EAST TENNESSEE
AREA PLAN on AGING and DISABILITY

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

East Tennessee Human Resource Agency

Designated Area Agency on Aging and Disability

for the

EAST

Planning and Service Area

in Tennessee for
July 1, 2022 to June 30, 2026

Submitted on April 4, 2022

Updated April 13, 2022 and April 21, 2022

ethra
Real Services. Real Heart. Real Impact.

East Tennessee
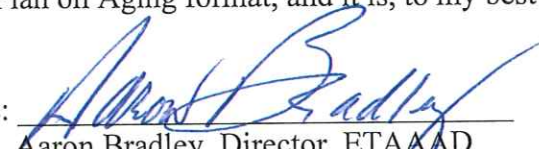**AAAD**
Area Agency on Aging and Disability

SUBMITTAL PAGE

(X) Area Plan for July 1, 2022 - June 30, 2026
( ) Amendment (Date): _____

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

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

Signature: _____ Date: 3/31/2022
Aaron Bradley, Director, ETAAAD

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

Signature: _____ Date: _____
Dawn Schoenherr, Chair, ETCAD

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

Signature: _____ Date: 3/31/2022
Gary Holiway, Executive Director, ETHRA

Signature: _____ Date: 4/1/2022
Mayor Mark Potts, Chair,
ETHRA Board of Directors

Designated Planning and Service Area

AAAD Name:	East Tennessee
Physical Address:	9111 Cross Park Drive; Knoxville, TN; Ste. D100
Mailing Address (if different):	
AAAD Phone and Fax Number:	865 691-2551, 4216
AAAD Email Address:	ABradley@ethra.org
Website:	www.ethra.org
AAAD Director:	Aaron Bradley
In Operation Since:	1977
Mission:	Provide a comprehensive service delivery system in the East Tennessee Planning and Service area (16 counties) to support persons over age 60 and disabled adults over age 18 to maintain independence and dignity in the community

Exhibit A-2

County	Population		Language	Poverty				Rural
	60+ Population	% of 65+ who are minority	% of individuals ages 65+ who speak language other than English At Home	% of individuals ages 65+ who are below 100% FPL	% of total 65+ population who are below poverty	% of total 65+ population who are Low Income Minority		% of all 65 who are Rural
Anderson	19,491	5%	2.81%	7.99%	7.31%	0.65%		34.66%
Blount	31,927	4%	1.83%	7.80%	8.92%	0.88%		32.63%
Campbell	10,482	3%	0.62%	13.45%	14.51%	0.52%		55.02%
Claiborne	7,894	3%	0.91%	15.04%	14.73%	0.91%		71.55%
Cocke	9,554	4%	0.62%	15.55%	16.36%	1.51%		67.53%
Grainger	5,886	3%	1.40%	10.71%	13.13%	0.22%		100.00%
Hamblen	14,726	6%	2.45%	9.73%	10.27%	1.02%		21.87%
Jefferson	13,424	3%	0.61%	10.27%	10.67%	0.68%		59.49%
Knox	91,425	9%	2.79%	8.11%	7.99%	1.32%		10.92%
Loudon	16,558	3%	2.65%	6.39%	6.67%	0.15%		40.61%
Monroe	12,053	4%	1.60%	11.53%	10.88%	0.21%		76.08%
Morgan	4,728	1%	0.86%	15.32%	14.04%	0.06%		99.89%
Roane	15,365	6%	2.45%	8.64%	8.95%	0.12%		50.99%
Scott	4,736	3%	0.47%	14.48%	16.34%	0.88%		80.56%
Sevier	23,162	3%	2.66%	7.75%	7.39%	0.25%		56.65%
Union	4,484	2%	2.02%	12.61%	13.03%	0.49%		100.00%

Needs Assessment and Program Challenges

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

Older Adult Survey Top 5	
What challenges keep you from being more active in your community?	What improvements would make your day-to-day life better?
• COVID-19 Concerns (62.19%)	• COVID-19 Safety (47.18%)
• Health concerns or lack of healthcare (11.76%)	• Social Needs (47.2%)
• Financial concerns (7.5%)	• Improvement in financial concerns (7.92%)
• Transportation (6.9%)	• Exercise and Recreational Activities (6.72%)
• Social Needs (6.5%)	• Transportation (5.64%)

Service Provider Survey Top 4	
What are the three (3) most common unmet needs you see in your older adult population?	In Tennessee, what are the three (3) most pressing changes to be made in order to improve daily life for older adults?
• Social Needs (43.7%)	• Social Needs (21.1%)
• Transportation (33.3%)	• Home and Community Based Services, "HCBS" (19.9%)
• Nutrition (29.4%)	• Transportation (19.9%)
• Access to Healthcare (22.9%)	• Nutrition (14.7%)

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

   HCBS
   Transportation
   Access to Healthcare

2. As the State plans to be effective in the provision of services and supports to Older Tennesseans, we must utilize all available resources, including both people and money. In your planning and coordination, outline the strategies the AAAD will use to address these challenges and include the use of the following solutions:
   • Collaborative - build on new and existing partnerships

- Diverse - provide a greater variety of services and programs to meet the needs of all populations
- Streamlined - create easier access to services and programs
- Data-driven - use data to inform decisions and track successes
- Anticipatory - address both immediate needs of older adults and the needs of future older adults

Transportation –

- Renewed emphasis at the county office on aging level on the need for assisted transit and volunteer transit programs – also exploring opportunities for transit voucher programs at the county office on aging level
- Expand opportunities, including transit vouchers with III-B funding
- Encourage transit providers to develop a global scheduling program with a toll free number in ET along with an online program or app
- Assure that our contractors track client and service data accurately in SAMS
- Survey or develop focus groups around the region to discuss future needs with older adults and family support members and involve other providers in the focus groups

Access to Health Care –

- Improve coordination with primary care providers and our clients
- Support transportation services with a focus on medical trips
- Develop broad capacity for primary care access through telehealth alternatives
- Consider developing PSSA licensing opportunities for the county offices on aging
- Work more closely with the regional and county health departments to offer coordinated health screening events at senior centers across the region
- Add a health educational component to ETAAAD Professional Training Series.

Home Care –

- Work closely with providers to determine service delivery efficiencies by reducing the number of home visits per month, grouping hours per visit, etc.
- Develop a home care advisory panel for ET that includes home care providers, clients, health department, representative from medical care providers, transit providers, elected officials, etc. to explore ways to build home care capacity
- Consider developing a recruiting and training capacity with the region for direct care workers – potentially in cooperation with providers, local governments, workforce development and are community colleges.

3. In the Service Provider survey, they identified barriers to improving the lives of older adults. These are related to areas of systems change. Choose one (1) of the following areas that the AAAD identifies as a barrier and include efforts the AAAD will make within the 4-year Area Plan cycle to address systems change in that particular area:

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

Inadequate Funding: (linked closely with not enough direct care staff in home care)

- The state must increase the funding for home and community based services – primarily homemaker, personal care and transportation services. The current hourly reimbursement rate for home care providers does not provide them with the funding to compete for employees in the current labor market – entry level and higher entry level positions across all sectors is at or over $15 an hour. This is especially true in the urban areas of the region.

Plan for Program Development and Coordination

The AAAD is proposing to use $ <u>132,768</u> 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 <u>8.74</u> % 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.

<u>East Tennessee Elder Justice</u>

Goal – Sponsor the Tennessee Elder Justice Conference in May 2023

Objective – To provide state and nationally recognized speakers on the topic of elder abuse awareness, protection, and prosecution.

Strategies:

1. Provide staff support to the planning committee
2. Identify state and nationally recognized faculty as keynote speakers at the conference
3. Develop sponsorship opportunities
4. Identify vendors for the exhibit hall
5. Publicize the event as a statewide event

<u>ETCAD</u>

The East Tennessee Council on Aging and Disability is the AAAD Advisory Council and is another coordination activity that we provide staff support to — bi-monthly meetings and activities during the year in response to policy and advocacy concerns

Goal – Advocacy toward improving home and community based services with a renewed interest in assisted transportation, affordable supportive housing and elder abuse

Objective – Create new discussions and new partnerships with advocacy groups in ET to improve educational opportunities and provide focus for the development of new innovative assisted transportation solutions.

Strategies:

1. Form a working committee of local advocacy organizations to meet jointly with the ETCAD
2. Plan for an Advocacy Forum that focuses on model projects that meet the needs of individuals who need improved access to medical and non-medical services
3. Identify partners for sponsorship and identify speakers for the Forum
4. Identify minority organizations in the region and recruit 2 minority representatives to the ETCAD

ETAAAD Professional Training and Community Education Series

Goal – Enhance community awareness of challenges in the service delivery systems through the provision of quality educational events offered at least on a quarterly basis through partnering organizations like South College and other entities.

Objective – Support policy changes and advocacy efforts that improve service delivery for those in the community who are over 60 and to support caregivers.

Strategies:

1. Identify speakers who hold leadership roles in the areas of supportive housing, elder abuse investigations and victim's support, transportation and financial security.
2. Work to improve the registration system for each training event
3. Review best practices on a local and national level that could be incorporated into ET efforts.
4. Develop and improve marketing techniques to gain additional participation
5. Identity and recruit new partner organizations
6. Offer a virtual opportunity in conjunction with in person events.

Exhibit C-1

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

(Please limit your response to 3 pages)

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

Older Americans Act Funding

Title IIIB Supportive Services:

All 16 County Offices on Aging have at least one staff member who is AIRS Certified as of December 2021!

Specific Accomplishments from our county offices on aging.

Anderson – Anderson County Government approved funding for a new building for the office on aging and senior center operations! Over $144,000 invested along with ongoing operation support. Among multiple partnership activities was with Habitat for 32 projects, this through Anderson County referrals only.

Blount – Developed a new benefit screening program in conjunction with NCOA and in the past year they have leveraged over $2 Million in additional benefits for Blount County's older adults! The OOA has continued to staff the office during the pandemic.

Campbell – Partnered with Second Harvest of ET and the Area Agency, through the Senior Meal Connect project, to provide food boxes each month to support seniors with health, mobility, and financial limitations. The number of boxes delivered has steadily increased over the past couple of years!

Claiborne – Claiborne County Government is the contractor for the OOA and they have invested over $125,000 in the program and services in the past 6 months! It is very exciting to see how the OOA concept has once again developed a strong partnership with local government in one more county in our region!

Cocke – After severe weather in 2011 badly damaged the OOA site, which was in an historic building, that location has now reopened! Many community partnerships were engaged during the last several years to provide ongoing OOA services – and many of those partners continue to work in concert with the Office on Aging today.

Grainger – Works consistently with the Senior Meal Connect/Second Harvest program. Assists numerous seniors with doctor visits, applying for utilities, paying for medicines, etc. and, with a

consistent donation from a private source, continues to provide for various needs that seniors in the county have.

Hamblen – Has increased the number of food boxes delivered through the Senior Meal Connect/Second Harvest partnership. This county is one (1) of only five (5) counties in the state participating in the Farmer's Market Voucher Program. The OOA is active in the FMV project, and in many others which benefit seniors.

Jefferson – Partnered with UT Extension for *Stay Strong, Stay Healthy* and *Eat Well, Feel Well* and *Second Act*, and with the Senior Meal Connect/Second Harvest project to provide food boxes. To assist with OOA operations there is substantial financial assistance from Jefferson County Government, over $138,000 a year!

Knox – The Grandparents as Parents program provides a food box containing staple foods along with a bag of fresh fruits and vegetables, through a monthly drive-thru pantry called Grandfamilies Meal Connect. This is a partnership with Beardsley Farm, Second Harvest, and the Area Agency. The Preventing Abuse, Neglect, and Exploitation program has developed a comprehensive training program for staff working within nursing facilities, and has provided training to 45 staff members at 3 skilled nursing facilities. Total funding for the OOA is well over $5 Million a year for this office, and the Area Agency's investment is approximately $1.2 Million a year!

Loudon – Working with the Senior Meal Connect/Second Harvest program, food box deliveries have increased from 20 a month to 32. Additionally, free *homemade* meals are offered once a month via their Drive-Thru service. Loudon County Government provides over $146,000 a year in support – about 4 times the amount we provide through ETAAAD.

Monroe – The OOA helps to recruit volunteers to assist with dementia care recipients and their caregiver needs. It has initiated a support group for caregivers, and arranged with a local church to conduct a special service once a month for caregivers and their loved ones.

Morgan / Scott – This is a combined operation due to the low amount of funding available annually. The Director for both counties has developed fruitful partnerships with different agencies to provide assistance to seniors with various needs. One such effort is to provide fresh vegetables and fruit on a quarterly basis, and another is to offer basic medical equipment like walkers, wheelchairs, and medical beds as needed.

Roane – A few years ago the OOA developed a food distribution program titled: GRACE (Grocery Resource and Community Empowerment). This program is a partnership with Second Harvest and delivers approximately 185 food boxes monthly – across Roane and an adjoining county – to seniors and seniors raising grandchildren.

Sevier – The OOA has been effective in providing many services such as Medicare, Medicaid, LIHEAP, Lions Club (glasses), Social Security, etc. over the phone, as in-person contact has often not been an option. These phone interviews have become an excellent way to provide services, as well as

for consumers to file online applications easily from the comfort of their own homes. Also, the Sheriff's Department partners with the OOA to do well checks. They sometimes conduct mini needs assessments and refer to the OOA for follow-up and Telephone Reassurance calls. Sevier County Government supports these efforts, and the SC, with over $267,000 per year in local funding!

Union – The Senior Emergency Pantry, supported by local funds, has provided over 383 bags of food and 64 hot meals recently. 116 packs of adult diapers and 42 assistive devices such as walkers, bath chairs, wheelchairs, etc. have been provided thanks to local donations. Union is the Area Agency's smallest county, by 60+ population. It is noteworthy that Union County Government has supported OOA, and SC, services in the county with over $77,000 a year.

