AREA PLAN SCHEDULE FY 2027-2030

Task	Deadline	Responsible Agency
1. Area Plan Timeline, Format, Instructions, and RFP Guidance sent to AAAD	**12/1/2025**	**DDA**
2. Area Plan Budget and Personnel Worksheets sent to AAAD *	**2/6/2026**	**DDA**
3. Area Plan Submitted (Submit signed copy of plan via email)	**4/3/2026**	**AAAD**
4. Notification of Area Plan corrections needed	**4/17/2026**	**DDA**
5. Area Plan revisions submitted to DDA, if needed	**4/24/2026**	**AAAD**
6. Approval of Area Plans	**4/30/2026**	**DDA**
7. Area Plan Approval Letters, Contracts, and Subcontract Assurances Formstack sent to AAADs	**5/08/2026**	**DDA**
8. Contracts sent to DDA for processing	**5/18/2026**	**AAAD**
9. Contracts countersigned and entered into Edison	**5/25/2026**	**DDA**
10. Subcontract Assurances Formstack submitted	**7/31/2026**	**AAAD**
11. Subcontract List corrections submitted	**10/31/2026**	**AAAD**

*Reminders:

- Area Plan must be available for public review and comment for at least 30 calendar days
- Public hearings must be held
- Public hearings must be advertised at least two weeks prior to the event

Area Plan Instructions
FY 2027 – 2030: July 1, 2026, to June 30, 2030

Instructions for each exhibit are provided on the table below.

EXHIBIT	TITLE	INSTRUCTION
	Submittal Page	Complete and submit
	Intro Page	Complete and submit.
A-1	Designated PSA	Complete and submit.
A-2	AAAD County Data	Insert the County Data for your AAAD (Data will be provided by DDA as soon as it is available.)
A-3	Greatest Need and Assessment of Unmet Need	Complete this section based on evaluation of unmet needs.
B-1	Plan for Program Development & Coordination	If your plan includes the use of III-B fund for program development and coordination, provide narrative on how those funds will be used.
C-1	FY 2023-2026 Highlight of Accomplishments	Provide a status update of accomplishments.
C-2	Goals, Objectives, Strategies, and Performance Measures	Develop Goals for FY 2027-2030. Each program the AAAD intends to provide should be addressed (including self-direction where feasible). Provide objectives and strategies that coordinate with and reflect the State plan goals for services. Include performance measures for each goal.
C-3	Program Planning for FY 2027 and FY 2028	Provide information to the questions detailing program planning for FY 2027 and FY 2028.
C-4	Targeting Status report	Update the actual accomplishments for FY 2023-2026.
C-5	Targeting Plan, Title VI	Complete the AAAD Title VI Implementation Plan for FY 2027-2030.
D-1	AAAD Staffing	Provide information to questions concerning AAAD staffing.
D-2	AAAD Out-of-State Training Plan	Provide information on all out-of-state training events you/your staff plan to attend in FY 2027.
E-1	Advisory Council	Complete information on Advisory Council.
E-2	Public Hearing	A public hearing is required, and this section must be completed detailing information regarding the hearing.
E-3	Advisory Council Participation in the Area Plan Process	Provide information on the involvement of the Advisory Council in the Area Plan process.

F-1	Direct Provision of Services Provided by OAA Funding	Submit this waiver indicating which services the AAAD is requesting to provide directly.
F-2	Five Day Requirement	Submit this waiver if the AAAD is requesting to waive the five-day meal requirement for any of its nutrition sites.
F-3	Required Minimum Expenditures for Priority Service	Submit this waiver if the AAAD is requesting to waive the requirement to meet the minimum expenditures
F-4	DDA Policy Requirement	Submit this waiver if the AAAD is requesting to waive a DDA policy requirement
G-1	Assurances	Sign the attached documents which include the three (3) assurances. The assurances must be signed as a part of the FY 2027-2030 Area Plan.
H-1	Budget Area Plan	Submit using the attached excel document. (Please send a copy in the excel format)
H-2	Personnel Area Plan	Submit using the attached excel document. (Please send a copy in the excel format.)
H-3	Subcontracting Agencies	Complete and submit using the attached excel spreadsheet listing the subcontracting agencies for FY 2027 (Please note any additions or deletions of subcontracting agencies to this document will need to be updated and resubmitted) (Please send a copy in the excel format.)
H-4	Nutrition Sites	Complete and submit using the attached excel document. (Please send a copy in excel format.)

SUBMITTAL PAGE

(X) Area Plan for July 1, 2026 - June 30, 2030
( ) Amendment (Date): ____________

This Area Plan for Programs on Aging and Disability is hereby submitted for the ___ planning and service area. The South Central 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 Department on Disability and Aging.

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

Signature: ________________________________ Date: _________
Jamie Canady, Area Agency Director

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

Signature: _________________________________ Date: _________
Mike Cesarini, Chair
Area Agency Advisory Council

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

Signature: ________________________________ Date: _________
Paul T. Rosson, Director
Grantee Agency

Signature: ________________________________ Date: _________
Jonah Keltner, Chair
Grantee Agency Board

AREA PLAN on AGING and DISABILITY

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

South Central TN Development District

Designated Area Agency on Aging and Disability

for the

South Central Tennessee
Counties of Bedford, Coffee, Franklin, Giles, Hickman, Lawrence
Lewis, Lincoln, Marshall, Maury, Moore, Perry and Wayne

Planning and Service Area

in TENNESSEE for

July 1, 2027 – June 30, 2030

Exhibit A-1

Designated Planning and Service Area

AAAD Name:	South Central Area Agency on Aging and Disability
Physical Address:	101 Sam Watkins Blvd. Mount Pleasant, TN 38474
Mailing Address (if different):	
AAAD Phone and Fax Number:	**phone:** 931-379-2940 **fax:** 931-379-2685 **toll free:**1-866-836-6678
AAAD Email Address:	jcanady@sctdd.org
Website:	www.sctaaad.org
AAAD Director:	Jamie Canady
In Operation Since:	1972
Mission:	To assure that older adults age 60 and over, and adults age 18 and over with a physical disability, in this 13-county district, have the opportunity to realize their full potential and to participate completely in community life, work opportunities, and to receive appropriate support services, as needed, to maintain their independence for as long as possible. South Central PSA is made of the 13 counties of: Bedford, Coffee, Franklin, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, and Wayne

Exhibit A-2

AAAD County Data

	Population		Language	Poverty			Rural
Geography	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
Bedford Co	11228	12.18%	3.51%	5.98%	5.98%	1.03%	55.60%
Coffee Co.	14523	8.12%	2.32%	14.89%	14.89%	2.88%	47.30%
Franklin Co.	12511	8.80%	2.06%	10.54%	10.54%	1.83%	69.60%
Giles Co.	8595	13.12%	1.87%	7.04%	7.04%	0.19%	73.70%
Hickman Co.	6321	7.51%	0.73%	8.04%	8.04%	1.72%	100.00%
Lawrence Co.	10898	5.42%	1.95%	16.33%	16.33%	1.90%	75.90%
Lewis Co.	3508	3.14%	0.56%	17.30%	17.30%	0.00%	70.20%
Lincoln Co.	9961	8.52%	2.33%	12.73%	12.73%	0.87%	72.50%
Maury Co.	8764	12.46%	2.50%	9.80%	9.80%	0.01%	65.80%
Marshall Co.	27592	10.84%	9.20%	8.26%	8.26%	2.18%	41.60%
Moore Co.	2183	5.69%	0.81%	12.53%	12.53%	0.14%	99.90%
Perry Co.	2667	8.81%	0.79%	12.27%	12.27%	1.36%	100.00%
Wayne Co.	4477	4.80%	2.70%	21.10%	21.10%	0.25%	100.00%

Exhibit A-3

Greatest Need and Assessment of Unmet Need

As a part of the Area Plan process, the AAAD shall assess and evaluate the unmet need within the planning and service area. The AAAD shall submit objectively collect and where possible, statistically valid, data with evaluative conclusions concerning the unmet need for supportive services, nutrition services, evidence-based disease prevention and health promotion services, family caregiver support services, and multipurpose senior centers. The evaluations for each area agency shall consider all services in these categories regardless for the source of funding for the services.

1. Utilizing the following definition, please identify the populations within your PSA who are in the greatest economic need and greatest social need.

   The South Central Area Agency on Aging and Disability (SCAAAD) serves a diverse 13-county region of rural communities and small towns across South Central Tennessee. Within this Planning and Service Area, the agency assesses local needs, coordinates services, and directs resources to older adults and adults with disabilities who face the greatest barriers to independence. The agency identifies populations experiencing Greatest Economic Need and Greatest Social Need so that direct services and supports are targeted to those most at risk of hunger, isolation, health decline, and premature institutionalization.

   Greatest Economic Need: the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses.

   Older adults and adults with disabilities in greatest economic need include individuals living at or below the Federal Poverty Level, as well as those whose limited income is strained by high local costs of housing, food, transportation, and utilities. This group includes older adults relying solely on Social Security or other fixed incomes, those living alone with minimal or no family support, and individuals with significant out-of-pocket medical or equipment expenses. Rural residents are particularly affected, as long travel distances, fuel costs, and limited access to affordable goods and services compound financial hardship.
   Populations of color and historically underserved communities experience persistent economic disparities that further elevate risk. Older adults living in substandard or unstable housing, those paying a disproportionate share of their income toward rent or utilities, and individuals at risk of homelessness are also prioritized. Adults with disabilities who depend on SSI or SSDI and who face high costs for medications, assistive devices, or home modifications are considered in greatest economic need due to the impact of these expenses on their ability to maintain safe, independent living.

   Greatest Social Need: the need caused by noneconomic factors, which include:
   (1) Physical and mental disabilities;
   (2) Language barriers;

(3) Cultural, social, or geographical isolation, including due to:
    a. Racial or ethnic status;
    b. Native American identity;
    c. Religious affiliation;
    d. Sexual orientation, gender identity, or sex characteristics;
    e. HIV status;
    f. Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
    g. Interpersonal safety concerns;
    h. Rural location; or
    i. Any other status that:
        i. Restricts the ability of an individual to perform normal or routine daily tasks; or
        ii. Threatens the capacity of the individual to live independently; or

(4) Other needs as further defined by State and area plans based on local and individual factors.

Individuals in greatest social need face non-economic barriers that limit daily functioning, threaten independent living, or increase isolation and vulnerability. This includes older adults and adults with physical or cognitive disabilities, such as mobility limitations, chronic health conditions, dementia, Alzheimer's disease, serious mental illness, or other behavioral health conditions that affect judgment, safety, and daily functioning. Many require assistive devices, home modifications, personal care, or supervision and are at heightened risk of institutionalization without adequate supports. Social need also arises from language barriers, cultural or social isolation, and discrimination based on race, ethnicity, Native American identity, religion, sexual orientation, gender identity, sex characteristics, or HIV status. Individuals with limited English proficiency who cannot easily communicate with providers, read written materials, or access interpretation are especially vulnerable to isolation and service gaps. Rural location further intensifies social need, as long distances, limited transportation, and sparse service networks restrict access to health care, nutrition programs, social opportunities, and community supports.

