area Plan draft and feedback form
  
4. Provide a summary of comments made by advisory council members about the completed plan.

At the February 24<sup>th</sup> meeting, members were appreciative of the overview. They had questions regarding the wait list process for the Options program.

## Area Plan 2021 Update

After reviewing the full Area Plan, members requested clarification on the projections made for services and on the AAAD's definition of rural in reference to senior centers. No further comments were made.

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 Update as a result of the Advisory Committee's comments and questions.



## Request for Waiver for FY 2021

### Greater Nashville AAAD

#### DIRECT PROVISION OF SERVICES PROVIDED BY OLDER AMERICANS ACT FUNDING

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

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

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

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

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

The providers in #1 generally only provide case management for individuals seeking services provided by their agency. Also, many of the above agencies operate in only a few of the thirteen (13) counties within the GNRC PSA. The MCOs (Blue Care, Amerigroup, and United Healthcare) have representation in all thirteen (13) counties, but they are subject to having a conflict of interest because they also provide other services. We are the only agency which solely provides case management.

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

The case management service works seamlessly with the other components of what we do at the AAAD. The applicant must have difficulty caring for themselves or their home. A case manager is assigned to each eligible person who has been approved for HCBS. The AAAD Options Counselor does an assessment to determine needs, and if eligible, coordinates the needed services. These in-home services are provided by a network of providers already established and approved to work with GNRC's Home and Community Based Services. Eligible persons are given a list of the approved agencies within their county who provide the needed services the applicant is seeking to

use. Unlike the MCOs, the AAAD is not in competition with the other providers available to deliver services.

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

GNRC AAAD has been doing this for decades and we have become more efficient over the years. In addition, we have established partnerships and are trusted in the community. Our cost per unit for case management services is \$195.57.

### **Nutrition Services Administration**

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

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

### **Ombudsman**

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

### **X National Family Caregiver Support Program**

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

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

- Elmcroft of Brentwood
- Mental Health Association
- Tennessee Respite Coalition

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

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

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

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

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

GNRC AAAD has been doing this for decades and we have become more efficient over the years. In addition, we have established partnerships and are trusted in the community.

### **\_\_\_\_\_ 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.

Area Plan 2021 Update

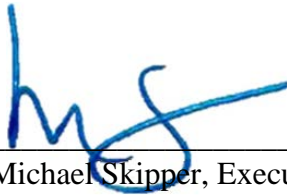
4. Explain why it is more cost effective for the AAAD to provide this service than contracting it out.

SIGNATURES:



\_\_\_\_\_  
Sara Fowler,  
Interim Director, Aging & Disability Services  
Greater Nashville Regional Council

\_\_\_\_\_  
Date



\_\_\_\_\_  
Michael Skipper, Executive Director  
Greater Nashville Regional Council

\_\_\_\_\_  
Date

\_\_\_\_\_  
Confirmed via Email

\_\_\_\_\_  
Don Ames, Vice Chair  
AAAD Advisory Council

\_\_\_\_\_  
Date

PSA: ( ) Original, Dated:  
Plan Period: ( ) Update, Dated:

**Request for Waiver for FY \_\_\_\_\_**

\_\_\_\_\_ **AAAD**

**FIVE DAY REQUIREMENT**

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

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

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

**SIGNATURES:**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Area Plan 2021 Update

PSA	County	PSA	County	PSA	County
1	Greene	4	DeKalb	6	Marshall
1	Hancock	4	Fentress	6	Moore
1	Johnson	4	Jackson	6	Perry
1	Uncoi	4	Macon	6	Wayne
2	Campbell	4	Overton	7	Benton
2	Claiborne	4	Pickett	7	Carroll
2	Cocke	4	Smith	7	Crockett
2	Grainger	4	Van Buren	7	Dyer
2	Monroe	4	Warren	7	Gibson
2	Morgan	4	White	7	Henry
2	Scott	5	Cheatham	7	Lake
2	Union	5	Dickson	7	Obion
3	Bledsoe	5	Houston	7	Weakley
3	Grundy	5	Humphreys	8	Chester
3	Marion	5	Stewart	8	Decatur
3	McMinn	5	Trousdale	8	Hardeman
3	Meigs	6	Coffee	8	Hardin
3	Polk	6	Franklin	8	Haywood
3	Rhea	6	Giles	8	Henderson
3	Sequatchie	6	Hickman	8	McNairy
4	Cannon	6	Lawrence	9	Fayette
4	Clay	6	Lewis	9	Lauderdale
4	Cumberland	6	Lincoln	9	Tipton