Our county offices are designed to be the first point of contact for seniors in their respective communities and serve as a conduit to other community services not funded through the Older Americans Act or the ETAAAD. This concept has matured over the past 35 years into a system that generates more than a 500% match to III-B funds and this does not include the value of services leveraged by the county office staff by delivering services that are not funded through the AAAD but by local governments, United Way, etc. This approach has made this service delivery concept a great success!

Additionally, ETAAAD currently has 5 AIRS-A/D Certified Staff

We allocate a small amount of funding to support supplemental services for Options clients, primarily Personal Emergency Response Systems and to support direct home care services for approximately 50 individuals.

Title IIIC Nutrition Services:

We continue to support and adapt to client needs during the pandemic. We converted all of our group meal program in March 2020 to home delivered meals due to the Federal Emergency Declaration 2020 and 2021 we served over 200,000 additional meals!

It is becoming increasingly difficult for contractors to manage the traditional III-C hot meal program due to increases in labor and food costs and that is the primary reason the nutrition system is struggling in ET. Going forward, we need the State to increase reimbursement rates to allow for additional food, labor and delivery costs. The idea that we have to follow the TennCare rate is not appropriate because the product and meal delivery systems are different. TennCare does not ask providers to delivery hot meals on a daily basis but this is the standard model for III-C meals and this service is much more expensive when compared to providers delivering frozen or cold meals once or twice a week via a delivery service! The best change would be to offer at least a $1.50 per meal delivery fee for III-C meals as a starting place. TCAD added a delivery fee in 2020 with the new COVID-19 funding that was used to purchase restaurant meals but it was not a $1.50 it was $3 per meal!

Title IIID Disease Prevention & Health Promotion:

We have been working very closely with TCAD on the expansion of the Stay Active and Independent for Life (SAIL) fall prevention exercise program. We continue to work with TCAD staff to assist with leading statewide SAIL leader trainings, and update SAIL participant paperwork.

We continue to work closely with the Knox County Health Department to host events around Fall Prevention Awareness.

We continue to work closely with the Senior Centers to assure they are providing and accurately reporting Evidence-Based Program services in SAMS.

Title IIIE National Family Caregiver Support Program:

We have adding a few new NFCS cases this fiscal year with a goal to spend the majority of the IIIE funding by June 30, 2022 but we are having 2 problems – first issue is provider capacity because home care providers are down about 25% on direct care employees due to COVID-19 so we are attempting to recruit new providers. We added Silver Angels earlier in FY22 and they are taking a few new cases. We are marketing the availability of service through inter-agency councils, home care providers, home health providers and other community based organizations. TCAD's decision to not fully match the home care increases approved by TennCare on 12/6/2021 has put our ability to compete in the home care marketplace at a distinct disadvantage.

Title VII Elder Rights

The Ombudsman service continues to recruit, train and certify volunteers to assist with complaint resolution in LTSS facilities in ET. It takes an enormous amount of time to promote this part of the service but we are making steady progress. One of the major challenges we face is the overwhelming number of facilities in East Tennessee the Ombudsman staff and volunteers have to visit on a quarterly basis – over 135 visits every 90 days! TCAD modified the requirement to visit ACLF every 180 days unless a complaint is received and this has helped. We need further modifications – moving ACLFs to once a year unless a complaint is received would be a good next move in policy. We have to give the District Ombudsman and VORs as much time as possible to fully investigate complaints and not use their limited time on friendly visits. Additionally, these facilities are in 16 counties and the district covers over 6,500 square miles so we have the challenge of distance and travel time that other districts in TN do not have but the State does not make concession for the number of facilities or size of the district.

We understand the value of building relationships by visiting but we simply do not have the staff or volunteers to maintain this pace. I recently asked our Ombudsman how much time he spends behind the wheel of his vehicle on visits and the response was over 50% of the time!

Legal services in ET is based contractually with ETHRA for the 15 counties that surround Knox County and with Knox CAC / Legal Aid of East Tennessee for Knox County. Both programs focus their limited time on housing and benefit issues and refering all fee generating cases to the private bar. The ET legal staff work closely with and are very supportive of the recent expansion of Elder Law services through Tennessee Association of Legal Services that is funded through the ElderTrust grant.

State Funds

OPTIONS Home and Community Based Services:

We have added over 37 new cases in Options from July 1st to February 28th 2022 At the end of February we have a total of 343 Options clients. Adding and keeping clients with the home care provider challenges has been extraordinarily difficult the past two years. As mentioned in other sections of the Area Plan the providers lost 25-35% of their workers due to COVID-19 and they have not recovered and additionally in the same period of time wages have increase over 50% in this sector so recruiting direct care workers at anything under $15 an hour is impossible, especially in the urban area. From July 1, 2021 to February 28th we have provided 42,505 units of service. The Options Counselors are doing an excellent job with enrollment and case management duties – changing the policies related to call frequency has freed up time for case management support for those clients who are in highest need.

Guardianship:

The existing staff – one full-time Public Guardian, one full-time Assistant Public Guardian, and a part-time Fiscal Specialist manage approximately 60 active clients per month on average. Our Assistant Public Guardian completed the NGA Certification earlier this year!

Most of the staff time is devoted to providing direct support to PG clients to review care plans, attend care planning meetings, work with care support staff, maintain communications with family members, as appropriate, process payments on behalf of clients, complete visitation visits, and submit annual and final accountings to the courts.

Over the past year, the Public Guardian and the Guardianship Coordinator regularly communicated with Volunteer Guardians through emails, letters, and meetings. A newly designed and updated Volunteer Guardian recruitment brochure was developed.

During the past year, the Public Guardian communicated with professionals and researched resources pertinent to conservatorship. An extensive list of resources with links were published to the ETHRA website for the purpose of training family members and private citizens on the duties and responsibilities of a conservator. Chancellors and Court Clerks were provided with the list of resources and links for their use in referrals.

Other

SHIP:

With the approval of TCAD, we reorganized staffing to better meet the needs of the program. We combined the responsibilities of the Program Coordinator and Volunteer Coordinator into one position. The other two positions are SHIP Program Counselors. Through reorganization, our volunteer program has strengthened, bringing in new volunteers. With three dedicated SHIP staff members, we have been able to provide more outreach and better service to Medicare beneficiaries.

Exhibit C-1.1

FY 2022 Highlight of Accomplishments from Other Funding Sources
(Please limit your response to 3 pages)

Provide a status update of any accomplishments from other funding sources that have been made in regards to work progress that was included in the 2021 - 2022 Area Plan Update.

Families First:

III-C Nutrition – we utilized approximately 50% of the funding (total was $900,000) to support our existing nutrition contractors to meet additional demands for meals during FY2020 at the beginning of the pandemic and we also developed 10+ contracts with local restaurants in the region, either directly by ETAAAD staff or through our contractors, to provide hot meals to those who could not get out to purchase food or meals due to the pandemic. We paid our existing providers up to $7.00 per meal delivered but the state instructed us to pay $10 per meal to restaurants during this same time period.

CARES Act:

III-B Support Services – we partnered with our largest home care provider – Senior Citizens Home Assistance Service – SCHAS to start and continue support for two new services in the region – grocery shopping and grocery delivery. We amended out contract to include payments for clients who could not do their own shopping and including the purchase of groceries for those who are low income. We are currently providing these services to approximately 200 clients per month.

III-C Nutrition – we expanded home deliver meals services to new clients in need and also to extend service to 7 days per week and in some clients we are providing 2 meals per day. The expansion is over 100,000 meals per year.

III-E Family Caregiver – we added 70 clients from July 2020 to December 2021 and the III-E CARES Act funding was a lifesaver due to an over enrollment in Traditional III-E funding.

COVID – III – Nutrition Supplement

III-C – Nutrition – Home Delivered Meals – thus far this FY we have provide 17,558 meals in this category and served 385 clients

CHOICES:

We serve as the Single Point of Entry for the CHOICES program in ET through a contract with TennCare. Services include an initial telephone screening for individuals who are not already a member of a Managed Care Organization to determine if a home assessment is warranted. If a home assessment is scheduled, our staff completes the Medicaid Pre-Admission Evaluation (PAE) – a comprehensive evaluation of functional limitations is completed – virtually, in the home or in the care facility. Our team also completes and gathers documentation for the

Medicaid Financial Application and both documents along with supporting documentation are submitted to TennCare via the dedicated on-line portal or other means per guidance from TennCare. This service does not include any eligibility determination or enrollment authority at the ETAAAD level. Our staff receive between 400 and 500 calls a month!

SNAP:

This service has slowed down a bit due to the Pandemic but we are starting to schedule CDC Compliant Outreach events in senior centers and other locations so we believe the number of clients served will start to increase beginning in April 2022. Additionally, SNAP Outreach presentations will be made to service providers, as deemed safe and appropriate, in all 16 counties at county Health Council meetings and provider network gatherings as often as possible. We worked with TCAD and DHS to gain access to the DHS / Accent system so we could view beneficiary benefit information and check enrollment or status of an application online instead of call Nashville or the local DHS offices. The partnership with DHS to gain access to the Accent software was successful and has been beneficial. The access is limited to basic enrollment information but it is a help in determining whether our efforts towards enrolling a potential client were successful.

We met recently with Second Harvest staff to discuss the possibility of working with our staff to identify food items that could be purchased with SNAP benefits and how we might work together to process payments electronically. This would give the beneficiary the ability to purchase food at wholesale prices and therefore extend their benefits 2-3 fold.

With our subcontractor, SCHAS, we developed a grocery shopping protocol to allow SNAP benefits to be used when the homemaker completes shopping trips for the client!

The Point-Of-Sale requirements for SNAP purchases makes it almost impossible for SNAP recipients to use their benefits if they cannot get out so we are continuing to work to identify a way to help SNAP clients fully utilized their benefits.

CREVAA:

We have 3 advocates working in CREVAA at this time and the referrals and 1215s from APS continue at a steady pace. The former CREVAA Manager was moved to another position within the ETAAAD on November 1, 2021 and a new CREVAA Manager was named so we moved from 4 staff to 3 staff in CREVAA on November 1, 2021. The program continues to have great success recruiting and training Social Work Students from the University of Tennessee and ETSU to assist in various aspects of the program and this has helped tremendously over the past year to meet our match requirements for the program and provide a higher level of support to victims.

Staff provide community education, participate in VAPIT meetings, APS regional and supervisory meetings, and partner with law enforcement, MCOs, health care providers, Family Justice centers and other stakeholders on a regular basis to build relationship and foster referrals.

Direct advocacy (case management) services to clients through the 3 CREVAA Advocates continues to be the center piece of this service. ET CREVAA receives referrals from stakeholders, provides crisis intervention, case management, and support to elderly & dependent adult victims. Services are very specific to the crime and the needs of the client and often include housing support, replacing medications, providing food, transportation, covering relocation expenses, etc.

ET Senior Meal Connect Project:

We continued to expand this program in cooperation with ET Second Harvest to additional counties in FY2021 – 2022.

The counties include, Cocke, Anderson, Grainger, Jefferson, Knox, Campbell, Claiborne, Monroe, Hamblen, Sevier, Morgan, Roane and Loudon and the meal boxes (approximately 10 full meals per box) is up to just over 587 boxes a month!! Almost 6,000 meals a month!

Exhibit C-2

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.

Older Americans Act - III-B

Information and Assistance:

Objective:

Support a system of information and assistance service that is readily accessible and managed by professionally trained staff at the AAAD and County Office on Aging level.

Strategies:

- Update the comprehensive resource database at the ETAAAD and within the SAMS client tracking system and work with the County Offices on Aging for support and information sharing.
- Continue to utilize the AIRS approved training materials to support staff getting and retaining AIRS certification
- Continue to require all I&A staff to secure the National AIRS Certification
- Create web access to the ET Resource Database

Performance Measures:

- Review and update resources, in consultation with TCAD staff, in the database on an annual basis completing the 2022 cycle by January 1, 2023.
- Work with the agency IT staff, TCAD, and our Web Maintenance staff to upload the resource data base to the web inside a platform that allows the public to search the database by need, service and agency by June 30, 2023.
- Continue to provide budget support to the additional I&A staff position and continue to evaluate the need for additional I&A staff at the ETAAAD level.

County Offices on Aging:

Objective 1:

Evaluate the effectiveness of the county offices on aging to assure they are meeting the growing and changing needs in their community and expand services as new funding becomes available.

Strategies:

- Complete ongoing training with each office on aging at least on a quarterly basis during FY2022-2023 and focus on improving information and assistance services, outreach, benefit screening services and increasing assisted transportation services.
- Continue the contract the Amber Jacks, the OOA Director in Roane County through the Mid-East Community Action Agency to provide on-site and virtual training opportunities for other OAA staff – Amber has over 20 years of successful experience as an OOA Director and is very knowledgeable.
- Improve direct coordination of service between the AAAD I&A staff and the County Offices on Aging to assure local needs are managed by the county staff and not by the AAAD staff.
- Create a special e-mail address for the AAAD I&A staff to use with the County Offices on Aging to manage referrals between offices and staff
- Provide access and training on how to utilize NCOA's Benefits Check Up program to assure that county office on aging staff are effective support elders to secure public benefits they are eligible for.
- Work with the County Offices on Aging to determine a willingness and capacity to become a Personal Support Service Agency and obtain a license in an effort to build HCBS capacity in the region.

Performance Measures:

- Develop the training plan and document meeting and calls with each provider by October 1, 2022
- Renew the contact with Mid-East CAA by July 1, 2022
- Prepare an action plan for each county office on aging that addresses weaknesses and methods for improvement by October 30, 2022.
- Schedule and complete regional training events for staff at least quarterly

Objective 2:

Provide grant support to the County Offices on Aging to develop the capacity to deliver home support services and obtain a Personal Service Support Agency license and work to develop a Home Direct Care Worker Registry in each county as a resource for clients and home care providers.

Strategies:

- Convene a meeting with all of the OOA Directors and Contractors to determine interest and also provide a an overview from the Department of Mental Health on licensing requirements and expectation
- Provide ongoing support and training for Offices on Aging staff on staff recruiting, pay scale, benefits, etc.
- Work on policies and procedures to govern the receipt and administration of the grant.