SCTDD also recognizes individuals experiencing housing instability, food insecurity, lack of safe and reliable water, transportation gaps, and unmet utility needs as being in greatest social need. Older adults facing abuse, neglect, or exploitation and those with significant interpersonal safety concerns are prioritized due to the impact of trauma and fear on their ability to function and remain independent. Finally, SCAAAD considers other locally identified factors—such as community-specific barriers, unique environmental challenges, and emerging health or social risks—to ensure that individuals whose needs are not captured in standard categories still receive appropriate attention and tailored interventions.

2. Please describe the method of your assessment and evaluation of unmet need and complete by service listed below.

   To assess unmet need, SCAAAD uses a combination of quantitative data, service utilization patterns, geographic analysis, and stakeholder feedback across all major service categories.

   a. Supportive Services: SCAAAD reviews service utilization, waitlists, and provider capacity for homemaker, personal care, chore, transportation, and case management services; analyzes client assessments for unmet ADL/IADL needs and barriers to independent living; examines rural service gaps and travel distances; and incorporates feedback from consumers, caregivers, case managers, and community partners. Referral patterns, declined services, and unmet requests are monitored to identify emerging needs.
   b. Nutrition Services: SCAAAD analyzes home-delivered and congregate meal waitlists, route capacity, provider availability, and nutrition risk screenings to identify individuals at risk of hunger, food insecurity, and malnutrition. Geographic reviews highlight rural delivery challenges, volunteer shortages, and gaps in kitchen or site operations, while feedback from participants, meal site managers, and community partners informs improvements.
   c. Evidence-based Disease Prevention and Health Promotion Services: Evidence-Based Health Promotion: Participation levels, workshop availability, and provider capacity for evidence-based programs are reviewed alongside health risk screenings, chronic condition trends, and referrals. Transportation limitations, site availability, and canceled or waitlisted classes are examined to identify areas lacking adequate health promotion services.
   d. Family Caregiver Support Services: Family Caregiver Support: Caregiver assessments are used to evaluate stress, burnout, and unmet respite or support needs, and service utilization, waitlists, and provider capacity for respite, support groups, and training are monitored. Feedback from caregivers, care recipients, and partners, along with dementia-related needs and rural access challenges, guide program development.
   e. Multi-purpose Senior Centers: Multi-Purpose Senior Centers: The agency reviews senior center participation levels, program offerings, and site capacity, with particular attention to rural access barriers and transportation. Feedback from center directors, participants, and partners highlights unmet needs related to socialization, wellness activities, technology access, and community supports, and data on facility limitations and staffing challenges is used to inform planning.

3. 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 the unmet need listed above 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

To address unmet needs efficiently and equitably, the agency uses a coordinated strategy that is collaborative, diverse, streamlined, data-driven, and anticipatory.

- Collaborative: SCAAAD strengthens partnerships with local governments, senior centers, healthcare providers, transportation agencies, schools, faith-based organizations, advocacy groups, and volunteer networks to expand service reach and reduce duplication. Coordination with state agencies helps align priorities, leverage funding, and maximize impact across programs.
- Diverse: Service options are expanded to reflect the needs of rural, minority, low-income, isolated, and high-risk older adults. SCAAAD increases culturally responsive, linguistically appropriate, and disability-inclusive programs; offers a broader mix of in-person, virtual, evidence-based, and community-based services; and develops new initiatives addressing technology access, caregiver support, and chronic disease management.
- Streamlined: SCAAAD works to simplify access through coordinated intake, cross-program referrals, and enhanced navigation support so that individuals can connect to the right services quickly. Outreach to underserved communities uses multiple communication channels, and administrative barriers for consumers and providers are reduced to speed service delivery.
- Data-Driven: Demographic data, assessments, waitlists, and service utilization trends are used to identify gaps, prioritize resources, and track progress. Outcomes are monitored regularly, strategies are adjusted based on performance and community feedback, and service deserts and disparities are mapped to guide equitable resource allocation.
- Anticipatory: SCAAAD proactively plans for population growth, rising demand for in-home and community-based services, caregiver shortages, and increasing needs related to dementia, chronic disease, and social isolation. Efforts include expanding capacity in rural areas, investing in workforce development and volunteer recruitment, and strengthening infrastructure to support future service delivery.

4. Please describe plans for how direct services funds under the Act will be distributed within the planning and service area in order to address populations identified as in Greatest Social Need and Greatest Economic Need.

   The agency allocates Older Americans Act direct services funds to prioritize older adults and caregivers experiencing Greatest Economic Need and Greatest Social Need, consistent with federal and state guidance. Funding decisions are informed by demographic analysis, service

utilization trends, waiting list data, and community input gathered through public hearings, advisory council engagement, and the Area Plan process. This distribution approach ensures that limited resources are directed to individuals facing the highest barriers to independence, safety, nutrition, health, and overall, well-being while maintaining coverage across all 13 counties in the Planning and Service Area.

5. Please identify how the AAAD incorporates services which address the incidence of hunger, food insecurity and malnutrition; social isolation; and physical and mental health conditions.

SCAAAD uses an integrated approach to address hunger, food insecurity, malnutrition, social isolation, and physical and mental health conditions among older adults and individuals with disabilities. Services are coordinated across programs so that nutrition, social connection, health promotion, and caregiver support reinforce one another rather than operate in isolation.

- Home-Delivered Meals: Home-delivered meals provide nutritionally balanced meals to homebound older adults experiencing food insecurity, mobility limitations, or chronic health conditions, with priority given to individuals in greatest economic and social need and those living alone or in rural areas.
- Congregate Nutrition Programs: Congregate meals in community settings offer daily nutrition combined with socialization and access to additional supports, with a focus on high-poverty communities and areas with limited food access.
- Special-Diet and Medically Tailored Meals: SCAAAD expands access to diabetic, renal, low-sodium, and other therapeutic meal options to support individuals with chronic conditions whose health and independence depend on dietary management.
- Nutrition Risk Screening and Emergency Supports: Standardized nutrition-risk assessments identify individuals at risk of malnutrition and connect them to appropriate services, while partnerships with emergency food pantries and community organizations help older adults manage crisis situations such as utility shut-offs or unexpected disruptions.
- Outreach and Nutrition Education: Nutrition education, healthy cooking demonstrations, and materials on food safety and chronic disease management support healthier choices and help participants make the most of limited resources.
- Options Counseling and Information & Assistance: Options counseling and information and assistance services help individuals and families navigate complex health, long-term care, and benefits systems so they can access needed supports and maintain independence.

SCAAAD's service delivery model is intentionally integrated: nutrition programs address both food insecurity and social isolation, senior centers combine physical health, mental health, and social engagement, and evidence-based programs improve chronic disease management while reducing depression and anxiety. Caregiver services strengthen family stability, transportation ensures access to medical care and social activities, and all programs are coordinated to promote independence, dignity, and quality of life for older adults and adults with disabilities in the South Central PSA.

Exhibit B-1

Plan for Program Development and Coordination

The AAAD is proposing to use $32,579 in Title III-B direct service funds to pay for Program Development and Coordination during FY 2027. DDA allows up to 10% of these funds to be used for this purpose. The proposed amount represents 10% of the AAADs new Title III-B direct service allotment.

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

Goal
Coordinate and strengthen a comprehensive network of programs, services, and community partnerships within the AAAD Planning and Service Area to improve access, safety, and quality of life for older adults and adults with disabilities.

Objective 1: Enhance coordination and communication among senior centers and community providers.

Strategies:

- Coordinate bimonthly meetings with the Senior Center Directors Association for South Central Tennessee to provide training, share resources, and support networking among senior center directors.
- Provide training and technical assistance for the 13 focal point senior centers, including new director orientation and assistance with Mon Ami (data entry system).
- Develop and edit the quarterly AAAD newsletter for distribution to email contacts, Advisory Council members, senior centers, and other service providers to share information and promote coordination.
- Participate in the local Maury Providers meeting to share education and information with health care and long-term care providers.

Objective 2: Strengthen advisory input and statewide collaboration for aging and disability services.

Strategies:

- Facilitate quarterly meetings of the Advisory Council on Aging & Disability and coordinate all communication among council members, agency representatives, and service providers.
- Serve as a board member and officer for the Tennessee Federation for the Aging, Inc. (TFA) to support statewide efforts to improve the lives of older Tennesseans.
- Serve on the TFA Conference Program Committee to plan the annual training conference and ongoing webinars and educational series.

Objective 3: Coordinate safety, injury prevention, and emergency assistance for high-risk individuals.

Strategies:

- Administer the Personal Emergency Assistance Program (PEAP) and coordinate with agencies, businesses, faith-based organizations, and individuals to assist low-income older adults and adults with disabilities when no other program or resource is available.
- Serve on the Tennessee Department of Health’s Injury Prevention Council and collaborate with area partners on safety and injury prevention initiatives focused on older adults.
- Serve on the statewide Fall Prevention Coalition and coordinate fall-prevention information and activities with senior centers, in-home service providers, and other agencies.

Objective 4: Improve transportation access and mobility for older adults.

Strategies:

- Serve on the South Central Area Coordinated Transportation Plan Committee with TDOT, SCTDD Public Transportation, and other transportation agencies to study and address transportation needs for all populations, including older adults and adults with disabilities.

Exhibit C-1

FY 2023-2026 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.

<u>Older Americans Act Funding (July 1, 2023, thru June 30, 2026)</u>

Title III-B Supportive Services:

Title III-B Information & Assistance (I&A)

- PM 1: Participated in 142 marketing and outreach events.
- PM 2: Received 32,975 calls from individuals.
- PM 3: I&A staff responded to 100% of all I&A requests within 48 hours.

Title III-B Homemaker Program

- PM 1: Served 109 of the, receiving 16,395 of Title III-B Homemaker Services
- PM 2: Still making efforts to recruit new service providers.
- PM 3: Reduced the number of individuals on the wait list by 1.981 consumers.

Title III-B Transportation

- PM l: South Central Area Transit Service (SCATS) and My Ride Senior Volunteer Transportation Program have spent $73, 684 to provide accessible transportation for adults age 60 and older.
- PM 2: Provided 1115 trips to 479 older adults.

Title III-B & State Funds - Senior Centers

- PM 1: The Senior Centers provided 697,087 units of service to 5,761 older adults.
- PM 2: Met with Senior Center Directors Association every other quarter while providing a training retreat each spring FY23-FY26.
- PM 3: Assistance with a competitive grant for FY23-FY25 thru DDA.

Title III-B Legal Assistance

- PM 1: Legal Aid Society assisted 180 seniors aged 60 and above.
- PM 2: LAS conducted legal education at senior centers in the PSA quarterly.
- PM 3: I&A staff maintains and updates legal resources for referrals.