PSA	County	PSA	County
1	Carter	3	Hamilton
1	Hawkins	4	Putnam
1	Sullivan	5	Davidson
1	Washington	5	Montgomery
2	Anderson	5	Robertson
2	Blount	5	Rutherford
2	Hamblen	5	Sumner
2	Jefferson	5	Williamson
2	Knox	5	Wilson
2	Loudon	6	Bedford
2	Roane	6	Mauzy
2	Sevier	8	Madison

**Request for Waiver for FY \_\_\_**  
**REQUIRED MINIMUM EXPENDITURES FOR PRIORITY SERVICE**

*Required minimums:*

- a. *Services associated with access to other services: including but not limited to information and referral, case management, transportation, and outreach (35%)*
- b. *In-home services - (10%)*
- c. *Legal assistance (2%).*

1. AAAD: \_\_\_\_\_
2. Service Category: \_\_\_\_\_
3. Required minimum expenditure for this priority service using the required minimum percentage: \$ \_\_\_\_\_
4. Actual expenditure of Title III (federal funds only) for this service during the past fiscal year
5. Expenditure amount requested under this waiver
6. Justify the request for waiver by explaining the:
  - a. Projected impact on other services, using documented facts and figures (attach documentation);
  - b. Projected impact on this service, using documented fact and figures (attach documentation), and
  - c. Projected impact on level of service need and availability throughout the PSA.
7. Outline AAAD plan and timeframe for achieving the required minimum funding level.

**SIGNATURES**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Request for Waiver FY \_\_\_  
COST SHARE REQUIREMENT**

1. List Service(s) for which cost share waiver is requested.
2. Check below the basis for waiver request.  
  
\_\_\_ a. A significant proportion of persons receiving the Older Americans Act services listed above have incomes below 200% of the Federal Benefit Rate.  
  
\_\_\_ b. Cost sharing would be an unreasonable administrative or financial burden on the area agency.
3. Justify the request for waiver based on the proportion of low-income individuals participating in services affected by cost share.
4. Justify the request for waiver explaining the negative impact of cost share on area agency administration or financial responsibilities.
5. Attachments: At the end of Request for Waiver(s) attach the following items:
  - a. List all agencies, providers, and individuals that received personal notice of public hearings (attach copy of letter sent).
  - b. List all publications which carried public notice of public hearings and indicate circulation of each. (Attach a copy of notice.)
  - c. Record of public hearings. The record shall detail all written and oral testimony regarding the area agency's intention to request the waiver specified above.

**SIGNATURES**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**Request for Waiver for FY \_\_\_\_\_  
TCAD POLICY REQUIREMENT**

1. AAAD: \_\_\_\_\_
2. TCAD Policy for which waiver is requested:
  
3. Reference location of specific TCAD policy for which waiver is requested:
  
4. Give full justification for this waiver request by documenting all efforts of the AAAD to meet the requirement and specific barriers to meeting the requirements.
  
5. Outline steps the AAAD will take to meet the requirements, giving specific dates of accomplishment for each step.

**SIGNATURES:**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**ADDITIONAL DOCUMENTS** (*Attached*)

<b><u>Exhibit Number</u></b>	<b><u>Title of Exhibit</u></b>
E-1	Assurances
F-1	Budget Area Plan Update
F-2	Personnel Area Plan Update
G-1	List of Subcontracting Agencies
G-2	List of Nutrition Sites