Performance Measures:

- Set aside $80,000 ($5,000 per county) for these grants using III-B funding.
- Develop the grant outline and conditions for application by August 1, 2022
- Convene a meeting with the County OOA and other Community Based Organizations by August 15, 2022
- Release the Home Support Capacity Building RFPA by September 1, 2022
- Review and award grant recipients by October 1, 2022
- Monitor and provide technical support as needed for contractors to obtain a PSSA license, assist with planning to recruit and train staff and work to support the development of a direct care worker registry in each county – the registry would include individuals who have been background checked and trained and available to work at least 20 hours a week for the OOA, another provider or for an individual.

National Family Caregiver Support Program (NFCSP)

Objective: Expand our partnerships with community agencies to increase information exchange and training opportunities and expand direct services to family caregivers.

Strategies:

- Pursue the development of an ET Caregiver Support Coalition and establishment and provide ongoing availability to a web based Caregiver Calendar of Events, in cooperation with AARP TN, that can be shared with all the major caregiver support organizations in ET and also made available to caregivers and to the general public
- Meet each quarter with the Coalition to determine if changes need to be made in the Caregiver Calendar of Events and discuss recruiting other partners to join the effort
- Work with other AAADs in TN and TCAD in 2023 / 2024 to expand the Caregiver Calendar of Events statewide
- Identify a source of continued funding for the web site development by 10/1/2022
- Launch the site by 1/1/2023
- Serve 500 consumers each year - the web designer will include a visit counter and also include the ability to report other utilization criteria, including length of stay and which service or agency that was reviewed.

Strategies:

- Strengthen our caregiver training partnership with Alzheimer's Tennessee, Alzheimer's Association and South College through more targeted training events and topic coordination

Performance Measures:

- Schedule an annual strategic planning meeting by August 1, 2022
- Develop joint training goals for 2022-2023 by 12/31/2022

- Prepare a memorandum of agreement that outlines the collaboration and includes a list of scheduled events.
- Review and update the agreement with Alzheimer's Tennessee
- Identify workshops and distribute outreach materials in conjunction with Alzheimer's Tennessee
- Complete 50 new home assessments and authorize enrollment
- Complete these enrollments by 3/31/2023.

Strategies:

- Increase service delivery opportunities for caregivers by implementing a Caregiver Voucher Program to promote additional enrollment in the National Family Caregiver Support Program – modeled after the program at UCAAAD.

Performance Measures:

- Develop program guidelines by August 31, 2022
- Establish the monthly billing forms and protocols for the clients
- Train Options Counselors on the NFCS Voucher guidelines by September 30, 2022
- Implement the new program by October 30, 2022
- Provide voucher services to 50 clients by June 30, 2023

Transportation:

Objective:

Improve access to transit services for low income clients through county offices on aging, senior centers and public transit providers and continue to develop assisted transit services to provide door through door support to those who are physically frail or have cognitive challenges that prevent them from using traditional public transit services.

Strategies:

- Renegotiate the memorandum of agreement with ETHRA Transportation and other appropriate providers to pay the rider's fare for those who are below the federal poverty level or for other reasons cannot pay the established fare amount.
- Publish a comprehensive transportation guide for the region listing all the transit providers, their contact information and rates
- Provide funding and technical support to the assisted volunteer transit programs in the region and explore the possibility of a new voucher transit program.

Performance Measures:

- Work with the ETHRA Transportation and other appropriate transit providers prior to 7/1/2022 to expand the memorandum of agreement to support additional clients to help pay established fares and continue to include support for CREVAA clients as needed
- Develop protocols for a new voucher program complete with authorization forms and payment procedures for providers by September 30, 2022.
- Publish the updated transit guide for East Tennessee by 10/1/2022
- Serve an additional 100 individuals by June 30, 2023

Elder Abuse:

Objective:

To continue to support community education, advocacy efforts and professional training opportunities for consumers and those who work in to investigate and prevent elder abuse.

Strategies:

- Provide staff support and leadership to the East Tennessee Elder Justice Coalition and the county affiliates
- Support the continued development of the new VOCA / CREVAA / CREST Projects
- Convene the TN Elder Justice Conference in May 2023

Performance Outcomes:

- Prepare agendas and meeting notices for ET Elder Abuse Coalition meeting on a monthly basis
- Work with the Coalition Chair and leadership to recruit new members and develop speakers for bi-monthly meetings.
- Work with the leadership of the ET Coalition and the Knox County Coalition to have joint meetings at least 3-4 times a year.
- Develop a student intern recruiting and training plan to support the CREVAA Advocates
- TN Elder Justice Conference is scheduled for May 2023 – Location and City to be determined

Objective:

Work to improve public awareness and to increase referrals to the Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA) program.

Strategies:

- Establish a CREVAA Advisory Board.
- Develop and distribute a CREVAA pocket sized information card for law enforcement and other investigative authorities to aid in making referrals.

- Develop new ways of outreach to identify potential clients by partnering with Assisted Care Living Facilities, Residential Homes for the Aged and other organizations who serve older adults.
- Cultivate partnerships with EMS providers and first responders in the region to raise awareness about elder and vulnerable adult abuse and to increase referrals from those entities.
- Participate in Vulnerable Adult Prosecution and Investigative Teams (VAPITs) in the region, virtually or in person, to receive referrals and to discuss and coordinate victim services.
- Maintain partnerships with and build on existing relationships with the 4 Family Justice Centers in the ET region.
- Communicate regularly with stakeholders, such as hospital Social Workers, MCOs, Choices Advisory Boards, VAPITs, law enforcement agencies and other referral entities to share an overview of the program's purpose and referral process.
- Distribute information stakeholders can use to identify potential CREVAA clients across the region.
- Continue to grow partnerships with educational institutions to maintain a successful volunteer/intern program.
- Provide trainings for staff and volunteers, on various topics including aging, victim services, self-care, criminal justice, and community resources.

Performance Evaluations:

- Recruit membership and convene the CREVAA Advisory Board by October 1, 2022
- Meet at least twice a year with the ET APS Supervisory staff to share ideas and improve coordination.
- Document the involvement and activities in coordination with family justice centers
- Meet with no less than 12 stakeholder agencies/organizations annually to educate, collaborate and coordinate victim services.
- Host at least 3 student interns per year through the ET CREVAA volunteer program.
- Staff and volunteers to complete 9 hours of training annually.
- Continue, as required, meet the grant's match requirements through volunteer service hours and donations.
- We anticipate a 10% increase in referrals received yearly through education and outreach efforts.

Nutrition:

Objective 1:

Work to improve the quality and availability of nutrition meals to elders and persons with disabilities with an emphasis on capacity building, volunteerism and program expansion as new funding becomes available.

Strategies:

- Work to identify providers and community leaders to assist the AAAD to develop a new strategic plan that includes capacity building and increased volunteerism

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- Develop a memorandum of agreement with Second Harvest of East Tennessee to support the Senior Nutrition Programs and the ET Senior Meal Connect Project
- Identify community resources that we can engage to support volunteer development opportunities.

Performance Measures:

- Meet with and negotiate a renewal agreement with Second Harvest of East Tennessee by August 1, 2022 in support of the expansion of the ET Senior Meal Connect Project
- Continue the membership in Volunteer East Tennessee and participate in meetings and webinars and work with them to help publicize the need for volunteers to support meal sites and meal delivery
- Work with contractors to determine best practices to improve meal quality and performance and provide a summary of our findings.

Objective 2:

Review all congregate meals sites in the region to determine if the sites still met the objectives of the program as it relates to location, community support, and level of activities and if the site does not meet the criteria develop a plan to identify other locations.

Strategies:

- Prepare a comprehensive list of sites and develop the evaluation tool.
- Identify staff within the ETAAAD to take the lead on this project
- Complete the evaluations and identify sites that need to be moved or closed
- Identify new site locations with the county and work to create partnerships with local organizations to increase services – such as community centers, faith based organizations, etc.

Performance Measures:

- Develop a comprehensive list of sites and identify those counties and sites that will be schedule for evaluation first – complete this task by October 1, 2022.
- Solicit input from TCAD staff on what should be included in the evaluation tool
- Implement the evaluation tool in at least 8 counties by January 1, 2023

Health Promotion:

Objective: Address the health and wellness needs of all populations 60+ in the East Tennessee Area Agency on Aging & Disability service area by bridging the gap between now and the future with a comprehensive best practice menu of Health Promotion evidence based programs (EBPs).

Strategies:

- Provide utilization of technologies for virtual participation in evidence based programs that are compatible in this format.
- Explore the potential resources available in the development of a lending library of Grand pads and/or other portable technologies for virtual engagement of Health Promotions

evidence based programming. Focusing specifically on those that are user friendly for the isolated aging population's effective participation in a selection of these programs.

Performance Measures:

- Reconfirm support by the organization's administration on an initial proposal of additional Health Promotion 2021-22 funding utilized for virtual technology equipment, training and implementation. If funding and support is still in place, schedule meetings with IT Department for procurement recommendations, secured storage needs, processes for dissemination of technology and record keeping, as well as, leader training for implementation of virtual program support in select counties identified by leadership and constituent interest.
- Participate in the 2022 Volunteer Engagement Webinar Series for developing a formal volunteer recruitment program for expansion of Health Promotions evidence based programming.
- Establish calendar of regular Health Promotion program events, highlights, stories of interest, educational articles, infomercials, testimonials and other social media contributions for greater exposure.
- Actively participate in monthly Teams meetings to brainstorm identification of potential stake holders for the continuation of efforts to strengthen the SAIL in TN infrastructure, begun in East TN 10 years ago through a partnership with the Knox County Health Department and as a result of the 3 year grant from the Administration on Community Living (ACL).

Ombudsman:

Objective 1:

Increase awareness of the Ombudsman Program at licensed long-term care facilities and promote access to consistent and effective advocacy for all residents.

Strategies:

- Establish logistical patterns to maintain the Ombudsman's presence through quarterly visits to all long-term care facilities in the East Tennessee District.
- Develop and maintain working relationships with key long-term care facility staff; Administrator, Director of Nursing, Social Services, etc., to enhance access to resident information.
- Promote access to services through high visibility placement of Ombudsman posters.
- Provide advice and promote development of strong independent Resident Councils.
- Provide advice and promote development of strong independent Family Councils.
- Maintain regular resident visitations including Resident Council meetings as time permits.
- Increase number of resident visits and resolve basic cases more expediently.
- Meet with family and attend Family Council meeting as time and schedules permit.

Performance Measures:

- By monitoring State web pages and through direct contacts with LTC facilities the Ombudsman Program Assistant verifies addresses and names of administrative staff of all facilities on a monthly basis. The Ombudsman Program Assistant created and continuously updates the Facility Visitation Plan including a Field Manual to ensure efficient logistical travel routes. A record of

routine Quarterly and Semi-Annual visitations, and non-routine (complaint related) visitations are entered in Excel Spreadsheets and the Ombudsman software program.

- The Ombudsman has established and maintained rapport with existing facility Administrators, Directors of Nursing, Social Services Directors, etc., and developed rapport with any new facility Administrators, Directors of Nursing, Social Services Directors, etc. A record of consultations and information with facilities/providers is entered in Ombudsman, and in a separate Activity Log kept by the Ombudsman Assistant.
- During routine quarterly visits the Ombudsman verifies placement of Ombudsman posters remain in high visibility locations where residents, family, and staff can easily locate and read the District Ombudsman and Volunteer Ombudsman Representative (if any) contact information.
- Correspondence with Resident Council and Family Council Officers are noted in the Activity Log. Development of and/or support for Resident and Family Council is continuous, with copies of emails, agendas, and minutes from meetings are scanned and attached as Activities in Ombudsman and recorded a separate Activity Log.
- The District Ombudsman works to resolve resident care related complaints observed during routine visits and/or non-routine visits following referrals received via residents, resident representatives, community sources, and 1215 notifications. A record of visits, follow-up visits, notes, records, and case outcomes is entered in Ombudsman.
- Comparison between 2021 to 2022 annual reports identifying outcomes recorded in Ombudsman are reviewed by the District Ombudsman for informational purposes and potential programmatic changes.

Objective 2:

Increase Community Outreach and Education about the Ombudsman Program to broaden awareness and access to services pertaining to residents of long-term care facilities.

Strategies:

- Disseminate program brochures outlining Ombudsman services at conferences, health and/or information fairs, senior centers, hospitals, churches, and other focal points in the community.
- Provide presentations outlining the Ombudsman Program at senior centers, care facilities, community focal points, civic groups, church groups, senior educational workshops, etc., as often as invited and time, travel, and schedule will permit.
- Promote the Ombudsman Program by participation in local and regional leadership groups, senior resource networking groups, regional Elderwatch groups, and civic organizations.
- Promote goals of the Ombudsman Program by serving on various boards, coalitions, advisory groups, leadership groups, etc..
- Provide and review content for ETHRA Web-Site link to the Ombudsman Program and/or other social media pages.
- Provide information to maintain listings in regional county senior services directories.

Performance Measures:

- Activity Log maintained by the Ombudsman Assistant records when and where brochures were disseminated, time and dates presentations were provided, when participation and networking with regional groups occurred, participation with groups in an advisory capacity, monitoring of web-based program information including social media, and confirmation of program information in regional senior services directories.

- The Ombudsman is a member of the Hillcrest Community Ethics Committee, Amerigroup Advisory Group, United Healthcare Community Advisory Committee, Bluecare Advisory Group, and Knox County Elder Justice Group, as time permits.
- The Ombudsman has presented at the Community Adult Day Enrichment Services (CADES) Caregiver Support Group, Anderson County Elder Justice Group Meeting, Sevier County Elder Watch Meeting, Sevier County Inter-Agency Meeting, Knox County Elder Justice Coalition Meeting, BlueCare East Grand Region CHOICES Advisory Group Meeting, UHC Member Advisory Board Meeting, and MCO Virtual Community Forum.
- Comparison between 2021 to 2022 annual reports identifying outcomes recorded in Ombudsman are reviewed by the District Ombudsman for informational purposes and potential programmatic changes.