Title III-C Nutrition Services:

- PM 1: Annual and quarterly training sessions are conducted with staff yearly in March, June, September, and December.
- PM 2: The Nutrition provider, South Central Human Resource Agency (SCHRA) has:
  - Title III-Cl Congregate Meals: From July 1, 2023, to June 30, 2026, 185,098 meals were served to 2,420 participants as of January 31, 2026.
  - Title III-C2 Home-Delivered Meals: 301,918 meals served to 2,796 participants.
- PM 3: Nutrition Counseling provided by a Registered Dietician to 17 participants.
- PM 4: The Special Projects Manager (QA) conducts annual EBP monitoring at senior centers, and the Fiscal Manager reviews monthly Title III-D reimbursement requests.
- PM 5: The Nutrition provider, South Central Human Resource Agency (SCHRA) has:
  - Nutrition Screening were provided for 100% of the congregate participants.

- Nutrition Outreach activities to 805 participants; and
- Nutrition Education to 3500 participants.

Title III-D Disease Prevention & Health Promotion:

- PM 1: Training session for senior center directors on building or strengthening EBP partnerships were held quarterly for FY23-FY26. Technical assistance is ongoing, as needed.
- PM 2: AAAD monitors all EBPs reported in Mon Ami to ensure compliance with U.S. DHHS and EBP-specific requirements. All 13 Senior Centers have completed IIID programs for FY23–FY25.

Title III-E National Family Caregiver Support Program:

- PM 1: Provided:
  - 20,098 units of in-home personal care and homemaker services.
  - 2,412 home-delivered and,
  - 32 Personal Emergency Response Systems providing 360 units of service in installation and monthly monitoring to 64 of the estimated 100 caregivers.
- PM 2: Still making efforts to recruit new service providers for the NFCSP.

Title VII Elder Rights:

- PM 1: From 2023 to 2026, the Adult Abuse Coalition (AAC) held quarterly meetings at various regional venues. Locations included Lawrence County Senior Center, Morning Pointe of Tullahoma, Unity Psychiatric Care, Maury County Emergency Management, NHC Scott, Maury Regional Annex, SCHRA Fayetteville, South Central Tennessee Development District, Delta Recovery, Lynchburg Nursing Home, and SCTDD, with meetings spanning February 2023 to February 2026.
- PM 2: Community Resource Directories were distributed at 49 health and community fairs in 2023, 40 in 2024, and 41 in 2025. The AAAD also distributed 160 directories at the 2023 annual conference and 170 each in 2024 and 2025; the 2025 conference took place on May 7.
- PM 3: The AAC annual training conferences consistently drew strong participation, with 146 attendees in 2023, 168 in 2024, and 185 in 2025.
- PM 4: Fraud and Financial Abuse Awareness Month events take place each October at regional senior centers, with attendance of 429 in 2023, 369 in 2024, and 365 in 2025 across the 13-county service area.
- PM 5: The AAC participated in 49 health and community events in 2023, 40 events in 2024, and 41 events in 2025, providing outreach and education across the 13-county region.
- PM 6: SMP participated in 95 of the projected 130 training/meetings/community events as of 12/31/2025.
- PM 7: AAAD allocated $5,200 in 2023, $5,200 in 2024, and $5,000 in 2025 in Title VII Elder Abuse Prevention funds to support the Adult Abuse Coalition (AAC).

Title VII Long Term Care Ombudsman (LTCO)

- PM 1**:** LTCO attended Resident Council meetings (1 in FY23, 8 in FY24, 3 in FY25), 4 volunteer fairs, 21 VAPIT meetings, an in-person meeting with the West Tennessee Health Facilities Commission Survey Team on 2/27/2025, and 3 VAPIT meetings in FY26 (Jan–Feb).
- PM 2: FY23–FY25: LTCO opened 337 cases and closed 308 cases; provided 209 information and assistance contacts to individuals and 104 to facilities/staff; conducted 514 family visits, 5,583 resident visits, and 2,709 staff visits.

- PM 3: LTCO conducted quarterly visits to all 63 long-term care facilities in the PSA each year from FY23–FY26.
- PM 4: LTCO attended 4 volunteer fairs in FY26; the program currently has no active volunteers.

State Funds

OPTIONS Home and Community Based Services:

Guardianship:

- PM 1: Increased number of clients served by almost 5% for FY23-FY25, to current average caseload of 89 clients for FY23-FY25.
- PM 2: The Public Guardianship Program employs three full-time staff, with limited capacity for volunteer recruitment due to growing caseloads.
- PM 3: The program has four active volunteers, with recruitment remaining limited since COVID-19.
- PM 4: Title IIIB funds have not been included in the Public Guardianship Program budget for FY 2023–2026.
- PM 5: Staff hand out Public Guardianship fact cards and volunteer materials at community events.
- PM 6: Continue to meet with APS Supervisor or APS staff member at least quarterly.
- PM 7: Continue to seek court approval for fees, when appropriate.
- PM 8: Public Guardianship staff reduce travel expenses by coordinating visits and limiting multiple trips to the same counties.
- PM 9: The Public Guardianship Program conserves funds through reuse and recycling.
- PM 10: The Public Guardianship Program served 69 unduplicated clients in FY 2023, 96 in FY 2024, 98 in FY 2025 and are currently serving 80.

Other

State Health Insurance Assistance Program (SHIP)

- PM 1: As of 12/31/2021, provided one-on-one counseling and information to 7,239 of the projected 9,000 Medicare beneficiaries.
- PM 2: Conducted 5 of 10 "The ABC's of Medicare" sessions for 54 participants (target: 40) and took part in 31 of 53 food events, reaching 3,775 of 9,000 people.
- PM 3: Added one new volunteer, bringing the total to 19 out of the planned 25 SHIP volunteers.
- PM 4: Assisted with completion of 61 of estimated 140 Low-Income Subsidy applications and 61 of estimated 140 Medicare Savings Program applications.
- PM 5: Distributed SHIP information at 132 of the estimated 100 events, including senior centers, Advisory Council meetings and available community fairs and events.

Alzheimer’s Disease Respite Program

The Alzheimer’s Disease Respite Program supported 58 clients with 10,084 units of respite care from FY23 to FY26. Using $269,058 in funding, the program ensured access to both in-home and community-based services, helping families balance caregiving while maintaining safety and quality of life for those with Alzheimer’s disease.

Exhibit C-2

Goals, Objectives, Strategies, and Performance Measures

Goal 1: Promote the effective use of federal Older Americans Act (OAA) funding by delivering cost-efficient, best-practice programs and services that enhance the well-being of older adults.

Objective 1. Provide timely, accessible Information and Assistance (I&A) that connects older adults, individuals with disabilities, and caregivers to aging and disability programs and services through multiple access points, including telephone, email, website, social media, virtual, and in-person interactions.

Strategy 1.1. Outreach and Promotion
Promote the toll-free Information and Assistance (I&A) telephone line through the SCTDD website and the AAAD Facebook page, and by distributing outreach materials to service provider agencies, senior centers, health fairs, network meetings, community events, and other targeted populations.
Strategy 1.2. Resource Management and Accuracy
Maintain and regularly update a comprehensive I&A resource database that includes federal, state, and local agencies and organizations serving the target population within the service area
Strategy 1.3. Staff Capacity and Quality Assurance
Ensure that all I&A staff receive ongoing training to support high-quality, standardized service delivery.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, the AAAD will provide approximately 4,000 Information and Assistance (I&A) units of service annually, ensuring timely, accurate assistance to older adults, individuals with disabilities, and caregivers, with priority given to individuals with greatest economic need, greatest social need, rural residents, and those at risk of institutional placement.
- PM 2: During FY27 and FY28, the AAAD will conduct approximately 50 outreach and marketing activities per year to promote Information and Assistance (I&A) services across the Planning and Service Area, with emphasis on reaching low-income, rural, minority, and underserved populations and increasing awareness and utilization of available services.
- PM 3: During the FY27–FY30 Area Plan cycle, Information and Assistance staff will participate in DDA-provided or DDA-approved training opportunities when available to maintain program compliance, enhance service quality, and ensure accurate and consistent delivery of I&A services.

Objective 2. Implement cost-efficiency strategies that strengthen the delivery of Title III-C congregate and home-delivered meal services while maintaining service quality.

Strategy 2.1. Collaborate with the Nutrition Program provider to identify and implement strategies that enhance customer satisfaction while maintaining cost-efficient service delivery.

Strategy 2.2. Encourage and support the Nutrition Program provider's efforts to expand volunteer recruitment and engagement to increase service capacity for congregate and home-delivered meals.
Strategy 2.3. Contract with a Registered Dietitian to provide nutrition counseling to eligible participants, supporting improved health outcomes and informed dietary choices.
Strategy 2.4. Encourage the Nutrition Program provider to conduct outreach and nutrition education activities and to provide nutrition screening for all congregate meal participants.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, the AAAD will provide ongoing training for Nutrition Program staff, including quarterly training sessions (approximately four per year) with meal site managers and central kitchen managers. In addition, the AAAD will conduct at least 2–4 one-on-one strategic planning meetings per year with the Nutrition Program Director, as needed, to support program quality, compliance, and operational efficiency.
- PM 2: During FY27 and FY28, the AAAD will provide Nutrition Counseling services through a Registered Dietitian to eligible participants based on referral and identified need, with an estimated 15–25 individuals receiving individualized nutrition counseling services per year, to support improved nutritional status and health outcomes.
- PM 3: During FY27 and FY28 , the AAAD will provide congregate meal services to eligible participants in accordance with Title III-C Nutrition Program requirements, serving an estimated 420 unduplicated participants through accessible congregate meal sites that support nutrition, socialization, and overall well-being.
- PM 4: During FY27 and FY28, the AAAD will conduct nutrition screening for 100% of congregate meal participants, provide ongoing nutrition outreach activities (estimated at least 12 outreach activities per year), and deliver nutrition education services (estimated quarterly sessions, or approximately 4 per year) to support informed dietary choices and overall well-being.

Objective 3: Ensure efficient delivery of Title III-B Homemaker services that support eligible individuals in their homes.

Strategy 3.1. Continue to conduct intake activities, including telephone screening and in-home assessment, to determine eligibility and assess the level of need for Homemaker services.
Strategy 3.2. Work with existing Homemaker service providers to strengthen provider capacity, address identified service gaps within the PSA, and support consumer choice.
Strategy 3.3. Use available funding to increase direct Homemaker service capacity and improve timely access to services for eligible individuals.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27–FY28, the AAAD will make measurable progress toward reducing the Homemaker services waiting list by increasing service capacity and improving access for eligible individuals, with a target of serving additional eligible individuals sufficient to reduce the

Homemaker waiting list by approximately 20–25% over the two-year period, subject to funding availability and provider capacity.

- PM 2: During FY27–FY28, the AAAD will deliver Title III-B Homemaker services to eligible individuals through contracted service providers in accordance with assessed need and program requirements, serving an estimated 80 unduplicated individuals in FY27 and 112 unduplicated individuals in FY28, subject to funding availability and provider capacity.
- PM 3: During FY27–FY28, the AAAD will strengthen and expand Homemaker service provider capacity to support service availability and consumer choice within the PSA by conducting ongoing provider outreach, coordination, and technical assistance, with a target of at least 2–4 provider capacity-building efforts per year (such as recruitment activities, meetings, or technical assistance), subject to provider availability and funding levels.