Objective 3:

Increase access to the Ombudsman Program through enhanced visibility and utilization of Volunteer Ombudsman Representatives (VORs) in long-term care settings throughout the East Tennessee District.

Strategies:

- Develop responsibility of support staff to include the role of Volunteer Coordinator.

- Increase print media outreach promoting the Ombudsman program and how to become a VOR.

- Disseminate flyers announcing upcoming training events to senior centers, public libraries, church groups, and other community focal points.

- Provide continuing education for Certified VORs in the form of monthly (minimum quarterly) training sessions on topics affecting persons residing in long-term care facilities.

- Recruit and train an additional five (5) VORs by July 30, 2022, with an additional five (5) VORs by December 31, 2022.

- Increase visits by VORs to long-term care facilities by approximately ten (10) percent.

- Increase visitation reports submitted by VORs by approximately ten (10) percent.

Performance Measures:

- The Ombudsman Assistant's role includes duties as the Volunteer Coordinator who networks with the TCAD Director of Volunteer Engagement, participates in the Volunteer Engagement Webinar Series, and networks with other Volunteer Coordinators.

- The Volunteer Coordinator monitors the number of inquiries about the Ombudsman program and becoming a VOR, disseminates and reviews applications, consults with the District Ombudsman regarding questions or potential conflicts of interest, maintains a database of current applicants, maintains correspondence, assists in scheduling trainings, and maintains updated copies of the VOR Training Manual and LTC Regulations.

- Brochures outlining the Ombudsman Program and recruitment flyers including contact information are mailed to, and posted in Office on Aging and Senior Centers in the 16-county region. These materials will also be mailed to and posted within the East Tennessee Chapter of

the Alzheimer's Association, local large hospitals, and large physician's offices. The recruitment flyers will also be mailed to county governments (particularly Knox county's Office/Director of Community Development), large employers with retiree components, church groups, DHS and APS gatherings and fairs, etc. Brochures and recruitment flyers will also be made available for display at senior events.

- Copies of sign-in sheets for Certified VORs attending training sessions are kept on file including VOR comments on presenters and agendas.

- Increase the number of VORs and track increases on an Excel spreadsheet listing newly Certified VORs. Seven (7) new VORS completed training and were certified between September 2021 and February 2022. Three (3) new VOR applications have been received and those applicants will require virtual training classes which are scheduled to begin April 11th, 2022.

- Impact more long-term care residents each year by creating an Excel spreadsheet to track percentage changes of VOR visitations. The COVID-19 moratorium on visitation was addressed by CMS QSO 20-39-NH Revised 11-12-2021 providing essentially unrestricted access to nursing homes and VORs also utilize the THCA Resource Chart on SNF Visitation so their visits to assigned facilities are resuming along with virtual meetings via FaceTime, Google Duo, Zoom, MS Teams, etc., when necessary.

- Visitation reports by VORs are submitted, reviewed by the District Ombudsman, routed to the Ombudsman Assistants, and recorded in Ombudsman. A separate Excel spreadsheet listing reports will track projected increases in percentages.

- Comparison between 2021 to 2022 annual reports identifying outcomes recorded in Ombudsman are reviewed by the District Ombudsman for informational purposes and potential programmatic changes.

Objective 4:

Increase efficiency and management of cases/complaints made by residents, family and/or responsible parties, Adult Protective Services (APS), or self-reported by facility staff.

Strategies:

- Provide timely review of intake information through various contacts to the Ombudsman program and complete determination of case status.

- Provide direct advocacy in cases with straightforward issues not involving abuse, neglect, or financial exploitation.

- Conduct thorough interviews with residents, family and/or responsible parties in cases involving abuse, neglect, or financial exploitation to include communication with APS and/or facility staff as necessary to achieve resident desired outcomes.

- Consult with the State Long-Term Care Ombudsman and/or Legal Assistance for the Elderly Title IIIB Attorney.

- Attend Vulnerable Adult Protection Investigation Team (VAPIT) meetings

- Advocate for resolutions favoring residents and/or the protection of resident rights.

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Performance Measures:

- The District Ombudsman follows guidelines set by the State Ombudsman regarding response times for new cases. The District Ombudsman and program assistants have attended Ombudsman training classes to make more effective use of tracking tools imbedded in the software.
- The District Ombudsman and VORS work to empower self-advocacy and when necessary provide direct advocacy to resolve issues and complaints. Reports on complaints are submitted on a timely basis but no less than monthly.
- The District Ombudsman and VORS initiate communication with residents, family and/or responsible parties using a variety of means conducive to gathering information.
- The District Ombudsman is involved in monthly state-wide calls including secondary training calls with the State Long-Term Care Ombudsman and other District Ombudsman.
- The District Ombudsman attends quarterly regional meetings with the Tennessee Department of Health Regional Supervisor and Investigators and with the State Long-Term Care Ombudsman and Ombudsman from Districts 01, 03, and 04.
- The District Ombudsman receives complaints primarily through APS and with a resident's consent may collaborate to the extent possible under the guidelines of the Ombudsman program.
- The District Ombudsman attends VAPIT meetings within the East Tennessee District to provide general information on cases in which the Ombudsman is involved.
- The District Ombudsman opened two hundred forty-nine (249) cases investigating complaints and advocating for resident rights.
- Comparison between 2021 to 2022 annual reports identifying outcomes recorded in Ombudsman are reviewed by the District Ombudsman for informational purposes and potential programmatic changes.

Legal Assistance:

Objective 1:

Increase exposure and access to the Legal Assistance for the Elderly Program, particularly in rural areas and strengthen the legal referral component of the program.

Strategies:

- Market the program in the region (via brochures, public presentations, participation at health and senior info fairs and directories, etc.), with emphasis on reaching those in rural or geographically isolated areas with a special emphasis on Campbell, Scott, Claiborne and Union and Morgan counties.
- Network with other attorneys through legal associations and conferences, and actively interact with related professions to secure low cost referral sources for clients.
- Network with government and non-profit employees who provide services to the same demographic to secure free or low cost non-legal referral sources for clients.

Performance Measures:

- Increase clients served by 5% in 2022-2023.

Objective 2:

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Identify ways to increase Legal Assistance for the Elderly Program efficiency.

Strategies:

- Work with ETHRA IT staff, TCAD and other organizations to implement technology solutions aimed at increasing efficiency for traditionally time consuming tasks subject to repetition.
- Centralize case management functions and make files remotely accessible

Performance Measures:

- Decreased time spent on each case by 10%
- Increase clients served and service units by 5%

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 opportunities to improve health outcomes, access to resources and advocacy opportunities for elders in East Tennessee

Objective 1:

Expand the membership and focus of the East Tennessee Council on Aging and Disability to improve education and advocacy to address unmet needs.

Strategies:

- Develop a comprehensive presentation that includes a review of the current system of service, the growth in population and needs, and recommendations that would close the gap between needs and services
- Use the presentation in meetings with community groups across the region and via webinars that are well publicized.
- Engage local media outlets and utilize social media to share "facts and figures" and unmet needs to encourage donations, volunteerism and social engagement

Performance Measures:

- Review and update the presentation by October 1, 2022
- Work with each group to offer the presentation prior to January 1, 2023
- Share the presentation with all major media outlets by March 1, 2023 and post the presentation to the agency's web site.

Objective 2:

Update the ET Building a Bridge to Better Health Coalition (BBBHC) vision and mission statements, increase membership from the health care sector, and improve coordination effort

between health and community based partners with an emphasis on medication management strategies to reduce the incidence of drug interactions.

Strategies:

- Hold 1-2 strategic planning sessions with BBBHC members to update vision and mission statements
- Schedule meetings with key staff from local hospitals and pharmacies to increase participation
- Identify key positions within the BBBHC where healthcare staff members could serve.
- Expand BBBHC website to include community resources as well as tools useful for BBBHC members.
- Develop working committees to include members of healthcare and community based organizations alike.

Performance Measures:

- Updated vision and mission statement completed by October 1, 2022.
- New pages created on the BBBHC website to house community resources and tools by December 31, 2022.
- One (1) new working committee developed by December 31, 2022
- Meetings held with at least three (3) hospital representatives by March 31, 2023

Objective 3:

Continue to provide assisted transportation, grocery shopping and grocery purchasing services throughout the region.

Strategies:

- Identify funding from the Older Americans Act – Supportive Services in support of these services
- Renegotiate contracts with ETHRA Transit and SCHAS to support these services
- Develop additional providers as needed to meet the growing need.

Performance Measures:

- Budget funding to support existing level of service – effective July 1, 2022
- Complete contract negotiations by June 30, 2022
- Meet quarterly with providers to stay on top of challenges and changes in level of need

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

Options:

Objective 1:

Expand home and community based services through the implementation of new Client Self-Directed Options Voucher Program.

Strategies:

- Engage those in TN and other states who have implemented similar programs
- Establish program criteria using existing Options eligibility standards
- Identify the scope of service and assure that all services provided in the Options Voucher program fit into the current TCAD program guidelines and standards
- Identify funding that can be set aside for this project in FY23

Performance Outcomes:

- Complete research on similar voucher programs by August 31, 2022
- Develop operational policies and procedures for the Options Voucher Program by September 30, 2022
- Begin recruitment of clients who are eligible for Options services and enroll them in the new voucher program
- Serve at least 100 individuals by June 30, 2023

Objective 2:

Work with local professional case management agencies to develop home assessment and reassessment capacity through performance based contracting.

Strategies:

- Develop a relationship with at least one local case management agency to provide additional support to the ETAAAD with assessment and reassessment services
- Create guidelines for participation and assure that the CM provider staff are qualified and completing proper background checks of employees and have adequate confidentiality standards
- Provide specialized training to the CM staff to assure they are aware of the polices and program requirements.
- Reduce costs by keeping staff cost down

Performance Measures:

- Review and update the contact with the case management agency by July 1, 2022
- Complete ongoing CM training with management and field staff
- Review and modify as needed the referral protocol and tracking system to manage the CM work of the provider – January 1, 2023
- Evaluate the process formally every year to assure compliance

Objective 3:

Review each care plan on an annual basis to determine if service levels are correct and carefully review the care plan costs to identify efficiencies.

Strategies:

- Design a system of peer review that requires each Options Counselor to meet with a colleague to review Actions Plans on an annual basis to identify potential cost savings
- Discuss a change in service schedules with clients that would permit less visits per month to improve efficiency
- Identify a system whereby we have a private CM agency to conduct random evaluation visits for existing clients to measure level of service plans and offer suggestions.

Performance Measures:

- Review and update the peer review system and schedule by 12/1/2022
- Reduce action plan costs as needed on an ongoing basis based on the peer review findings.
- Complete 25 random QA home visits each year beginning in FY2023

SHIP:

Objective:

Continue to deliver a quality counseling service by our SHIP Staff and Certified Volunteer Counselors and to maintain an active community presence through education and outreach in East Tennessee

Strategies:

- Continue to support positions for one full-time Program Coordinator / Volunteer Coordinator and two full-time Program Counselors to serve our SHIP Program
- Continue to work with County Offices on Aging, Senior Centers and other organizations to offer educational programs in the community and allow us to provide individual counseling services within their locations
- Boost advertising by renewing contract with Praise FM, begin advertising on East TN SHIP Facebook, and involve media as possible in community events
- Renew membership with Volunteer East Tennessee in April 2022 and each year thereafter
- Increase overall volunteer activity by recruiting more Certified Counselors and also by requiring more reporting from our existing volunteers

- Continue regular engagement with all volunteers to provide updates, training opportunities, reporting requirements, and encourage volunteers to help with recruitment
- Work with community partners to identify volunteer outreach opportunities
- Create new partnerships with businesses that offer employer retirement services
- Increase partnerships with agencies that serve target populations with a minimum of one per each of the sixteen counties
- Enhance the program's virtual availability by introducing virtual trainings, counseling, and presentation options

Performance Standards:

- Run regular STARS performance measure reports to track goals for both SHIP and MIPPA cycles
- Offset the loss of individual contacts from ACL's new mailing policy by significantly increasing volunteer activity and ensure volunteer commitment prior to update certifications
- Increase public and media events by introducing virtual presentations in addition to our traditional in-person events committing to a minimum of two per month
- Continue our required Part D Open Enrollment mailing, utilize SMP supplement funds for an awareness mailing, determine if funding is available for Advantage Open Enrollment mailing, and continue smaller frequent mailings
- Utilize new and existing partnerships to increase our hard to reach client contacts who are low income, rural, and ESL and also those receiving SSDI
- Continue our yearly Volunteer Appreciation event highlighting volunteer accomplishments based on client contact and activity hours and/or other measurements such as cost outcomes

Senior Centers:

Objective:

Create a work group comprised of Senior Center staff and advisory board members to develop a guide for best practices for Senior Center operations and programming.

Strategies:

- Identify leaders in the region and across the state who will be invited to participate in the workgroup
- Include a member of the TCAD staff in the workgroup
- Set a meeting schedule and create a process to gather best practices from all ET Senior Centers and from around the state.

Performance Measures:

- Convene the work group on an annual basis beginning October 1, 2022
- Complete work plans as part of the annual review process
- Publish best practices by January 1, 2023 along with a summary of the activity and the contact information needed for follow-up each year through the 4 year area plan cycle.
- Add funding to secure technical assistance services by using experienced senior center staff to make site visits to all 16 counties on an annual basis

Public Guardianship:

Objective 1:

Ensure each individual within the Public Guardianship Program receives appropriate, effective, efficient conservatorship services, allowing the individual to retain or achieve his/her optimal level of independence by using Public Guardian Volunteers, and facilitate the dissemination of resources in order to promote responsible stewardship from individual conservators.

Strategies:

- Revive, reinvigorate and refresh the Public Guardianship Volunteer Program post-pandemic.
- Careful, selective, recruitment and training of additional Public Guardian Volunteers to serve in the Public Guardianship Program.
- Host regular meetings with Public Guardian Volunteers for addressing common issues, reporting, program changes, training, support and encouragement with other Public Guardian Volunteers.
- Communicate frequently with Public Guardian Volunteers to impart pertinent information, encouragement, and appreciation.
- Design a new Public Guardian Volunteer recruitment brochure.

Performance Measures:

- Recruitment of additional Public Guardian Volunteers, carefully selected to serve specific Conservatees with no current Public Guardian Volunteer assignment.
- Quarterly meetings with Public Guardian Volunteers.
- Regular communications (emails, letters, etc.) with Public Guardian Volunteers.
- New Public Guardian Volunteer recruitment brochure.

Objective 2:

Develop, update, and make accessible, a broad portfolio of resources on the subject of conservatorship for the purpose of training individual conservators and families on the duties and responsibilities of a conservator.

Strategies:

- Communicate with professionals to gain access to resources.
- Maintain resource portfolio (contact information, websites, links, etc.).

- Publish resources on the ETHRA website.
- Provide information to Chancellors and Clerks for their use in referrals.

Performance Measures:

- Maintain accurate portfolio of resources.
- Post resources, contacts, and links on the ETHRA website.
- Provide resource information to Chancellors and Clerks.

Goal 4: Ensure that East 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.

Objective 1:

Initiate an outreach campaign on Advance Directives and Long Term Care Planning through the ET Service Provider Network.

Strategies:

- Develop a work group consisting of community organizations and appropriate organizations in private practice to develop an outreach plan
- Work with TCAD staff to identify the state approved advance directive forms
- Prepare in cooperation with partners a comprehensive long term care planning document that includes information about Medicaid CHOICES and other LTSS services available in TN

Performance Measures:

- Identify a minimum of 10 community organizations for the work group and set up an initial meeting by December 1, 2022
- Select the proper advance directive forms by January 1, 2023
- Develop or select an appropriate LTC Planning guide that can be posted on our web site, partners web sites, and printed for wide distribution to the general public by April 1, 2023

Objective 2:

Work with our County Offices on Aging to deploy the NCOA online benefit check-up program as part of our information, assistance and outreach system.

Strategies:

- Identify at least 2 locations each year to deploy and implement this service

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- Develop a training curriculum that can be delivered in person via PowerPoint Presentation or via a Webinar.
- Utilize trained staff from the counties that have implemented the NCOA strategy (Knox and Blount) to support expansion into remaining counties to assure all 16 counties are fully utilizing the NCOA program by the end of the 4 year plan cycle

Performance Measures:

- Survey all the county offices and identify the first 2 sites to implement by October 1, 2022
- Schedule and complete training by December 1, 2022
- Implement the program in the 2 selected counties on January 1, 2023
- Work to identify 2 additional counties / sites by June 30, 2023

Exhibit C-3

Program Planning for FY 2023

Information & Assistance

1. Complete the following table:

Total # of I&A Staff at AAAD:	4
Total # of I&A Staff at Contractors	20
Total # of AIRS Certified I&A Staff at AAAD:	4
Total # of AIRS Certified I&A Staff at Contractors:	20

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

We will continue to promote our information and assistance services through Inter-Agency Councils /Senior Resource Network meetings, hospitals, rehabilitation facilities, Care Transition Coalition members, County Offices on Aging, Senior Centers, and outreach events attended by staff.

Plans are underway to strengthen the relationship we have between the ETAAAD I&A staff and the County Office on Aging staff to assure that calls that are best addressed at the local level are staffed within county and more complex needs and those requiring a screening will continue to be managed by the AAAD staff.

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

1. Complete the following table:

	FY 2021	FY 2022 – Projected (Served/Units)	FY 2023 – Projected (Served/Units)
State – Options Allocation Amount	$1,505,897	$1,184,987	$1,236,500
# Served	771	552	625
Units of Service	87,484	56,400	83,800

2. Complete the following table:

	FY 2021	FY 2022 – Projected (Served/Units)	FY 2023 – Projected (Served/Units)
Federal – Title IIIB (In-home Services) Allocation Amount	$ 105,915	$ 129,195	$ 134,900
# Served	136	140	145
Units of Service	7,046	7,900	8,800

3. Describe the methodology for the projections listed above.

The projections are based on the budget received. We then take into account any administrative costs for information and assistance and Options Counselors staff to project the numbers of people and units we will be able to serve.

4. Complete the following table:

Number of Individuals on OPTIONS Waiting List – Category A	307
Number of Individuals on OPTIONS Waiting List – Category B	507
Number of Individual on Title IIIB Waiting List	0

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

We plan to continue to pull clients off the wait list in FY2023 to assure we are keeping the caseload where it needs to be to utilize all funding for HCBS. We also provide assistance and referral services to those we screen to meet needs with other agencies / providers.

We are following the policy guidance provided by the state office to track those on the wait list status in Category A and Category B.

These changes are being made in SAMS when someone is added to the wait list or we identify those who no longer need the service.

Of course, as we mentioned in other sections of the Area Plan, the provider network is struggling to provide the level of home services needed and due to staff shortages and other market changes it is almost impossible to add new clients.

We did add to the area plan a new concept for Options that would provide vouchers to eligible clients who have the ability to identify staff who can provide approved services that are authorized by the Options Counselors and include approved services. We are hopeful this will add a dimension of service that will give us the ability to serve new clients in FY23.

6. What are your projections for the number of individuals on the waiting list for FY 2023?

Our OPTIONS Waiting List fluctuates daily. We are working to streamline our waiting list, but anticipate that the numbers will remain relatively constant for FY 2023 – between 600 to 700.

Title IIIC Nutrition Services

1. Provide a description / flow chart of how the nutrition program is administered for the AAAD.

We have 5 prime nutrition contractors for Traditional OAA funding. Of course RFPAs are not due back to the AAAD until 4/15/2022 but we anticipate these providers will remain as part of the network.
- Knox County CAC serves Knox County
- Douglas-Cherokee Economic Authority serves Hamblen, Jefferson, Sevier, Cocke, Grainger, and Monroe counties
- ETHRA serves Anderson, Campbell, Claiborne, Scott, Morgan, and Union counties
- Blount County CAA serves Blount County
- Mid-East CAA serves Loudon and Roane counties

Funding is allocated on a funding formula to each county and we calculate average meals per day for C-1 and C-2 for each county / contractor and we monitor their performance on a monthly basis. Payments to each contractor is based on actual number of meals served as verified in the SAMS database.

We maintain a dietitian on contract to prepare menus and complete on-site assessments of all meal preparation locations and nutrition sites, including client record review, on an ongoing basis.

2. Complete the following table:

Provider	IIIC Allocation	NSIP Allocation	Total Amount of Contract	# Congregate Meal Sites	# Projected Congregate Meals Served in FY 2022	#Projected Home Delivered Meals Served in FY 2022

Blount CAA	$ 279,759	$ 34,638	$ 314,397	4	14,280	48,674
DCEA	$ 659,975	$ 63,320	$ 723,295	9	25,224	79,382
ETHRA	$ 457,501	$ 47,559	$ 505,060	11	27,588	49,365
Knox CAC	$ 804,313	$ 206,415	$ 1,010,728	10	58,596	178,824
Mid-East	$ 289,281	$ 30,068	$ 319,349	4	12,708	34,404
P. Nelson	$ 33,300		$ 33,300			

3. Complete the following table:

Service	Amount IIIC Allocated
Nutrition Counseling	$25,000
Nutrition Education	$ 3,600
Innovative Practices	$

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

Continue to utilize the central kitchen in Knoxville to support 13 counties in our region and combine purchasing where possible and feasible to decrease food costs and work with the vendor to assure high quality food items are in the bid – Grade A as the preferred choice.. Our total meal cost (including food, consumables, labor and administration) on average is more than $6.00 (frozen / shelf stable) / $7.00 (hot) a meal so it is difficult to reduce costs at this point. Our focus must be on increased funding from other resources and working with the state to get reimbursement rates up to at least $8.00 or $8.50. Our rate is equal to the TennCare CHOICES rate but in reality the OAA HDM program costs more because it includes, in most cases, a daily delivery that includes a "welfare check"! This is compared to many TennCare CHOICES HDM clients receiving meals on a 14 day schedule via UPS or FedEx with no safety check at all. The only thing that is common to these two services is the name of the service, but the services in reality are very different with very different cost implications. We need to discuss changing the rules or our approach to this service to separate the meal costs from the cost to deliver the service, with a welfare check, so the OAA providers can bill for the true cost of the service.

The only measure we have considered that would likely improve efficiencies is to reduce the number of contractors we utilize for meal services – at the present, we have 5 contractors and it would likely be more efficient to have one or two. The reason we have not pursued this in the past is the fact that the partnerships often allow for additional non-meal services to be provided to OAA clients from funding sources outside the scope of the ETAAAD and each

provider has worked very hard over the years to identify other funding sources to support the OAA HDM service – over $500,000 a year in addition to the III-C funding is being raised each year by our contractors to support home delivered meals.

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.

It is extremely difficult to raise funding for congregate meal services when the growing demand is for home delivered meals. We are working in each county with local officials and the faith community to determine how we can create more partnerships to keep the congregate services going. If we realize funding shortfalls, we will look to consolidate sites where possible and reduce service days as a last resort.

With this said, we are looking at the idea of continuing to provide "drive through" meals on a private pay basis to community seniors as a way to support nutrition needs but also as a way to increase funding for the congregate site. We should be able to provide a meal that does not include delivery or a lot of administrative costs at a reasonable rate but still provide a small margin to help the site.

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

All clients are encouraged to share concerns with our staff and the contract staff. Most of the feedback we receive is related to meal quality, delivery times and food temperatures. We also work closely with the county aging advisory councils and clients on menu changes and try as possible to work in their suggestions. One major improvement has been the ability in Knox County to provide a choice of three different meals per day to clients in Knox County. This has been a very popular change for clients in Knox County – keep in mind, this represents about 40% of all the HDMs served in the region! As feedback comes into the ETAAAD or at the contractor level, it requires a review and follow-up that is communicated to those planning and serving meals. We also complete satisfaction surveys with clients to assure we are getting feedback.

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?

The primary method to reach those in greatest need is to locate congregate meals sites in senior housing and in high need community locations. This has worked very well for our contractors and will be continued. With this said, the AAAD plans to review, on an annual basis, each meal site to determine if we continue in the present location or move the site to improve targeting.

8. Describe your plan to ensure that services will not be disrupted in an emergency situation.

We have the capacity within the system to transition meal preparation to other vendors in response to an emergency. We also have a contract with Mom's Meals that we can activated in an emergency, as needed, for our home delivered and congregate meal clients. The Knox CAC Central kitchen is capable of producing 6.000 meals a day in the event we need to cover meals in any part of the region. We actually activated this system in 2020 and 2021 due to COVID-19 and we not only did not miss meals for existing clients we actually served over 250,000 more meals during the two years of the pandemic!!

In addition, we have an excellent working relationship with TEMA at the regional level and with all the county based EMA offices so we are confident we can assist with food support to our clients in the event of an emergency situation.

We have recently expanding our relationship with Second Harvest of ET so they would have capacity to assist us with emergency food packs.

Guardianship:

1. Complete the following table:

	2021 Calendar Year	2022 Calendar Year – Projected	2023 Calendar Year – Projected
Active Caseload (total unduplicated)	68	74	80

2. Describe the agency's plan to continue efforts to build relationships with district probate Judges/Chancellors to ensure appropriate cases are referred to the PG Program.

The Public Guardian regularly communicates with Chancellors and Court Clerks about potential conservatorships that arise, as well as the appropriateness of cases referred to the PG Program. The public Guardian, and legal counsel, advocate on behalf of the program to ensure that referred cases are appropriate for the program. In many cases, the Public Guardian is able to suggest alternative solutions and individuals to serve as Conservator. Chancellors in the district allow the Public Guardian to negotiate her role in proposed conservatorships with the attorneys involved.

3. Describe the agency's plan to maintain or increase the number of volunteers.

The Guardianship Coordinator meets and communicates regularly with each Volunteer Guardian to give encouragement, discuss client situations, new developments, and address any areas of concern.

ETHRA's webpage contains an appeal for Volunteer Guardians, and the Agency is a member of the Volunteer East Tennessee network in order to recruit new volunteers. The

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Guardianship Coordinator meets with each prospective volunteer to explain the program and explore their level of interest. New volunteers are taken through a training curriculum, assigned to clients who live in their local area, and accompanied on visits until they are comfortable visiting on their own.

The Public Guardian and Guardianship Coordinator make presentations to agencies, community, and faith-based organizations as invited in order to promote the program and encourage people to volunteer.

National Family Caregiver Support Program (NFCSP) – Title IIIE

1. Complete the following table:

	FY 2021	FY 2022 – Projected (Served/Units)	FY 2023 – Projected (Served/Units)
# Served *(Excluding Case Management, Information Services, and Information & Assistance)*	289	245	260
Units of Service *(Excluding Case Management, Information Services, and Information & Assistance)*	30,638	20,600	25,500

2. Prioritize the 5 top caregiver needs in your area and describe how the NFCSP will respond to those needs – we decided to leave this section in for FY23 although it was not requested.

    1. Respite Care is by far the largest caregiver need in our area. We use III-E funding to provide respite care for caregivers in the form of homemaker, personal care, adult day care, or companion (respite) service. The caregiver can go somewhere or rest while homemaker or personal care services are being provided as well as when the service is supervision only (respite). It is the caregiver's choice to choose what helps them the most. Many caregivers are frail themselves and having someone else support personal care needs for the care receiver is a great relief for them. We plan to continue providing respite care services.

    2. Information about available services. We will continue to distribute materials about services available to family caregivers across East Tennessee through avenues such as Offices on Aging, Senior Centers, educational events, health fairs, libraries, and healthcare facilities.

    3. Assistance gaining access to services. We will continue to provide quality information and assistance services to family caregivers throughout the service area, and maintain an up to date list of community resources available to caregivers. In addition, we will

continue providing case management services to family caregivers, and assisting with referral to additional services that will benefit the needs of the caregiver and/or care receiver.