Objective 4: Ensure caregivers have access to services and supports through the National Family Caregiver Support Program (NFCSP) to assist them in continuing to provide care to the care recipient.

Strategy 4.1. Participate in coordination and information-sharing activities with DDA and other Area Agencies on Aging and Disability to identify emerging caregiver needs and share effective approaches to service delivery.
Strategy 4.2. Strengthen partnerships with organizations that support caregivers, including Alzheimer's Tennessee, the Caregiver Relief Program, the Alzheimer's Association, the Tennessee Respite Coalition, and other caregiver-focused entities, to expand access to respite and supportive services.
Strategy 4.3. Work with existing service providers to strengthen service capacity, address identified gaps within the PSA, and support caregiver choice for NFCSP services.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, the AAAD will engage in ongoing coordination, training, and information-sharing activities related to the National Family Caregiver Support Program (NFCSP), including participation in at least quarterly coordination or information-sharing activities and one to two training or technical assistance opportunities per year, to support effective program administration, service coordination, and responsiveness to caregiver needs.
- PM 2: During FY27–FY28, the AAAD will provide National Family Caregiver Support Program (NFCSP) services, including respite and supplemental supports, to eligible caregivers through contracted service providers based on assessed need, serving an estimated 69 unduplicated caregivers in FY27 and 71 unduplicated caregivers in FY28, subject to funding availability and provider capacity.
- PM 3: During FY27–FY28, the AAAD will implement efforts to strengthen and expand provider capacity for National Family Caregiver Support Program (NFCSP) services to improve service availability and caregiver choice within the PSA, with a target of at least 2–4 provider capacity-building efforts per year, such as provider outreach, coordination meetings, recruitment activities, or technical assistance, subject to provider availability and funding levels.

Objective 5: Expand and sustain the availability of evidence-based programs that enhance health, independence, and quality of life for older adults.

Strategy 5.1. Contract with and monitor focal point senior centers to support the delivery of evidence-based programs.
Strategy 5.2. Coordinate with senior centers to develop and strengthen partnerships with parks and recreation departments, local health departments, UT Extension, healthcare providers, and other community organizations to leverage resources and expand evidence-based programming.
Strategy 5.3. Ensure all Title III-D funded programs meet Administration for Community Living (ACL) requirements and are recognized as evidence-based by the U.S. Department of Health and Human Services.

Performance Measure: (identify performance measures for FY 2027 and FY 2028

- PM 1: Support the delivery of Evidence-Based Programs by ensuring senior centers within the PSA are engaged in offering approved programming to older adults for FY 2027 and FY 2028.
- PM 2: Strengthen the capacity of senior center leadership to sustain Evidence-Based Programs through guidance, consultation, and support focused on partnerships and long-term viability with ongoing training and assistance for FY 2027 and FY 2028.
- PM 3: Review and validate Evidence-Based Program data submitted in Mon Ami to ensure programs meet Title III-D requirements and Administration for Community Living (ACL) standards for FY 2027 and FY 2028.

Objective 6: Support focal point senior centers in strengthening programming and expanding innovative, virtual and in-person service options to meet the evolving needs of older adults.

Strategy 6.1. Support focal point senior centers in each county to provide core services, including health education and screening, education and training, physical fitness, recreation, and telephone reassurance.
Strategy 6.2. Encourage senior centers to use technology, social media, and non-traditional methods and settings to expand outreach, increase volunteer engagement, and improve access to services.
Strategy 6.3. Encourage senior centers to develop and strengthen partnerships that support digital literacy, reduce isolation, and improve access to telehealth and online resources for older adults.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, the AAAD will support the delivery of Evidence-Based Programs by ensuring that all 13 focal point senior centers within the PSA are engaged in offering approved Evidence-Based Programs, with a target of at least one approved EBP offered annually at each senior center, subject to staffing, funding, and site capacity.
- PM 2: During FY27 and FY28, the AAAD will strengthen the capacity of senior center leadership to sustain Evidence-Based Programs through ongoing guidance, consultation, and technical assistance, including at least 2–4 capacity-building or partnership-focused support activities per

year, and ongoing training and technical assistance opportunities to support long-term program viability.

- PM 3: During FY27 and FY28, the AAAD will review and validate Evidence-Based Program data submitted in Mon Ami to ensure compliance with Title III-D requirements and Administration for Community Living (ACL) standards, with data reviews conducted on an ongoing basis and at least quarterly to ensure accurate reporting, data integrity, and program quality.

Objective 7: Strengthen community awareness, education, and collaboration to prevent abuse, neglect, and exploitation of older adults and adults with disabilities.

Strategy 7.1. Support and coordinate community-based efforts that bring together professionals, organizations, and advocates to address abuse, neglect, and exploitation through shared planning and resource coordination.
Strategy 7.2. Ensure individuals, caregivers, and professionals have access to clear and reliable information on how to recognize, report, and respond to abuse, neglect, and exploitation.
Strategy 7.3. Promote learning and information exchange among service providers, professionals, and community partners through educational and networking opportunities focused on prevention and response through the Adult Abuse Coalition (AAC).
Strategy 7.4. Increase public awareness of fraud, financial exploitation, and other forms of abuse through targeted outreach, presentations, and distribution of educational materials.
Strategy 7.5. Expand the reach of abuse prevention efforts by participating in community events, conferences, and outreach activities that connect directly with older adults and caregivers.
Strategy 7.6. Support education initiatives that empower Medicare and Medicaid beneficiaries, caregivers, and families to identify, prevent, and report healthcare fraud, errors, and abuse.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, Adult Abuse Coalition (AAC)–based prevention activities will be supported through coordination, communication, and administrative assistance, including at least quarterly AAC meetings (approximately 4 per year) and ongoing coordination with partner agencies, to strengthen community collaboration across the PSA.
- PM 2: During FY27 and FY28, educational materials and resource information related to abuse reporting and victim support services will be maintained, updated, and shared on an ongoing basis, with a target of at least annual review and updates and regular distribution through outreach events, trainings, and partner agencies, to improve access to reporting options and victim services.
- PM 3: During FY27 and FY28, the AAAD will offer training and educational opportunities to enhance professional knowledge and cross-agency collaboration related to abuse prevention, with a target of at least 2–4 trainings or educational sessions per year for professionals and partner organizations.
- PM 4: During FY27 and FY28, the AAAD will conduct outreach activities to increase public awareness of fraud, financial exploitation, and other forms of abuse affecting older adults, with

a target of at least 20–30 outreach activities per year, including community events, presentations, and distribution of educational materials.
- PM 5: During FY27 and FY28, education initiatives will be delivered to help Medicare and Medicaid beneficiaries and caregivers prevent, detect, and report healthcare fraud and abuse, with a target of at least 10–15 education or awareness activities per year, conducted through senior centers, community events, and partner agencies.
- PM 6: During FY27 and FY28, available Title VII resources will be used to support outreach, education, and coalition-based abuse prevention efforts, with a goal of maximizing the use of available Title VII funding annually to support AAC activities, education initiatives, and victim-focused prevention strategies across the PSA.

Objective 8: Strengthen collaboration with the State Long-Term Care Ombudsman to ensure effective, responsive advocacy for residents of long-term care facilities throughout the South Central PSA.

Strategy 8.1. Ensure accurate and timely entry of Long-Term Care Ombudsman program data and submission of required reports in accordance with State Ombudsman requirements.
Strategy 8.2. Participate in regional meetings and collaborative forums to remain informed of regulatory issues, facility concerns, and systemic trends affecting long-term care residents.
Strategy 8.3. Support participation in training and continuing education opportunities provided by the State Long-Term Care Ombudsman Program for district staff and volunteer ombudsmen.
Strategy 8.4. Maintain sufficient staffing and credentialed advocacy resources to support resident outreach, complaint resolution, and community education related to quality of care and quality of life in long-term care settings.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, Long-Term Care Ombudsman program data will be entered and maintained in the designated case management system on an ongoing basis, with data entry and review conducted at least monthly, and 100% of required reports submitted timely to the State Ombudsman in accordance with program standards.
- PM 2: During FY27 and FY28, the District Long-Term Care Ombudsman will participate in regional coordination meetings and training opportunities, including at least quarterly coordination meetings (approximately 4 per year) and one to two training opportunities per year, to remain informed of long-term care issues, regulatory developments, and best practices.
- PM 3: During FY27 and FY28, advocacy services will be provided to long-term care residents and their representatives, including complaint investigation, consultation, and education, with a target of responding to and providing advocacy services for 100% of complaints and requests received, consistent with program standards and resident needs.
- PM 4: During FY27 and FY28, outreach activities and facility visits will be conducted to support resident access to ombudsman services and promote awareness of resident rights, with a target of quarterly visits to each long-term care facility within the PSA and ongoing outreach activities conducted as needed for residents, families, and facility staff.

Objective 9: Increase awareness of and access to legal assistance and legal education for older adults, with emphasis on individuals who are most vulnerable or who are victims, or at risk of becoming victims, of abuse, neglect, harassment, or financial exploitation.

Strategy 9.1. Ensure access to legal assistance and legal education opportunities for older adults throughout the PSA through contracted legal service providers.
Strategy 9.2. Strengthen coordination among legal service providers, senior centers, and AAAD staff to improve referrals and responsiveness to legal needs.
Strategy 9.3. Maintain and regularly update legal resource information to support accurate referrals for older adults and their families seeking legal assistance.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, legal assistance and legal education services will be made available to eligible older adults across the PSA through the Title III-B Legal Assistance provider, with an estimated 180–200 unduplicated older adults served per year through legal advice, representation, and legal education activities, subject to provider capacity and funding levels.
- PM 2: During FY27 and FY28, coordination and information-sharing activities will be conducted at least annually among the legal service provider, senior centers, and AAAD staff, with a target of 1–2 coordination meetings or structured information-sharing activities per year, to support effective referrals, timely service delivery, and improved access to legal assistance.
- PM 3: During FY27 and FY28, the AAAD will maintain and periodically update legal resource information to support accurate referrals, including legal aid organizations, pro bono resources, elder law services, online legal assistance tools, and the statewide Senior Legal Helpline, with updates conducted at least semi-annually (twice per year) to ensure current and reliable information.

Goal 2: Build and strengthen partnerships across the aging network, community organizations, local governments, healthcare providers, and state agencies to address service gaps identified through the needs assessment.

Objective 1: Expand access to home- and community-based services to address waiting lists for federally and state-funded programs, support individuals in remaining in their homes, and prevent or delay institutional care.

Strategy 1.1. Coordinate with the Bureau of TennCare to conduct eligibility screenings and in-home assessments for individuals seeking access to the CHOICES in Long-Term Care Program and related in-home services and supports.
Strategy 1.2. Offer consumer direction as an option for individuals on waiting lists, allowing access to services such as home-delivered meals, personal care, and homemaker services.
Strategy 1.3. Facilitate regular communication and coordination among HCBS staff and service providers to support training, information sharing, and effective service delivery.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, the AAAD will complete intake screenings and in-home assessments for individuals seeking access to Home and Community-Based Services (HCBS) and the CHOICES in Long-Term Care Program, with an estimated 800–900 screenings and assessments conducted annually, based on referral volume and program demand.
- PM 2: During FY27 and FY28, eligible individuals will receive services using consumer direction to support access to in-home services when HCBS providers are unavailable, with an estimated 10–15% of HCBS participants per year utilizing consumer-directed options to prevent service delays and maintain continuity of care.
- PM 3: During FY27 and FY28, HCBS staff will coordinate with service providers on a quarterly basis and as needed through meetings and information-sharing activities, with a target of at least four coordination meetings per year, to support program updates, training, and effective service coordination across the PSA.

Objective 2: Increase awareness of and access to housing and home modification resources that support safe, affordable living for older adults and adults with disabilities, enabling them to remain in their homes for as long as possible.

Strategy 2.1. Provide information, referrals, and coordination to connect eligible homeowners with state, federal, and local housing and home modification programs that address health and safety needs.
Strategy 2.2. Coordinate with the Tennessee Housing Development Agency (THDA), local governments, and other housing entities to support access to emergency repair, rehabilitation, and redevelopment programs for eligible households.
Strategy 2.3. Maintain and strengthen partnerships with housing and home modification organizations, including USDA Rural Development, Weatherization Assistance Programs, Habitat for Humanity, and other local agencies, to expand available resources and maximize homeowner assistance.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27–FY28, AAAD staff will provide referrals and coordination to eligible individuals seeking housing repair or home modification assistance, with an estimated 50–75 individuals assisted per year, based on identified need and availability of housing resources.
- PM 2: During FY27–FY28, coordination with the Tennessee Housing Development Agency (THDA), local governments, and housing partners will support access to housing rehabilitation and repair resources within the PSA, with a target of at least 2–4 coordination meetings or structured information-sharing activities per year to strengthen referral pathways and resource alignment.
- PM 3: During FY27–FY28, partnerships with housing and home modification organizations will be maintained and enhanced to improve referral options and resource availability, with a target

of ongoing partnership engagement and at least 3–5 active housing or home modification partners available for referrals across the PSA.

Objective 4: Strengthen and expand partnerships to advocate for and address the needs of Veterans residing in the South Central PSA.

Strategy 4.1. Administer the Veterans-Directed Home and Community-Based Services (VD-HCBS) program through partnership with the Pennyrile Area Agency on Aging & Independent Living to provide education, training, and support that empowers Veterans to direct self in-home care based on individual needs and preferences.
Strategy 4.2. Ensure representation from a Veterans service organization on the AAAD Advisory Council to enhance communication, coordination, and collaboration among agencies serving Veterans.
Strategy 4.3. Increase awareness of the Veterans-Directed HCBS program and other AAAD services through outreach and coordination with Veterans Service Offices throughout the PSA.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27–FY28, Veterans-Directed Home and Community-Based Services (VD-HCBS) will be provided to eligible Veterans referred and approved through the Veterans Administration, with services delivered to all Veterans approved for participation during each fiscal year, subject to referral volume, program approval, and funding availability.
- PM 2: During FY27–FY28, representation from a Veterans service organization will be maintained on the AAAD Advisory Council, with a target of at least one active Veterans service organization representative serving continuously to support ongoing coordination, communication, and information sharing related to Veteran needs.
- PM 3: During FY27–FY28, outreach and communication activities will be conducted with Veterans Service Offices across the PSA, with a target of at least 4–6 outreach or coordination contacts per year, to promote awareness of Veterans-Directed HCBS and other available services and supports for Veterans and their caregivers.

Objective 5: Increase public awareness of fall risks and expand coordination of fall prevention strategies to reduce falls among older adults.

Strategy 5.1. Promote and refer older adults to local evidence-based fall prevention programs offered at focal point senior centers, including Tai Chi for Arthritis, Bingocize, SAIL, Walk with Ease, Matter of Balance, and other approved programs.
Strategy 5.2. Coordinate with the Tennessee Falls Prevention Coalition to support collaboration, information sharing, and alignment with statewide fall prevention initiatives.
Strategy 5.3. Provide fall prevention education and outreach materials and encourage awareness activities throughout the PSA, including participation in Falls Prevention Awareness Day.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, the AAAD will maintain and regularly update a list of approved evidence-based fall prevention programs to support referrals and program awareness, with updates conducted at least annually and reviewed as new programs or changes occur to ensure accurate and current referral information.
- PM 2: During FY27 and FY28, the AAAD will participate in ongoing coordination activities with the Tennessee Falls Prevention Coalition, including meetings or calls conducted on an ongoing basis and at least quarterly (approximately 4 per year), to support alignment with statewide fall prevention initiatives and information sharing.
- PM 3: During FY27 and FY28, the AAAD will distribute fall prevention education and awareness materials to senior centers, Advisory Council members, and community partners across the PSA, with a target of distribution through at least 10–15 outreach or education activities per year, including presentations, events, and partner-based dissemination.

Objective 6: Support and strengthen multidisciplinary responses to elder abuse, neglect, and exploitation through the Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA) Program funded by the Victims of Crime Act (VOCA).

Strategy 6.1. Support collaboration among Vulnerable Adult Protective Investigative Teams (VAPITs) by providing coordination, communication, and partnership development with agencies involved in prevention, investigation, and response.
Strategy 6.2. Work with Adult Protective Services, District Attorney offices, law enforcement, and other VAPIT partners to improve referral pathways and ensure timely, coordinated responses to victims of abuse, neglect, and exploitation.
Strategy 6.3. Identify and leverage existing and emerging community resources to address unmet needs of victims and support recovery following victimization.
Strategy 6.4. When appropriate, facilitate access to CREVAA-approved services, including emergency housing assistance, food and clothing support, home repairs or modifications, medications, homemaker and personal care services, therapy and counseling, durable medical equipment, transportation, and case management.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, the CREVAA Coordinator will participate in Vulnerable Adult Protective Investigative Team (VAPIT) meetings across the PSA, with a target of quarterly participation (approximately 4 meetings per year), to support multidisciplinary collaboration and coordinated responses to elder and vulnerable adult abuse.
- PM 2: During FY27 and FY28, ongoing communication will be maintained with Adult Protective Services (APS) investigators, with a target of regular coordination contacts conducted as needed and at least monthly, to support timely, effective, and non-duplicative service delivery for victims.
- PM 3: During FY27 and FY28, partnerships among agencies involved in elder abuse prevention, investigation, and prosecution will be maintained and expanded, with a target of ongoing

collaboration and at least 2–4 partnership-building or coordination activities per year, to strengthen coordinated system responses across the PSA.
- PM 4: During FY27 and FY28, CREVAA program data will be tracked and documented on an ongoing basis, with data entry and review conducted at least quarterly, to document victim stabilization through emergency interventions and/or coordination of longer-term supports.

Goal 3: Ensure that programs and services supported by State allocations are delivered in a cost-effective manner and are aligned with recognized best practices to maximize outcomes for consumers.

Objective 1: Ensure consumer access to OPTIONS for Community Living services while promoting efficient service delivery and effective use of staff and provider resources.

Strategy 1.1. Conduct initial telephone screenings and in-home assessments to determine eligibility and assess the level of need for individuals seeking OPTIONS services.
Strategy 1.2. Support efforts to expand and strengthen the OPTIONS service provider network to address service gaps within the PSA and enhance consumer choice.
Strategy 1.3. Provide ongoing training for OPTIONS Counselors to enhance awareness of the needs of older adults and individuals with disabilities, including cultural competency, infection control, confidentiality, abuse recognition, and related topics.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, OPTIONS services will be delivered to eligible individuals through contracted service providers in accordance with assessed need and program guidelines, serving an estimated 850–1,200 unduplicated individuals per year, subject to funding availability and provider capacity.
- PM 2: During FY27 and FY28, the AAAD will maintain and expand the number of qualified OPTIONS service providers to improve service availability and consumer choice, with a target of ongoing provider recruitment and coordination efforts and at least 2–4 provider outreach or capacity-building activities per year, subject to provider availability and funding levels.
- PM 3: During FY27 and FY28, OPTIONS Counselors will participate in ongoing training, bi-weekly team meetings, and professional development activities, including bi-weekly staff meetings (approximately 26 per year) and at least 1–2 training or professional development opportunities per counselor per year, to support high-quality, efficient service delivery.

Objective 2: Maintain program capacity to provide Public Guardianship services for older adults who are unable to manage their healthcare and/or financial decisions, through court appointment or power of attorney, while ensuring effective oversight and coordination.

Strategy 2.1. Increase awareness of the Public Guardianship Program by sharing program information with courts, judges, clerks, attorneys, and other referral sources as opportunities arise.

Strategy 2.2. Maintain appropriate staffing levels to ensure timely, effective administration of Public Guardianship services and oversight of client needs.
Strategy 2.3. Ensure ongoing compliance with current Tennessee Department of Disability and Aging (DDA) Public Guardianship Program policies and requirements.
Strategy 2.4. Increase awareness of the Public Guardian Volunteer Program and support volunteer recruitment efforts to enhance client support through outreach, advertising, and information sharing.
Strategy 2.5. Coordinate with Adult Protective Services, Legal Aid, the Long-Term Care Ombudsman, local attorneys, healthcare providers, and other partners to address client needs and resolve complex cases.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, Public Guardianship services will be provided to eligible clients in accordance with court orders, powers of attorney, and program guidelines, serving an estimated 60 -70 active clients per year, subject to court appointments and program capacity.
- PM 2: During FY27 and FY28, staffing levels will be maintained to support efficient implementation and oversight of the Public Guardianship Program, with a target of maintaining sufficient staffing to manage an average caseload of approximately 80 clients annually, consistent with program standards and funding levels.
- PM 3: During FY27 and FY28, 100% of required guardian reports will be completed accurately and submitted timely to DDA in accordance with program requirements, including annual and court-mandated reports.
- PM 4: During FY27 and FY28, volunteer outreach and training activities will be conducted in accordance with TCAD policy to support engagement of Public Guardian volunteers, with a target of at least 2–4 volunteer outreach or recruitment efforts per year and training provided to all new volunteers, as applicable.
- PM 5: During FY27 and FY28, coordination with partner agencies (including APS, courts, healthcare providers, legal services, and community organizations) will continue to support effective service delivery and resolution of complex client situations, with ongoing coordination and at least quarterly partner contacts or meetings to address client needs.

Goal 4
Ensure Tennesseans have access to accurate, unbiased information on aging-related issues, programs, and services to support informed decision-making about healthy, independent living, financial planning, healthcare access, and long-term care.

Objective 1: Subject to the availability of *State Health Insurance Program* (SHIP) funding, provide objective, one-on-one counseling and assistance on Medicare, Medicaid, and other health insurance options for Medicare beneficiaries, their families, and advocates, including public education and outreach activities.