4. Training and Support. In partnership with local organizations, expand the Powerful Tools for Caregivers program through Class Leader training and caregiver classes. Maintain and distribute lists of professional counselors, Helplines and support groups. Expand the educational training series to include family caregivers. Partner with faith-based organizations and other organizations to provide educational materials and presentations on topics relevant to caregivers.

5. Supplemental Services. We provide PERS to family care receivers on an as needed basis, and plan to continue this practice.

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

CAC Grandparent Program – we will continue to support the Knox County OOA to support grandparents who are supporting children through educational opportunities and direct support.

Work with CAC to update the Grandparent's Guide at least on a bi-annual basis – the current addition is located at - http://www.knoxseniors.org/wp-content/uploads/GAP-Guidebook-online-final-2019-1.pdf

4. Describe plans for outreach that the AAAD will implement to ensure that caregivers are aware of the NFCSP and services it provides in an effort to increase the enrollment in the program.

We publicize NFCSP services through the Office on Aging, Senior Center, Nutrition Providers and In-Home Service providers on an ongoing basis. We also promote the availability of the program through outreach events that are coordinated across all AAAD services including, CHOICES, SHIP, Options, etc.

5. Include strategies or plans that your AAAD will make to ensure that III-E funds are maximized to ensure that funds are expended at 92% by the end of FY23.

Due to the limitations we are experiencing across the board with the lack of capacity of home care providers, we are planning to implement a new NFCS Voucher Program for approximately 100 new clients in FY23. Eligibility for the program will be based on current rules and standards and only services that are currently authorized in the Older Americans Act will be authorized but the client will be in a position to self-direct their care by identifying and paying support staff using a monthly allocation from the AAAD that is reconciled to actual cost (not to exceed a monthly / annual cap) each month.

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.

   In the ETHRA service counties, healthcare/long-term care is first, and income is second. These two are by far the most served case types (both include different aspects of TennCare/Medicaid).

   In Knox County (Knoxville – Knox County CAC / Legal Aid of East TN), the priority cases most served are healthcare/long-term care, protective services, and housing.

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

   In the ETHRA service counties, healthcare/long-term care and income represent the greatest need and are constantly addressed through public education efforts at senior centers and other organizations. It should also be noted that the frequency of elder exploitation cases is steadily increasing and most certainly represents a growing need.

   In Knox County (Knoxville – Knox County CAC / Legal Aid of East TN), although the above priority cases represent the greatest need, abuse/neglect, and exploitation are underreported and represent a growing need. We make every effort to provide education to clients. caregivers, and community agencies to help prevent elder abuse and exploitation.

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?

   In the ETHRA service area, minorities in poverty (as well as minorities in general) represent less than 50% of those served. The 15 counties in our service area have small minority populations (>10% in covered counties). In order to target minority seniors, we will aim to do more outreach at senior centers and other community organizations with larger minority representation.

   In Knox County (Knoxville – Knox County CAC / Legal Aid of East TN), although less than 50% of 60+ clients served by the Title III program are in poverty, rural, or frail/disabled, the provider makes efforts to reach those populations by doing client intakes, presentations, and other community outreach in low income and/or minority areas of Knox County. Knox County does not have a large rural population.

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?

In the ETHRA service area, we will continue doing public education presentations at senior centers and other community based organizations. We will also continue distributing information packets about the program's services to the service area, and we will participate in health fairs in rural counties to offer information about legal services to the public.

In Knox County (Knoxville – Knox County CAC / Legal Aid of East TN), we will continue to make efforts to reach economically and socially needy populations by doing intakes, presentations, and other community outreach in low income and/or minority areas of Knox County. We will continue to focus our assistance on priority areas.

Both programs are utilizing the additional services provided through the ElderTrust grant that is being administered by the Tennessee Association of Legal Services.

Ombudsman

1. Include any goals/requirements the AAAD has set for the Ombudsman Program (i.e. Number of cases, complaints, volunteers, etc.) *See the Goals and Objectives Section for more details.*

The Ombudsman program continues to increase the number of volunteers but the process is very time consuming and the growth is at a slow pace. The ombudsman performance as it relates to complaints managed and resolves continues to improve and with the most recent change in facility visit requirements (visiting ACL facilities once every 6 months instead of quarterly has helped) we should see even more improvement going forward. The District Ombudsman is working 50 hour weeks to keep up with the demands.

Senior Centers

1. Complete the following table:

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
Anderson County	980	149	32	71	1
Blount County	831	203	32	42	0
Campbell County	317	75	36	277	0
Claiborne County	227	58	20	208	0
Cocke County	287	15	15	229	0
Grainger County	219	75	3	65	0
Hamblen County	1282	132	58	1081	2
Jefferson County	667	41	32	79	0
Knox County	3290	860	837	228	5
Loudon County	645	38	81	37	0
Monroe County	417	34	25	364	0

Morgan County	238	15	3	172	0
Roane County	669	196	42	415	0
Scott County	190	15	2	143	0
Sevier County	1029	52	40	15	1
Union County	131	16	1	12	0

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

We assist senior centers to identify community organizations, including faith based groups, to contact to encourage their clients or members to participate in senior center activities. We will ask specifically for these organizations to offer suggestions on program ideas that would be of interest and help with designing a service or program within the center service / activity calendar that would appeal to targeted groups.

Emergency Preparedness

1. Name of Staff Person on the local emergency management team
   Aaron Bradley / John Bender / Nick Pappada

2. How is the agency's emergency plan communicated to staff?
   We have a Disaster Recovery Plan that is included in our agency's operational policies. ETHRA communicates with staff via agency assigned mobile devices, radio and television media, and the agency website.

SHIP

1. Complete the following table:

	FY 21	FY22 – Projected	FY23 – Projected
# Client Contacts	18,492	19,417	22,945
# of Consumers Reached Through Outreach Events	2,058	2,161	22,945
# of Client Contacts Under Age 65	4,200	4,410	5,000
# of Hard to Reach Client Contacts	12,004	12,601	13,862
# Of Enrollment Contacts	305	335	369
# of Low Income/Medicare Savings Enrollment Assistance Contacts	17,191	18,910	20,801

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

We will continue all prior techniques to increase overall client contacts. By increasing the overall client contact number, each additional column number will also increase - clients under age 65, hard to reach contacts, enrollment contacts and assistance contacts. Prior methods include regular goal tracking to determine focus areas, maintaining an efficient staff structure, effectively serving every client who contacts SHIP, and advertising through media and public events.

Significant change must happen going forwards due to ACL's new mailing requirement. Mail contacts have always been a big part of the SHIP program and we will implement new methods to counteract the loss of those contacts. Increasing volunteer activity will be a top priority necessary to achieve our goals. Existing certified volunteers must consistently report activity or be moved to an inactive status. We must prioritize the recruitment of more volunteers willing to engage with clients while keeping those who enter data and/or do administrative tasks. We will continue to train our volunteers to be confident counselors. We will continue efforts to have positive relationships with our volunteers by showing appreciation and always being available when needed.

Advertising the SHIP program will be another huge component going forwards. Simply distributing more flyers and program information will go a long way. We will continue our radio commercials with Praise FM and have already increased our on-air time for this upcoming year. We will also begin purchasing ads on our East TN SHIP Facebook page. We have discussed and will implement TCAD approved unsolicited approaches. One of these approaches is making outbound courtesy calls to previous clients with the understanding that although the initial contact will not count, the subsequent request of SHIP services will be able to count as contacts.

Increasing the number of consumers reached through outreach events will once again be an essential part our program. We have resumed all in-person events, have many upcoming events already scheduled, and will welcome invitations for all future events. We have also begun virtual presentations and will be increasing those in the future to allow for alternate ways of outreach.

To increase the amount of plan enrollment contacts we will continue our Part D and Advantage Open Enrollment mailings and host enrollment events during both annual enrollment periods. We will continue to maintain positive relationships with existing clients by providing quality counseling and cost savings, which in turn will increase the number of plan enrollments. Being the trusted source to our existing clients will lead to referrals for clients that will eventually need our enrollment assistance.

All SHIP staff have new access to the TennCare Portal system to complete MSP and TennCare applications directly online. This will significantly increase the amount of Low Income/Medicare Savings Enrollment Assistance Contacts. We will continue completing the online LIS applications as usual, but will complete both LIS and MSP applications at the same time due to the SSA and State crossover issues.

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.

This population can be reached by expanding SHIP advertising, partnerships, outreach, and counseling in those areas. In order to increase individual contacts, we will use agency reports to identify target beneficiaries to advertise our services through mail. We will maintain existing partnerships with agencies such as the SSA, Senior Centers, and housing communities by upholding our commitment of availability and accepting all clients our partners refer to the SHIP program.

To reach more minorities and those with limited English proficiency we will identify specific areas and distribute more SHIP information. We will continue to update and use our existing flyers in Spanish and will also order and distribute more CMS materials in different languages. Our goal is to add one bilingual volunteer to our team who is able to assist with counseling, and our staff will continue to use the translation service when needed during phone counseling. Our staff will increase our presence in minority communities through churches and businesses that have a large minority presence.

There are many disabled housing communities in our region to whom we will advertise our services. Our goal is to create partnerships with at least one complex per county. We will distribute flyers and program information to those communities that offer our services to do presentations and be a part of any upcoming resident events. We will also offer to host our own educational events that engage their residents such as Medicare Trivia games. Many residents in disabled housing also qualify for low-income subsidies and dual eligible programs, which will help increase our numbers in both areas. We will increase presentations on low-income programs and make sure every eligible client receives those services.

Exhibit C-4

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 2023 - 2026 Area Plan.

2021* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Pursue opportunities to distribute outreach materials throughout the region.	Staff continue to attend meetings and events in the region. We continuously network with other organizations as permitted by COVID
Seek out minority organizations to open up more dialogue concerning best practices related to outreach	Continuing to try to recruit Spanish-speaking individuals to become SHIP volunteers.
Expand volunteer assisted transportation opportunities in rural communities	Added new projects with ElderTrust funding
Monitor Provider Progress	Additional home-care provider added.

* Last complete 12-month period.

Exhibit C-5

Targeting Plan, Title VI

Civil Rights Act of 1964, Title VI, and Targeting Activities
Area Agency Title VI Implementation Plan FY 2023

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 Title VI Coordinator/Equal Opportunity Officer reports directly to the agency's Executive Director on all equal opportunity matters and works closely with the Human Resources Department to ensure that all Title VI/Equal Opportunity goals and requirements are met. The current Title VI Coordinator/Equal Opportunity Officer is Steve Bandy.

The Title VI/Equal Opportunity position is considered part-time but has the full support of the agency's resources. One of the agency's primary goals is to ensure that all programs are in compliance with applicable federal and state regulations.

The duties and responsibilities of the Title VI Coordinator/Equal Opportunity Officer include, but are not limited to:

- Investigating any and all alleged discrimination complaints.

- Ensuring that all employees have completed orientation on the Title VI/Equal Opportunity regulations and continue to receive Title VI/Equal Opportunity training at least annually.

- Maintaining a log containing any and all discrimination complaints.

- Reviewing annual Title VI surveys submitted by each department.

- Reporting potential problems to the agency's Executive Director with the overall goal of correcting any possible non-compliance issues.

2. Complete the following table: Title VI

	FY 22	FY 23 Projected
Total Individuals Served	30,444	31,000
Total Minority Individuals Served	1,887	1,900

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

ETHRA contracts with Telelanguage Services, a telephone language interpreter service. Staff members connect with the consumer and the language line representative through a 3-way phone call. A note is made in the consumer's file that assistance is required from the language line. Staff members use the "I Speak" cards developed by the US Department of Commerce to help identify languages.

Critical program documents are available in Spanish, the predominant second language of our area. Although other languages are rarely encountered, forms and documents can be translated instantly as needed using Google Translation service. Use of the interpretive and translation services ensures the agency is ready to meet the needs of the LEP population, and directions to effectively use both services are immediately available to all employees through the agency's intranet.

4. Complaint Procedures

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

   Acceptance of the Complaint - Upon receiving a Title VI/ EO complaint, the Title VI Officer will determine whether the complaint states a valid claim. A copy of the complaint will immediately be forwarded to the Tennessee Human Rights Commission (THRC) for jurisdictional determination. If the complaint states a valid claim, it will be accepted for processing immediately and added to the complaint log. The complainant and ETHRA will be notified. In addition, the funding source for the program involved (Tennessee Commission on Aging and Disability) will immediately be notified that a complaint has been made and an investigation has begun. Both the funding source and THRC will receive regular updates regarding the case and a copy of any final decision.

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

   Investigation - Once a complaint is accepted for processing, the Title VI officer will conduct a factual investigation to determine whether the action at issue constitutes discrimination based on race, sex, color, age, national origin, disability, handicap, family status, political affiliation or belief, citizenship or status of a lawfully admitted immigrant authorized to work in the United States, or any other category protected by federal or state law.

It is the general policy of the Title VI Officer to investigate all administrative complaints that have apparent merit and are complete or properly pleaded. Examples of complaints with no apparent merit might include those which are so insubstantial or incoherent that they cannot be considered to be grounded in fact.

A complete or properly pleaded complaint is:
    i.   In writing, signed, and provides an avenue for contacting, the signatory (e.g., phone number, address);
    ii.   Describes the alleged discriminatory act(s) that violate Title VI/ EO regulations (i.e., an act of intentional discrimination or one that has the effect of discriminating on the basis of race, color, national origin, sex, age, disability or other protected category);
    iii.   filed within 180 calendar days of the alleged discriminatory act(s); and
    iv.   Identifies the recipient that took the alleged discriminatory act(s).

The Title VI Officer will make a determination to accept, reject, or refer (to the appropriate Federal agency) a complaint within seven (7) calendar days of acknowledgment of its receipt.