Strategy 1.1. Provide regular educational opportunities, including "The ABCs of Medicare" classes, to increase public understanding of Medicare benefits and coverage options.
Strategy 1.2. Recruit, train, and maintain a network of SHIP counselors and volunteers across the PSA to ensure access to timely, accurate counseling services.
Strategy 1.3. Assist Medicare beneficiaries in identifying and enrolling in affordable prescription drug plans that best meet their needs.
Strategy 1.4. Screen eligible beneficiaries and provide application assistance for the Medicare Low-Income Subsidy and Medicare Savings Programs.
Strategy 1.5. Distribute Medicare and health insurance information through outreach, education, and media efforts to support informed decision-making and healthy aging.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, the AAAD will provide objective, one-on-one counseling and information to Medicare beneficiaries, their families, and advocates to support informed decisions regarding Medicare, Medicaid, and related health insurance options, with an estimated 6,000–6,500 client contacts per year, subject to funding availability and counselor capacity.
- PM 2: During FY27 and FY28, the AAAD will conduct free public education sessions, including *"The ABCs of Medicare,"* with a target of 8–12 public education sessions per year, to increase public understanding of Medicare benefits, coverage options, and enrollment periods.
- PM 3: During FY27 and FY28, the AAAD will recruit, train, and retain SHIP counselors and volunteers to maintain adequate program capacity across the PSA, with a target of maintaining 20–25 trained SHIP counselors and volunteers and providing ongoing training opportunities at least annually.
- PM 4: During FY27 and FY28, the AAAD will screen eligible Medicare beneficiaries and provide application assistance for the Medicare Low-Income Subsidy (LIS) and Medicare Savings Programs (MSP), with an estimated 100–125 application assistance contacts per year, as appropriate based on eligibility and demand.
- PM 5: During FY27 and FY28, the AAAD will distribute SHIP information through senior centers, Advisory Council members, community events, health fairs, and other outreach opportunities, with a target of participation in at least 25–35 outreach events per year to increase program awareness across the PSA.

Objective 2: Increase awareness of the needs of older adults and adults with disabilities through advocacy, education, and effective communication with local, state, and federal policymakers.

Strategy 2.1 – Legislative Advocacy and Engagement
Participate in and support statewide advocacy activities as well as to communicate priority policy issues affecting older Tennesseans to state legislators.
Strategy 2.2 – Stakeholder Education and Communication
Inform the Advisory Council, service providers, and board members about legislative issues impacting the aging and disability network and encourage engagement with elected officials.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27 and FY28, AAAD staff will participate annually advocacy activities coordinated by the Tennessee Federation for the Aging or similar organizations, with a target of at least one statewide advocacy event per year and additional advocacy engagements as opportunities arise.
- PM 2: During FY27 and FY28, legislative updates and priority policy issues will be shared with SCAAAD stakeholders to increase awareness of laws and policies impacting older adults, adults with disabilities, and service providers, with a target of at least quarterly updates (approximately 4 per year) distributed through meetings, newsletters, email communications, or other appropriate channels.

Objective 3: Continue efforts to increase awareness, understanding, and use of *advance directives* to support informed healthcare decision-making among older adults and adults with disabilities.

Strategy 3.1 – Provide advance directives toolkits through in-home HCBS assessment folders and distribute materials at health fairs, community events, and other outreach opportunities.
Strategy 3.2 – Utilize training resources and materials provided by the Tennessee Department of Disability and Aging (DDA) to increase knowledge of advance directives among SCAAAD staff, senior centers, service providers, caregivers, and the general public through presentations and outreach activities.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27–FY28, advance directives information and toolkits will be included in in-home HCBS assessment materials and shared with aging network partners across the PSA.
- PM 2: During FY27–FY28, advance directives training materials and educational resources will be shared with SCAAAD staff, service providers, senior centers, caregivers, and community members as they become available.

Objective 4: Strengthen the CREST program's capacity to support APS-involved adults through dedicated staffing, coordinated service delivery, and timely access to essential resources.

Strategy 4.1. Maintain a dedicated *CREST* Advocate position to implement CREST services within the PSA in accordance with State and APS requirements.
Strategy 4.2. Provide client-centered emergency and long-term services and supports in collaboration with APS, consistent with CREST program policies and contractual requirements.
Strategy 4.3. Provide information, referrals, and coordination to connect APS clients with CREST-supported resources, including emergency housing, food and clothing assistance, home modifications, transportation, homemaker services, durable medical equipment, medications, and related supports.

Performance Measure: (identify performance measures for FY 2027 and FY 2028)

- PM 1: During FY27–FY28, staffing will be maintained to support the CREST Advocate role and ensure effective program implementation.
- PM 2: During FY27–FY28, APS-referred clients will receive CREST information, resources, and service coordination to address identified emergency and long-term needs.
- PM 3: During FY27–FY28, eligible APS clients will be referred to CREST services to support stabilization, safety, and connection to ongoing supports.

Exhibit C-3

Program Planning for FY 2027 and FY 2028

Regulations of the Older Americans Act require AAADs to include (in the Area Plan) the services, including a definition of each type of service, the number of individuals to be served; the type and number of units to be provided; and corresponding expenditures proposed to be provided with funds under the OAA and related local public sources under the Area Plan.

A. Information & Assistance

Please check the box if you will provide the service during FY 2027-2030.

X Information & Assistance: A service that:

- Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
- Assesses the problems and capacities of the individuals;
- Links the individuals to the opportunities and services that are available;
- To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
- Serves the entire community of older individuals, particularly-
    - Older individuals with greatest social need;
    - Older individuals with greatest economic need; and
    - Older individuals at risk for institutional placement. (Source: OAA)

1. Complete the following:

   Total Number of I & A Staff: 3

	# of individuals served in FY 2026 (July 1 2025 to Jan 31, 2026)	**# of projected individuals served in FY 2027**	**# of projected individuals served in FY 2028**
Units of Service	2, 747	4,000	5,000

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

- SCAAAD will use Senior Centers, Nutrition Meal Sites, and SCHRA Neighborhood Services Centers as primary outreach hubs; staff at these sites will identify and refer individuals to SCAAAD Information & Assistance for screening and enrollment.
- SCAAAD staff will focus on low-income, minority, and LEP populations to present at community events, health fairs, congregate meal sites, and neighborhood centers.
- SCAAAD will partner with churches, cultural organizations, and ethnic community groups (with emphasis on minority congregations) to host informational sessions and distribute materials in culturally appropriate settings.
- SCAAAD will use outreach materials and intake forms in the primary languages spoken locally; provide bilingual staff or interpreters at events and on the phone to ensure LEP individuals can complete screening and receive services.
- SCAAAD using mobile outreach (health fairs, information tables meal sites), will coordinate with local transportation providers, and visits with medical facilities, nursing facilities, medical offices, and senior citizen centers to deliver flyers with contact information for services.
- SCAAAD will place announcements our website (www.sctdd.org), social media groups used by target populations; distribute flyers with clear contact steps and hours for Information & Assistance.

B. Home and Community-Based Services (Title III-B and OPTIONS)
Please check the types of service your AAAD will provide during FY 2027-2030 utilizing HCBS funding.

☒ **Case Management**: Means a service provide to an older individual, at the direction of the older individual or a family member of the individual:

- By an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in sub-paragraph; and
- To assess the needs, and arrange, coordinate, and monitor an optimum package of services to meet the needs, or the older individual; and

Includes services and coordination such as-

- Comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);
- Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services-
    - With any other plans that exist for various formal services, such as hospital discharge plans; and
    - With the information and assistance services provided under the Older Americans Act;
- Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
    - Periodic reassessment and revision of the status of the older individual with-
    - The older individual; or
    - If necessary, a primary caregiver or family member of the older individual; and

- In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources. (Source: OAA)

X **Homemaker:** Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Tasks may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework. (Source: HCBS Taxonomy)

X **Personal Care:** Assistance (personal assistance, stand-by assistance, supervision, or cues) with Activities of Daily Living (ADLS) and/or health-related tasks provided in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs). (Source: HCBS taxonomy)

X **CHORE:** Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework. (Source: HCBS Taxonomy)

X **Home-Delivered Nutrition:** A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

X **Assistive Technology:** Any item, device, or piece of equipment used to maintain or improve the independence and function of people with disabilities and seniors, in education, employment, recreation, and daily living activities. AT devices can be "low tech," like a built-up handle on a spoon to improve the ability to grasp, to "high tech" computers controlled with eye movement. AT devices can be do-it-yourself or even consumer electronics, like home automation solutions. AT includes the services necessary to get and use the devices, including assessment, customization, repair, and training. (Source: ACL)

X **Home Modifications**: Programs that provide assistance in the form of labor and supplies for people who need to make essential repairs in order to eliminate health or safety hazards, such as weatherization, installing safety or accessibility features such as ramps, handrails, grab bars or repairing or replacing steps, repair of heating, plumbing, or electrical systems

X **Respite (in-home):** A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services. (Source: ACT committee)

X **Respite (out-of-home, day):** A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities. (Source: ACT committee)

☐ **Respite (out-of-home, overnight):** A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24 hour period of time. The service provides the caregiver with time away to do other activities. (Source: ACT committee)

X **Self-Direction:** An approach to providing services (including programs, benefits, supports, and technology) under the OAA intended to assist an individual with activities of daily living, in which-(A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; (B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual's care options; (C) the needs, capabilities, and preferences of such individual's ability to direct and control the individual' s receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved; (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual's family, caregiver or legal representative-(i) a plan of services for such individual that specifies which services such individual will be responsible for directing (ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan/ and (iii) a budget for such services; and (E) the area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under the OAA. (Source: OAA)

X **Transportation**: Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. Does not include any other activity.

X **Other** (Please list and define.):
Supplemental Services: Limited, short-term goods and services provided to fill gaps in caregiver support and promote safety, independence, or nutrition. These items complement ongoing caregiver care and are approved only when they address a documented, time-limited need.

Personal Emergency Response System (PERS): Electronic alert devices and monitoring services that enable an individual to summon help during an emergency. PERS is treated as a service line item in many OAA-funded care plans and includes device selection, installation, user training, and monitoring arrangements.

Pest Control: Home maintenance or environmental support services that address infestations or hazards that threaten health, safety, or the ability to remain at home. Pest control is provided as a targeted intervention and is documented alongside other minor home modifications.

Medical Equipment and Supplies: Durable medical equipment (DME) and non-durable medical supplies provided to support health, mobility, or daily living (examples: walkers, hospital beds,

oxygen concentrators, wound care supplies). Items are supplied when clinically or functionally necessary to maintain safety at home and to supplement caregiver assistance.

1. Complete the following table:

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
State – Options Allocation Amount	**$434,495**	**$609,700**	**$855,554**
# Served	**609**	**853**	**1,195**
Units of Service	**15,696**	**21,974**	**30,763**

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

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
Federal Title IIIB/State Homemaker In-home services Allocation Amount	**$78,663**	**$110,100**	**$154,101**
# Served	**57**	**80**	**112**
Units of Service	**2,713**	**3,798**	**5,317**

3. Describe the methodology for the projections listed above.
   December totals for units and expenditures reported into Mon Ami by SCAAAD were annualized to create the FY2026 baseline, and individual counts were estimated from the cumulative number served through December; these baseline figures inform the Area Plan FY2027–2030 projections but are subject to change because client replacements and individual care-plan adjustments during the remainder of the fiscal year cannot be precisely predicted, so projected units may vary and estimates of the number served were moderated to reflect current provider capacity. For FY2027 and FY2028, projected annual allocations were used as the funding inputs; projected units for each year were calculated by dividing the year’s allocation by the FY2026 average cost per unit, and projected numbers served were derived by dividing those units by the FY2026 average units per person, with final served counts constrained where necessary by provider capacity and operational limits.

4. Complete the following table:

Number of Individuals on HCBS OPTIONS Waiting List (high-risk clients only)	81
Number of Individual on HCBS Title III-B Waiting List (high-risk clients only)	1

5. Describe your plan for addressing the individuals on the waiting list.
   Numerical ranking is used to prioritize applicants based on functional need, medical condition and safety. Higher scores indicate greater urgency determining access to services from waitlists.

C. Title III-C Nutrition Services

Please check the types of service you will provide during FY 2027-2030 utilizing III-C Nutrition funding.

X **Congregate Nutrition**: A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

X **Home-Delivered Nutrition:** A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

X **Nutrition Counseling**: A standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal. (Source: Input Committee)

X **Nutrition Education**: an intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (Source: National Nutrition Monitoring and Related Research Act of 1990 and Input Committee)

X **Other** (Please list and define.):

- **Supplemental Services** — Goods and services provided on a limited basis to complement caregiver-provided care. Use these to fill short-term gaps that support safety, nutrition, or independence (examples: grocery delivery, respite supplies, adaptive eating utensils). Document purpose, duration, cost, and caregiver role in the care plan.

- **PERS** (Personal Emergency Response System) — Electronic devices that enable individuals to summon help in an emergency. Include device type, monitoring vendor, installation plan, monthly fees, and client consent in the care plan. Note that PERS is commonly listed as a service in local OAA-funded care plans and may require verification of medical need and ability to use the device.
- **Pest Control** — A home maintenance/environmental support service intended to reduce health and safety risks so older adults can remain at home. Treat pest control like other minor home supports: document the identified hazard, scope of service (one-time vs recurring), contractor/vendor selection, and any follow-up inspections.

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

   The South Central Area Agency on Aging and Disability (SCAAAD) administers the Older Americans Act (OAA) Nutrition Program across a thirteen-county region that includes Bedford, Coffee, Giles, Hickman, Lewis, Lawrence, Lincoln, Maury, Marshall, Moore, Perry, Franklin, and Wayne Counties. SCAAAD provides regional oversight, planning, contracting, and quality assurance to ensure that older adults have access to safe, nutritious meals through both congregate and home-delivered nutrition services.
   SCAAAD contracts with nutrition service providers to deliver meals and operate nutrition sites throughout the region. Providers are responsible for securing congregate meal locations in their assigned counties, conducting eligibility screenings, initiating nutrition services, and managing home-delivered meal routes. Providers also complete required nutrition risk assessments, maintain service documentation, and report units of service to SCAAAD in accordance with state and federal requirements.

   Nutrition providers subcontract with a food preparation and delivery vendor—historically South Central Human Resource Agency (SCHRA) and Homestyle Direct to support meal production and distribution. The subcontractor prepares meals in approved commercial kitchens, follows dietary standards, and delivers meals to nutrition sites across all thirteen counties. The subcontractor maintains food safety protocols, temperature logs, and transport documentation, and coordinates with providers on delivery schedules, meal volume, and special dietary needs.

   SCAAAD administers the program through unit-cost reimbursement and grant funding to nutrition providers based on projected service needs within each county. SCAAAD monitors provider and subcontractor performance through site visits, menu reviews, fiscal oversight, and compliance monitoring. This includes ensuring adherence to OAA requirements, food safety standards, accessibility expectations, and equitable service delivery across rural and underserved communities.

   Through this coordinated model, SCAAAD as the administrative authority, nutrition providers as direct service operators, and the subcontractor as the food production and delivery partner—the region maintains a comprehensive nutrition network that supports the health, independence,

and well-being of older adults. This structure ensures consistent meal quality, reliable delivery, and full coverage across all thirteen counties, while allowing providers to focus on consumer engagement, eligibility, and service coordination.

2. Complete the following table:

Provider	IIIC Allocation	NSIP Allocation	Total Amount of Contract	# Congregate Meal Sites	# of Projected Congregate Meals Served in FY 2027	# of projected Congregate Meals Served in FY 2028	# of Projected HDMs Served in FY 2027	# Projected HDMs Served in FY 2028
SCHRA Congregate	**$639,689**	**40,800**	**$639,689**	**19**	**105,000**	**110,000**	**-**	**-**
SCHRA (HDM)	**$985,623**	**27,200**	**$1,301,523**	**-**	**-**	**-**	**76,000**	**80,000**
Homestyle Direct (HDM)	**$985,623**	**NA**	**$1,301,523**	**-**	**-**	**-**	**10,000**	**15,000**

3. Complete the following table:

Service	Amount III-C Allocated
Nutrition Counseling	$500
Nutrition Education	$1000
Other Services (Describe): ___________________________	$

4. Describe your plan for delivering the highest possible quality of service at the most efficient cost.
   - SCAAAD selects nutrition providers through a competitive procurement process that prioritizes cost-effective, high-quality service delivery across all fourteen counties.
   - Providers must demonstrate the ability to leverage local resources and community support to supplement Title III-C funding and expand service capacity.
   - Providers are expected to maintain strong volunteer networks to reduce operational costs, particularly in congregate site support and home-delivered meal routes.
   - Administrative and data processes must be streamlined to ensure accurate reporting, efficient communication, and reduced administrative burden.
   - Providers must show the capacity to reach older adults with the greatest social and economic need, including maintaining sites in high-need zip codes and accessible community locations.

- Outreach strategies must include multiple communication channels such as social media, local media, agency websites, and printed materials to ensure broad awareness of available nutrition services.
- SCAAAD staff meet quarterly with providers to review performance, address inefficiencies, strengthen communication, and identify cost-saving opportunities across service coordination, data management, finance, and quality assurance.
- Beginning in FY 2027, SCAAAD will explore additional cost-effective service models, including virtual congregate meals, and collaborations with local farmers to expand meal choice and maintain program efficiency.

5. Describe how participant feedback is solicited and the results are used to improve service quality. Specifically describe what actions were taken in 2026.

   SCHRA administers annual satisfaction surveys to congregate, and home delivered meal participants to evaluate food quality and overall program performance. Survey results are reviewed and analyzed to support continuous quality improvement, for menu planning. Participant feedback has also been utilized to enhance sack lunch offerings through the addition of new items and increased variety, ensuring meals remain responsive to participant preferences and nutritional needs.

6. Describe how your agency and its providers target congregate nutrition services to reach the greatest social and economic need (including 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?

   Congregate meal sites are located within senior centers and satellite senior centers throughout all 13 counties in the service area. Senior center directors conduct ongoing outreach activities to identify and recruit participants with the greatest social and economic need for congregate nutrition services.

   SCHRA develops and distributes nutrition education packets at all congregate meal sites. These packets include information on nutrition, health, and available community resources throughout the South Central region. In addition, staff at Neighborhood Service Centers are trained on referral procedures to ensure individuals with the greatest social and economic need are appropriately referred for congregate meal services.

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

   - All consumers receiving home delivered meals 5x/week, will receive emergency shelf stable sack meal. This meal is provided in the event of emergency, closings related to weather, or nutrition staff trainings that interfere with serving times.

- Consumers receiving frozen meals will receive three (3) extra meals at the very first delivery and will receive exactly the same amount and frequency, as stipulated on approved care plan.
- Frozen meal delivery day will be rescheduled within the same week, if their regular delivery day falls on a holiday or delivery is interfered by weather.

D. Guardianship:

1. Complete the following table:

	2026 Calendar Year	2027 Calendar Year Projected	2028 Calendar Year Projected
Active Caseload	80**	81	82

* Number of clients served during the Fiscal Year
** This number is a projection based on 2025 number.

Describe the agency's plan to maintain or increase the number of volunteers.
SCAAAD will maintain while increasing the number of volunteers through targeted recruitment efforts, community partnerships, and ongoing outreach. The program will focus on volunteer retention by providing consistent support, training opportunities, and recognition to ensure continued engagement.

E. National Family Caregiver Support Program (NFCSP) – Title IIIE

Please check the types of service you will provide during FY 2027-2030 utilizing NFCSP funding.

X **Case Management (Caregiver):** Means a service provided to a caregiver, at the direction of the caregiver:

- By an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and
- To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the caregiver; and

Includes services and coordination such as-

- Comprehensive assessment of the caregiver (including the physical, psychological, and social needs of the individual).
- Development and implementation of a service plan with the caregiver to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the caregiver, including coordination of the resources and services-
    - With any other plans that exist for various formal services; and
    - With the information and assistance services provided under the Older Americans Act;
    - Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided.
    - Periodic reassessment and revision of the status of the caregiver; and

   - In accordance with the wishes of the caregiver, advocacy on behalf of the caregiver for needed services or resources. (Source OAA)

X **Information and Assistance (Caregiver):** A service that:

- Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology.
- Assesses the problems and capacities of the individuals.
- Links the individuals to the opportunities and services that are available.
- To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
- Serves the entire community of older individuals, particularly-
  - Caregivers who are older individuals with greatest social need.
  - Older individuals with greatest economic need.
  - Older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities.
  - Family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
  - Caregivers of "frail" individuals defined as: unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; and/or cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (Source: OAA)

X **Counseling (Caregiver):** A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state/territory policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral, and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training. (Source: ACT committee)

X **Information Services (public) (Caregiver):** A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. (Source: SHIP)

Unlike Information and Assistance, this service is not tailored to the needs of the individual.

X **Respite (in-home):** A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services. (Source: ACT committee)

☐ **Respite (out-of-home, day):** A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities. (Source: ACT committee)

☐ **Respite (out-of-home, overnight):** A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24 hour period of time. The service provides the caregiver with time away to do other activities. (Source: ACT committee)

☐ **Respite Voucher:** A payment mechanism for caregiver respite services. A voucher is a document that shows respite services have been bought, or respite services have been rendered and authorizes payment.