Processing complaints
a) The Title VI Officer will maintain a log of all complaints and appeals, and any official complaint will be noted in the log by case number based on year, month and sequence in which complaint was received.
b) A copy of the complaint will also be forwarded to the alleged discriminatory service or program official.
c) The investigating officer will initiate the investigation by first contacting the complainant by telephone within three (3) workdays of receiving the assignment to set up an interview.
d) The complainant will be informed that they have a right to have a witness or representative present during the interview and can submit any documentation he/she perceives as relevant to proving his/her complaint.
e) The alleged discriminatory service or program official will be given the opportunity to respond to all aspects of the complainant's allegations.
f) The investigating, officer will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned.
g) The investigating officer will contact the complainant at the conclusion of the investigation, but prior to writing the final report and give the complainant an opportunity to give a rebuttal statement at the end of the investigation process.
h) The investigation will be completed and a final report will be sent to the THRC; the program's funding source; the alleged discriminatory service or program; and the complainant within sixty (60) calendar days of the date the complaint was received by Title VI Officer. The final report will include the following;
    a)   the written complaint containing the allegation, basis, and date of filing
    b)   summarized statements taken from witnesses
    c)   finding of facts
    d)   opinion (based on all evidence in the record) that the incident is substantiated or unsubstantiated

e) remedial action(s) for substantiated cases
f) If corrective action(s) is recommended, the alleged discriminatory agency will be given thirty (30) calendar days to inform the Title VI Officer of the actions taken for compliance.
g) Corrective actions can be in the form of actions to be taken at a future date after the initial thirty (30) days, with projected time period(s) in which action will be completed.
h) If the recommended corrective action(s) have not been taken within the thirty (30) day time period allowed (or any extension), the recipient will be found to be in noncompliance with Title VI and implementing regulations, and a referral will be made to the THRC and the program's funding source for enforcement action.

Appeals Procedures-
a) The complainant has the right to appeal all written reports to the THRC, and/or the program's funding source.
b) This appeal must be made in writing to the Title VI Officer within fourteen (14) days of receipt of the Department's final report.
c) The appeal must specifically cite the portion(s) of the finding with which the complainant disagrees and his/her reason(s) for disagreement.
d) The Title VI Officer will forward this appeal within seven (7) calendar days to the THRC and the program's funding source for review.

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

ETHRA has not had any complaints during the current or past fiscal year.

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 of Total Subcontractors	36
Number of Minority Subcontractors	4
Percentage of Total	9%
Amount Expended through Minority Subcontractors	$70,734
Percentage of Total Expended	4% (of traditional funding)

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.

We train our providers annually on Title VI requirements, and review compliance on these items during onsite quality assurance visits. We continue to execute a Title VI Compliance

Review form during annual quality assurance visits to better capture the requirements (see attached). The form is maintained on file for each provider.

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?

   We partner with other organizations through the East TN region to participate in various events allowing us to outreach and share information. We participate in Inter-Agency Councils / Senior Resource Network groups and continue to promote information sharing through our county offices on aging and senior centers.

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

   Minority populations make up a fairly small percentage of the ETAAAD service area. We make every effort to be diverse in all areas of our work. We currently have 3 service providers that are minority owned. The East TN Council on Aging and Disability has a history of minority representation. We maintain ongoing efforts to recruit additional minority representatives through avenues such as the County Offices on Aging, ETCAD meetings, and quality assurance assessments.

   The composition of the ETHRA Board of Directors is set by the Tennessee Legislature and is composed of county and city mayors within our service area.

   We plan to add Diversity Outreach to the agenda for the ET Advisory Council Meeting again in October 2022. Given the structure of the current bylaws, we may need to add two "at large" members and actively recruit minority representatives for these positions – this will be our recommendation to the Council in May.

   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?

   We evaluate on an annual basis our contractors' ability to outreach to and support minority populations by analyzing service delivery data, activity logs, SAMS client data, and reviewing special programs that are intended to attract and include minority individuals.

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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
Pursue opportunities to distribute outreach materials throughout the region.	Attend pertinent meetings and events, serve as speaker, network with other organizations	All Staff
Seek out minority organizations to open up more dialogue concerning best practices related to outreach	Schedule and conduct meetings	Aaron Bradley John Bender
Expand volunteer assisted transportation opportunities in rural communities	Partner with providers to develop sustainable programs	Aaron Bradley Tracy Armstrong
Monitor Provider Progress	Identify providers / counties that need attention / support	John Bender Aaron Bradley Ryan Grubb Celeste Allen

Title VI of the Civil Rights Act of 1964 Compliance

The East Tennessee Human Resource Agency - ETHRA – East Tennessee Area Agency on Aging and Disability reaffirms its policies to afford all individuals the opportunity to participate in federal financially assisted programs and adopts the following provision:

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

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

Prohibited practices include:

1. Denying any individual any services such as: congregate meals, in-home services, and information and assistance; opportunity to serve as a volunteer, advisor, or member of a policy board, positions of leadership, or other benefit for which he/she is otherwise qualified.

2. Providing any individual with any service, or other benefit, which is different or is provided in a different manner from that which is provided to others under the program, such as the selection of menu items, the mode of style of service, or the manner of conveyance in transportation.

3. Subjecting any individual to segregated or separate treatment in any manner related to that individuals receipt of service, including congregate meals in separate sites or facilities, senior center services in separate sites or facilities, or employment services in separate sites or facilities.

4. Restricting an individual in any way in the enjoyment of services, facilities or any other advantage, privilege, or other benefit provided to others under the program.

5. Adopting methods of administration which would limit participation by any group of recipients or subject them to discrimination, including submitting bids for services and receiving contracts or subcontracts; and personnel practices such as hiring, firing, and granting raises.

6. Addressing an individual in a manner that denotes inferiority because or race, color, or national origin.

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

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

SIGNATURES

_____   Date _3/31/2022_
Aaron Bradley, ETAAAD Director

_____   Date **3/31/2022**
Gary Holiway, ETHRA, Executive Director

AAAD STAFFING

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

   AAAD Organizational Chart attached.

2. List all new hires not included in the FY 2021 - 2022 Area Plan Update. Include the following information:

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

   1) Cliff Adkins
      CHOICES Enrollment Support Coordinator
      Full-time
      Associate of Science in Medical Assisting

   2) Hugh Kring
      CREVAA Manager
      Full-time
      High School Diploma; Certification in Emergency Medicine

   3) Brianne Rousselle
      CREVAA Advocate
      Full-time
      Bachelor of Science in Social Work

   4) Taylor Smith
      CHOICES Assessor
      Full-time
      Bachelor of Science in Social Work

   5) Ryan Grubb
      AAAD Finance Manager
      Full-time
      Bachelor of Arts in Economics

   6) Grace McKinney
      Guardianship / Finance Tech
      Full-time
      High School Diploma

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    7) Evan Ebuna
       CREST Advocate
       Full-time
       Master's Degree in Social Work & Organizational Leadership

    8) Mike Sokol
       CHOICES Program Manager
       Full-time
       Bachelor of Science in Nursing, RN

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

   Gary Holiway, Executive Director, East Tennessee Human Resource Agency

2. The total number of staff at the AAAD is: <u>37</u>. Of the total number of AAAD staff the following are:
   - Age 60+: 10
   - Female: 25
   - Minority: 2
   - Disabled: 1

3. 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 – 5

4. What is the average caseload for Options Counselors for OPTIONS, III-B In-Home Services, III-C and or III-E – Between 125 – 150

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

   We plan to utilize the subcontract we have with Choices in Senior Care to manage home visits and home assessments and reassessments as needed but retain all ongoing case management with our 5 full-time Options Counselors.

Training and Staff Development Plan
FY2023 (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: A Family Affair	10			November 2022
Alzheimer's TN Symposium	7			June 2022
AIRS Conference	2			Annually
APS / OCJP Conference (out of state)	2			August 2022
CREVAA Training (TCAD)	4			June 2023
Conservatorship Association of TN Conference	2			Spring 2023
ETAAAD Professional Training Series	20	50	20	Quarterly – Ongoing
ElderLaw Forum	2			July 2022
Mediware - SAMS Conference (out of state)	2			Fall 2022
HCBS Contractors	7	40		Quarterly
I&A Staff – AIRS Training	3	15		July 2022
N4A Conference (out of state)	4			July 2022
NGA Conference (out of state)	2			Fall 2022
Office on Aging / Senior Center Directors		30		Quarterly
Ombudsman Annual Appreciation	5		30	Spring 2023
Ombudsman Representative Training	2		30	Quarterly
State Ombudsman Training	1			Spring 2023
Public Guardian Program Training	1			Spring 2023
SAMS IR Training	5	25		Quarterly
SE4A Board Meetings (out of state)	1			2 meetings / year – SE4A Pays $500 Toward Travel Costs
SE4A Conference	5	10	5	September 2022
TFA Conference	5	20		October 2022
SHIP Training	4	40	50	May 2023
SHIP Annual Update Training	4	40	25	Fall 2022
SHIP Training – National (out of state)	3			Annually

SHIP Training – State	3			April 2023
Smoky Mountain Criminal Justice Conference	4			October 2022
TAHRA Training	7			Fall 2022
TN Alliance for Legal Services Conference	4			Fall 2022
TN District Attorneys General Conference	3			October 2022
TN Society of Healthcare Social Workers Conference	4			September 2022
VAPIT Bi-Annual Meeting / Training	4			August 2022 / February 2023
Victim Advocate Training	4			Summer 2022
Tennessee Conference of Social Welfare (TCSW)	4			Spring 2023
Title VI Training	37	50	50	Annually

Advisory Council

A. MEMBERSHIP and REPRESENTATION

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

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

Members	Represents
Terry Frank	K
Louise McKown	A / H / N
John Lamb	A / F / M
John Vanover	D / F / K / M
Shirley Holt	A / F / H
Doug Burton	J
Bill Tapp	A / H / J / M
Chris Garner	A / D / F / H
Dawn Schoenherr	D / G / I / J
Cathy Jones	A / D / F
Jeff Nance	A / D / F / J / M
Maranda West	D / H / I / J / M
Gary Cody	A / D / F / M

B. **SCHEDULE OF ADVISORY COUNCIL MEETINGS for FY2022 (Up-dated annually)**

Give Dates and Times of Scheduled Meetings

> *July 13, 2022 – 10:00 a.m.*
>
> *September 14, 2022 – 10:00 a.m.*
>
> *November 9, 2022 – 10:00 a.m.*
>
> *January 11, 2023 – 10:00 a.m.*
>
> *March 8, 2023 – 10:00 a.m.*
>
> *May 10, 2023 – 10:00 a.m.*

C. **OFFICERS & OFFICE**

Name of Officer	Office	Date Term Expires
Dawn Schoenherr	*Chair*	*December 31, 2022*
Shirley Holt	*Vice-Chair*	*December 31, 2022*
Chris Garner	*Secretary*	*December 31, 2022*

D. **ADVISORY COUNCIL BYLAWS**
Attach Bylaws that show date of last review.

By-Laws are attached

Advisory Council Bylaws
Only Update if there have been changes to the Bylaws

East Tennessee Council on Aging and Disability (ETCAD) Bylaws are attached.

Membership list updated February 22, 2022

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.

   March 9, 2022

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

   Area Plan information was emailed to members on March 2, 2022 prior to the review meeting. The meeting was in-person and via Zoom on March 9, 2022 at 10:00 a.m. A detailed discussion on the Area Plan and other meeting Agenda items was undertaken. The Meeting Agenda is attached.

   The Public Hearing was conducted the same day, March 9, 2022, at 1:00 p.m. That meeting was also in-person and via Zoom. The Agenda for the Public Hearing is also attached.

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

   Louise McKown   Gary Cody   Bill Tapp   Doug Burton   John Lamb

   Dawn Schoenherr   Maranda West   Chris Garner

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

   The Advisory Council made several positive comments on the significant amount of programs, standard OAA and those specific to ETAAAD, that this Area Agency administers and on the large number of individuals served by those efforts.

   The Area Plan was voted on and unanimously approved.

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

A line-item total in the proposed budget, for a new program, was identified as missing.

That notation was acknowledged, and the correction was made immediately following the meeting.

Plan reflects a broad level of program administration and service delivery to the elderly and disabled population of the region – good job;

ETAAAD staff appreciate the kind words

Local Offices on Aging were recognized generally on first page of Executive Summary narrative, but were not specified in funding categories;

Detailed budget information was added to clearly indicate the level of III-B funding available to County Offices on Aging

For some funding categories, there are multiple points of service which need to be recognized, such as "HCBS – Medicaid CHOICES Funding" and "Supplemental Nutrition Assistance (SNAP) Senior Outreach" partnering in Blount County;

These details were added to the to the final area plan document

Under "Health Promotion Services" the Stay Active and Independent for Life (SAIL) program may use other than regional and local health departments for service delivery – in Blount County the Office on Aging and a local leadership group seems to take the lead;

Duly noted and thank you for your continued support and hard work

Program service delivery may need to evaluate and support partnered point of service alternatives in existing Office on Aging and larger Community Action Agency (CAA) programs at the county level. Point of service and program service delivery may often be implemented more directly, efficiently and with greater personal commitment at the county Office on Aging and CAA level.

As you know, the focus at the ETAAAD is on allowing and encouraging the County Offices on Aging to take the lead in county with support from the ETAAAD staff

ASSURANCES
Older Americans Act (2020) Assurances of Compliance

AREA PLANS

S<small>EC</small>. 306. (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where ap- propriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

(II) include proposed methods to achieve the objectives de- scribed in items (aa) and (bb) of subclause (I);

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

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

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as

organizations carrying out Federal service programs administered by the Corporation for Na- tional and Community Service), in community service set- tings;

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

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

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

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

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

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

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

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

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for pro- viding long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for

the agency providing such services; or

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

(9) provide assurances that—

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

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

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

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

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

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

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

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

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

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

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

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

(ii) the nature of such contract or such relation- ship;

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

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

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

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

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

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

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

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

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

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

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

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

(19) provide assurances that the area agency on aging will use outreach efforts that will identify

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individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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

(2)   Such assessment may include—

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

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

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

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

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

(A)   health and human services;
(B)   land use;
(C)   housing;
(D)   transportation;
(E)   public safety;
(F)   workforce and economic development;
(G)   recreation;
(H)   education;
(I)   civic engagement;
(J)   emergency preparedness;
(K)   protection from elder abuse, neglect, and exploitation;
(L)   assistive technology devices and services; and
(M)   any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph

(2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

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

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

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

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

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

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

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

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

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

Availability of Documents

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

1. Current policy making board member roster, including officers

2. Applicable current licenses

3. AAAD Advisory Council By-Laws and membership list

4. AAAD staffing plan
   a. position descriptions (signed by staff member)
   b. staff resumes and performance evaluations
   c. documentation that staff meet the educational and experience requirements of the position and that appropriate background checks have been completed
   d. equal opportunity hiring policies and practices
   e. organizational chart with employee names

5. Personnel Policy Manual of grantee agency

6. Financial procedures manual in accordance with TCAD policies

7. Program procedures manual

8. Interagency agreements, if applicable

9. Insurance verification (general professional liability such as errors and omissions, officers and directors, etc.)

10. Bonding verification

11. Affirmative Action Plan

12. Civil Rights Compliance Plan, title VI plan

13. Conflict of Interest policy

14. Grievance Procedure and designated staff member

15. Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers, and participation of target groups, low income, minority, rural.

16. Americans with Disabilities Act (ADA) policies, ADA Existing Facility Checklist and report on barrier removal

17. Documentation of match commitments for cash, voluntary contributions and building space, as applicable

18. Financial Reports, or if applicable, copy of audited copy of Financial Report of service providers

19. Emergency Preparedness/Disaster Plan

20. Drug-Free Workplace policies

21. Confidentiality and HIPAA policies

22. Individual background information for newly hired employees and volunteers who provide direct care for, have direct contact with, or have direct responsibility for the safety and care of older persons and adults with disabilities in their homes.

Certification by Authorized Agency Official

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

SIGNATURES

_____   Date _3/31/2022_
Aaron Bradley, ETAAAD Director

_____   Date _3/31/2022_
Gary Holiway, ETHRA Executive Director

ADDITIONAL DOCUMENTS *(Attached)*

Exhibit Number	**Title of Exhibit**
H-1	Budget Area Plan
H-2	Personnel Area Plan
H-3	List of Subcontracting Agencies
H-4	List of Nutrition Sites

Request for Waiver for FY2023-2026

ETAAAD

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.
   Knoxville – Knox County Community Action Committee
2. Explain how the current level of service in the PSA is inadequate to meet the need.
   We utilize Knox CAC as the Knox County OOA they provide case management services for the home support services they directly fund through III-B funding.
3. Explain how this service is directly related to the AAAD's administrative function.
   Keeping this service with the provider is more efficient than the AAAD attempting to provide case management services at our level and it maximizes outcomes for the client because the OOA provides a wide range of support services other than those funded by the OAA program.
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.
   The case management services at the AAAD cost approximately $600 a year per client so the cost for case management services at CAC for the Knox OOA in-home support program is less than $500 a year.

X **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.
   East Tennessee Human Resource Agency
   Blount County Community Action Agency
   Douglas Cherokee Economic Authority
   Knoxville-Knox County Community Action Committee
   Mid-East Community Action Agency
2. Explain how the current level of service in the PSA is inadequate to meet the need.
   East Tennessee Area Agency on Aging and Disability has contracted with the Community Action Agencies in the respective service areas for 40 plus years. These agencies are the only ones who have shown a willingness to provide these services within the rural counties. ETHRA is the designated Community Agency for Campbell, Claiborne, Morgan, Scott and Union counties. Anderson County Community Action Agency does not have the ability to provide these services; therefore, ETHRA was asked to add Anderson County to their service area for meals.
   Campbell, Claiborne, Morgan, Scott and Union are all among Tennessee's distressed and at risk counties. These are extremely remote communities with limited resources. These counties are very rural and cover a large geographical area with low density population, which both creates a greater need for and increased cost of meeting this critical need of isolated seniors. There are no other organizations with the willingness to provide the match funding that is required for this program.
3. Explain how this service is directly related to the AAAD's administrative function.
   It has proven beneficial to the ETAAAD administrative staff to have a portion of the nutrition program under direct management - this experience has proven helpful in developing policy and implementation strategies for all nutrition services in the region.
4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.
   Moving this service after 25 years of success would be disruptive to consumers, disruptive to the access / referral process and disruptive to the employees who work in this program. The cost comparisons with other meal providers in the region are comparable as evidenced through the year end reports to TCAD. No other agency would be able to service these sparsely populated counties at this cost.

 X **Ombudsman**

1. List all agencies in the PSA that provide this service to elderly persons.
   No other agencies provide ombudsman service for the elderly.

2. Explain how the current level of service in the PSA is inadequate to meet the need.
   The East Tennessee Human Resource Agency is a 16 county service provider and was asked to incorporate the Ombudsman service with the legal service program when Ombudsman funding was first realized through the OAA because the initial funding was very limited and the only feasible way to get the program developed was through this assignment. This request was made by the Director of the East Tennessee Area Agency on Aging and Disability and approved by the Tennessee Commission on Aging and Disability.
3. Explain why it is a best practice for the AAAD to provide this service directly.
   We view this service as a part of our advocacy and representation role in the community and as such it has represented a good service to manage directly for over 25 years. This service also compliments our role as the single point of entry for long term care.

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

1. List all agencies in the PSA that provide this service to elderly persons.
   No other agencies provide this full suite of caregiver support services, training, respite care, etc. A few local agencies such as Knoxville – Knox County Community Action Committee and Choices in Senior Care provide one or two services, and we contract with those to provide those services which they will.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
   Since no agencies provide comprehensive caregiver support, that leaves the AAAD as the only viable option for complete support services.
3. Explain how this service is directly related to the AAAD's administrative function.
   We view this service as part of our regional service delivery system and therefore an integral part of our overall administrative functions – managing this service directly provides the AAAD with more control and keeps us more engaged with the home care provider network. This service also compliments our role as the single point of entry for long term care.
4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.
   Keeping this service within the AAAD allows its incorporation with our other case management services, saving on administrative charges. It also allows us to contract out various subservices to those providers capable of doing so.

but when they cannot, we are able to utilize internal efficiencies and matching funds to meet the needs.

X   Other <u>Health Promotions and Disease Prevention</u>

1. List all agencies in the PSA that provide this service to elderly persons.
   No other agencies provide this service.
2. Explain how the current level of service in the PSA is inadequate to meet the need.
   The service level outside of the AAAD is inadequate because it is non-existent.
3. Explain how this service is directly related to the AAAD's administrative function.
   Given the limited amount of funding available for this service it is best that the resources be used to identify health promotion resources on a regional basis and work with all senior centers to establish services locally instead of allocating these funds to the centers to design and implement health promotion programs individually. For this reason, we believe it fits well with the AAAD's planning and resource development responsibilities.
4. Explain why it is more cost effective for the AAAD to provide this service than contracting it out.
   The cost-effectiveness is due to the AAAD's ability to utilize a single master trainer to implement the program across our entire footprint.
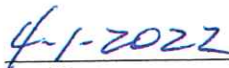
SIGNATURES:

_____
Aaron Bradley, ETAAAD Director

3/31/2022
Date

_____
Gary Holiway, Executive Director, ETHRA

4/1/2022
Date

_____
Dawn Schoenherr, Chair of ETCAD

4-1-2022
Date

_X_ **Legal Assistance**

1. List all agencies in the PSA that provide this service to elderly persons.
   Legal Aid of East Tennessee
2. Explain how the service capacity in the PSA is inadequate to meet the need.
   Legal Aid is in fact subcontracted for the legal services in Knox County via Knoxville –
   Knox County Community Action Committee. They are unable to provide services to the
   other 15 counties of our PSA at the funding level provided.
3. Explain why the Legal Services Corporation funded agency serving the region does not
   have the capacity to meet the need.
   Legal Aid of East Tennessee is the Legal Services Corporation funded agency for most of
   our region. They use various grants to service individuals of all ages below the poverty
   line, but cannot provide service for all 60+ citizens at the current funding level.

_X_ **Senior Center/Office on Aging**

1. List all agencies in the PSA that provide this service to elderly persons.
   East Tennessee Human Resource Agency
   Anderson County Senior Center Services
   Blount County Community Action Agency
   Maryville-Alcoa-Blount County Tennessee Parks & Recreation Commission
   Campbell County Senior Citizens Center
   Jellico Senior Citizens Center
   Grainger County Government
   Senior Citizens Center, Inc.
   Jefferson County Government
   Knoxville-Knox County Community Action Committee
   Loudon County Government
   Monroe County Senior Citizens and Friends, Inc.
   Mid-East Community Action Agency
   Scott County Government
   Sevier County Government
   Union County Government
2. Explain how the current level of service in the PSA is inadequate to meet the need.
   Many of the counties in our region currently do provide the SC and OOA service, and we
   encourage them to do so and contract out that service when possible. The remaining
   SC's and OOA's that we service are due to those county governments' current
   unwillingness to take on the service for themselves.
3. Explain why it is more cost effective and efficient for the AAAD to provide this service
   instead of contracting it out.
   At the current funding levels and required match for this service, it is difficult for some
   smaller counties to fulfill this service. We encourage the counties to do so when possible,

Request for Waiver for FY 2023

ETAAAD

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.

Requesting Five Day Waiver for Site? (Y/N)	General Information			Physical Location		
	Site	County	Provider	Address	City	Zip
Y	Louisville	Blount	BCCAA	3523 Louisville Rd	Louisville	37777
Y	MLK Center	Blount	BCCAA	209 E Franklin	Alcoa	37701
Y	Rhea Mims Building	Cocke	DCEA	335 E Broadway	Newport	37821
Y	Autumn Village Apartments	Grainger	DCEA	125 Autumn Village	Rutledge	37861
Y	Mill Creek Apartments	Grainger	DCEA	123 Mill Creek Apartments	Rutledge	37861
Y	Grace Point Baptist Church	Jefferson	DCEA	1170 Highway 11E	Talbott	37877
Y	Jefferson City Public Library	Jefferson	DCEA	108 City Center Dr.	Jefferson City	37760
Y	Rennaissance Square Apartments	Sevier	DCEA	135 W. Macon lane	Seymour	37865
Y	Oak Ridge Senior Center	Anderson	ETHRA	1403 Oak Ridge Turnpike	Oak Ridge	37830
Y	Seiver Towers	Anderson	ETHRA	150 Charles Seivers Blvd	Clinton	37716
Y	Campbell County ETHRA Office	Campbell	ETHRA	2301 Jacksboro Pike	Lafollette	37766
Y	Jellico Senior Center	Campbell	ETHRA	300 Baker	Jellico	37762
Y	Morgan County ETHRA Office	Morgan	ETHRA	1111 Knoxville Hwy	Wartburg	37887
Y	Scott County Nutrition	Scott	ETHRA	215 Sunset dr	Oneida	37841

Y	Union County Senior Center	Union	ETHRA	298 Main St	Maynardville	37807
Y	South Community Center	Knox	K-KC CAC	522 Old Maryville Pike	Knoxville	37920
Y	Brittian Village	Roane	MECAA	113 Wagner Court	Oliver Springs	37840
Y	Lakewood Village	Roane	MECAA	375 S. Third Street	Kingston	37763

SIGNATURES:

_____   3/31/2022
Aaron Bradley, ETAAAD Director   Date

_____   4/1/2022
Gary Holiway, Executive Director, ETHRA   Date

_____   4-1-2022
Dawn Schoenherr, Chair of ETCAD   Date

East Tennessee Human Resource Agency
East Tennessee Area Agency on Aging and Disability
9111 Cross Park Drive, Suite D-100
Knoxville, Tennessee 37923

East Tennessee Area Plan Amendment
OPTIONS 2.0 Funding

1. Complete the following table with current waitlist information:

Number of Individuals on OPTIONS Category A Waiting List	199
Number of Individuals on OPTIONS Category B Waiting List	389

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

	FY 2023 – Projected (Served/Units)
State – Options Allocation Amount	$1,697,500
# Served	199
Units of Service	62,500

Describe the methodology for the projections listed above.

We plan to utilize $1.5 Million of the total allocation for unit cost contracts for meals, homemaker, personal care and PERS services and reserve $197,500 for the self-directed voucher program, minor home repair, transportation, and assistive technology. The service estimate is projected for 6 hours a week at $23.44 an hour.

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

Due to higher acuity scores, we plan to focus most of the funding on individuals on the Category A waiting list and if needed move to the Category B waiting list.

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

We plan to utilize the existing case managers to make contact with those on the wait list and completing assessments via telephone to get a quick start. We also plan to meet with all of the home care providers individually to determine if they have any additional capacity given the potential rate increases that likely are coming because most of this work cannot be done unless providers can develop additional capacity.

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

As the caseload grows, we will likely have to add case management and screening staff but we do not anticipate needing to hire more than 3 staff (2 case managers / one screening) in FY23.

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

Type of Service	FY 2023 – Projected (Budget Amount)	FY 2023 – Projected (Persons Served)	FY 2023 – Projected (Units Served)
Transportation	90,000	150	3,500
Home Mods	90,000	120	240
Assistive Technology	17,500	150	1,200

Describe the methodology for the projections listed above.

Transportation – negotiate contracts with transit providers, home support providers and county offices on aging and authorize these services as part of the approved care plan (action plan). We anticipate the cost to be between $20 and $25 a trip.

Home Mods – release requests for proposal to companies that provide home repair services including, heat and air, plumbing, electrical, roofing, safety devices for the bathroom, fall prevention modifications, modular ramps, carpentry, etc. We anticipate setting a cap at no more than $1,500 a year. We anticipate the average will be closer to $500 or less.

Assistive Technology – we will focus this funding on mobility devices (not durable medical equipment unless we cannot find another pay source) basic hearing aids with an exam, memory aids, low cost tablets with voice recognition software, low cost devices to enlarge print, grab bars, eating utensils, walking canes – supports, dressing devices, special handles – grips – extended reach devices, etc. We will work with the ET Independent Living Center for support and counsel.