X **Supplemental Services (Caregiver):** Goods and services provided on a limited basis to complement the care provided by caregivers. (Source: OAA)

X **Support Groups (Caregiver):** A service that is led by a trained individual, moderator, or professional, as required by state/territory policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state/territory policy. (Source: ACT committee)

☐ **Training (Caregiver):** A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line and be provided in individual or group settings. (Source: ACT committee)

X Other (Please list and define.):

Complete the following table:

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
# Served *(Excluding Case Management, Information Services, and Information & Assistance)*	67	69	71
Units of Service *(Excluding Case Management, Information Services, and Information & Assistance)*	3,332	3,432	3,535

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

   SCAAAD plans to expand support for caregivers and older adults by strengthening partnerships with the Alzheimer's Association, the Tennessee Respite Coalition, and the Caregiver Relief Program. Through these collaborations, SCAAAD will increase access to respite and in-home supports for families who need short-term relief or ongoing assistance. To help consumers manage medical needs, SCAAAD will coordinate transportation to and from medical appointments through SCTDD Public Transportation, ensuring safe and reliable access to care. The agency will also continue identifying community partners, service providers, and charitable resources that can offer assistance at little or no cost, allowing consumers to receive essential services while reducing financial barriers.

2. 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.
   SCAAAD will expand outreach efforts to ensure caregivers across the South Central region are aware of the National Family Caregiver Support Program and the services available to them. Outreach will include presentations and educational sessions at senior centers, community centers, and other locations where caregivers naturally seek support. SCAAAD will also strengthen partnerships with healthcare providers, clinics, hospitals, rehabilitation facilities, and community organizations to share information with caregivers during key moments of need. Printed materials, social media, newsletters, local media, and the agency's website will be used to broaden awareness, especially in rural and underserved areas. Service coordinators will continue to share program information during assessments, follow-up calls, and referrals, ensuring caregivers receive direct, personalized guidance. Through these combined strategies, SCAAAD aims to increase caregiver awareness and enrollment in the National Family Caregiver Support Program.

F. Health Promotion/Disease Prevention – Title III-D
Please check the box below if you will provide programs during FY 2027-2030 utilizing III-D funding.

X **Health Promotion: Evidence-Based**: Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). Activities must meet ACL/AOA's definition for an evidence-based program, as presented on the ACL website. (Source: OAA)

	FY 2026	FY 2027 – Projected (Served/Units)	FY 2028 – Projected (Served/Units)
# Served	198	210	225
Units of Service*)*	4402	4790	5000

G. Legal Assistance

1. What legal priority case is the most served in the area?
   Income, Health/Long Term Care, Nutrition, Housing, and Will assistance.

2. Does the legal priority with the greatest number of cases represent the greatest need or is there another legal priority with fewer cases that should be addressed through education efforts?
   Among the five identified areas of concern, **Income** represented the greatest need, with 23 referrals submitted to Legal Aid, resulting in 21 cases opened. **Housing** ranked second, with 10 referrals, of which 7 cases were accepted. Assistance with **Wills** accounted for 4 referrals, yielding 3 active cases. Both **Healthcare/Long-Term Care (LTC)** and **Nutrition** currently have 4 open cases each with Legal Aid. (These numbers are from Legal Aid report Quarter 1 FY25/26).

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?
   The minority in poverty population represents less than 50 percent of those served through legal assistance. Outreach will continue through the Adult Abuse Coalition, SCAAAD Information & Assistance, and Senior Centers.

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?
   The AAAD and Legal Aid will continue to provide outreach to those identified economically or socially needy. The AAAD and Legal Aid will continue to identify priority needs through Information and Assistance and legal referrals to meet the needs in the PSA.

H. Senior Centers

1. Complete the following table: * Projected FY 2027 numbers

Senior Center	#Participants	#Low-Income	#Minority	#Rural	# English Limitation
Bedford Co. Senior Center	**134**	**8**	**10**	**113**	**N/A**
Coffee Co./Manchester Senior Center	**148**	**5**	**11**	**144**	**N/A**
Franklin Co. Senior Center	**901**	**46**	**78**	**873**	**1**
Giles Co. Senior Center	**303**	**23**	**64**	**297**	**1**
Hickman Co. Senior Center	**317**	**57**	**10**	**282**	**N/A**
Lawrence Co. Senior Center	**333**	**33**	**11**	**324**	**2**
Lewis Co. Senior Center	**120**	**9**	**5**	**112**	**N/A**
Lincoln Co. Senior Center	**267**	**10**	**5**	**245**	**N/A**
Marshall Co. Senior Center	**139**	**5**	**10**	**135**	**N/A**
Maury Co. Senior Center	**616**	**87**	**96**	**548**	**N/A**
Moore Co. Senior Center	**57**	**2**	**2**	**56**	**N/A**
Perry Co. Senior Center	**858**	**156**	**21**	**698**	**N/A**
Wayne Co. Senior Center	**227**	**131**	**24**	**200**	**N/A**

2. Describe your agency’s approach to working with those senior centers that need to improve their reach to the target populations.
   Quality Assurance personnel review data from senior centers to ensure that the percentage of low-income and minority individuals served reflects an appropriate proportion of each target group's total senior population within the county. When improvement is needed in reaching these populations, recommendations will be documented and communicated during annual monitoring visits. Additionally, SCAAAD will partner with DDA to facilitate team-building activities designed to inform senior center directors about available resources for engaging target populations and expanding center activities.

I. Emergency Preparedness

1. Name of Staff Person on the local emergency management team:
   - Megan Dugger
   - Jamie Canady

2. How is the agency’s emergency plan communicated to staff?
   The Emergency Service Coordinator (ESC) will distribute the finalized plan of action electronically to all staff members. In the event of an emergency, the ESC will notify all senior

staff directors to initiate the procedures outlined in the emergency plan. Senior staff will then inform all personnel of their respective responsibilities and provide guidance on the appropriate response.

J. SHIP

1. Complete the following table:

	Grant Year 2024-2025 (April – March)	Grant Year 2025-2026 (April – March)	Grant Year 2026-2027 (April – March)
# Client Contacts	6,693	5,727	6,209
# of Consumers Reached Through Outreach Events	9,323	11,357	6,209
# of Client Contacts Under Age 65	1,028	879	1,007
# of Hard to Reach Client Contacts	7,464	6,624	7,029
# Of Enrollment Contacts	6,581	5,848	6,209
# of Low Income/Medicare Savings Enrollment Assistance Contacts	108	102	124

2. Describe your efforts to increase the number in each column in the table above.
   - **Client Contacts**: Advertising SHIP/SMP Medicare Counseling in newspapers across the district; Facebook articles/posts on SCAAAD Facebook page.
   - **Outreach**: Volunteers/staff attend events at Senior Centers, and community health fairs and other events across our 13 counties. [The Commodities Program has ended in our district. We will be searching for other opportunities with local Food Pantries.]
   - **Client Contacts Under age 65**: Provide Social Security offices with SHIP information to reach new Medicare recipients receiving Social Security Disability benefits, food pantry handout, Host ABCs of Medicare in person classes.
   - **Hard to Reach Client Contacts**: Utilize Home Delivered Meals Program and food pantries to reach shut ins with SHIP/SMP information.
   - **Enrollment Contacts**: Pre-annual enrollment presentations at Senior Centers and to Advisory Council members; pre-annual enrollment mail-out to past clients
   - **Low Income/Medicare Savings Enrollment Assistance Contacts**:
   - South Central Human Resource Centers staff serve as In Kind SHIP/SMP Volunteers. They have contact with low income individuals who are applying for their heating and cooling

program. Produce a yearly brochure with the guidelines for LIS and MSP listed telling the public that we would be happy to help them with applications.

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.
   Provide information to Health Departments to handout in attempt to reach those in these categories. Seek to find volunteers with a diverse ethnicity and in limited English proficiency groups.

Exhibit C-4

Targeting Status

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 FY 2023-2026 Area Plan.

2023-2026* OBJECTIVE	ACTUAL ACCOMPLISHMENT
Develop partnerships with other agencies who serve targeted groups in order to better reach and meet the needs of target groups.	SHIP distributed information to Social Security Admin. Office, SCHRA, Senior Centers, and Food Pantries; Newsletter articles, that reach partner agencies and individuals (7,566). Held 8 ABC’s of Medicare Classes so far in FY2025. CREVVA continued to operate through strong partnerships with local Adult Protective Services field staff and evolving collaborations with area law enforcement and DA offices. CREVAA also participated in South Central Coordinated Community Response virtual workshops, seeking new opportunities to cultivate and enhance formidable relationships with a broader network of agencies serving the target population. In addition, CREVAA consulted with area domestic violence centers.
Support local events/activities that specifically identify and reach minority and low-income minority persons.	SHIP had 103 information booths with 7,520 people reached through Commodities and distributing SHIP information to area partners serving target groups.
Target Nutrition Outreach for congregate meals to older adults with greatest economic and social need, with particular emphasis on low-income minority individuals.	Required in Nutrition provider contract that SCHRA would conduct outreach to minority and low-income minority, as well as persons with limited or no English speaking ability, and Aging Special Projects Manager (QA) Coordinator is monitoring that contract through data reported in Mon Ami.
Monitor progress of focal point senior centers outreach efforts to older adults with greatest economic and social need, with particular emphasis on low-income minorities and seniors with disabilities.	
The AAAD will utilize translation services to communicate with limited and/or non-English speaking minorities.	AAAD staff provides annual training and ongoing technical assistance to all service providers on Title VI Civil Rights and Limited English Proficiency Policies & Procedures. Last Title VI & LEP Training was held virtually during the month of January 2026. The AAAD has not had to utilize translation services in the last 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 2027-2030

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.

2. Complete the following table:

	FY 2026	FY 2027 Projected	FY 2028 Projected
Total Individuals Served	18,969	19,348	19,735
Total Minority Individuals Served	1,983	2,003	2,023

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

   AVAZA Language Services Corp. is available through the agency and provides 24/7, year-round over-the-phone language support. Additionally, all field staff are equipped with an 800 number and translation cards to help identify language assistance needs during home visits. The agency also ensures that at least one Spanish-speaking staff member is available on-site for translation assistance.

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

      Level 1: SCTDD Agency Title VI Coordinator, Christa Sinyard, 931-379-2929
      Level 2: SCTDD Executive Director, Paul Rosson, 931-379-2929
      Level 3: SCTDD Board of Director, Jonah Keltner, 931-796-3378
      Level 4: State of Tennessee Department of Transportation Civil Rights Title VI Program Director, Attn: Cynthia Howard 615-741-3681

   b. Describe agency policies related to investigations, report of findings, hearings and appeals, if applicable.
      - All levels will be handled the same.
      - The complainant will be contacted by phone within 3 days of the complaint.
      - The complainant should be informed that they have the right to have a witness or representative present during the interview.
      - The board presiding over the Level at which the complaint was received will review and submit the final report to the Level above them.

- If corrective action is recommended the alleged discriminatory contractor will be given 30 days to inform the Title VI officer of the actions taken.
- The complainant has the right to appeal all written reports to SCTDD and TDOT.
- The appeal must be made in writing within (14) days of receipt of the final report.

c. Include a copy of the agency's complaint log, if applicable. See Attachment C-5.1
No complaints have been logged at the time.

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.
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.

The AAAD has contracts with thirteen (13) providers for HCBS programs, one (1) Personal Emergency Response Systems (PERS) providers, two (2) Nutrition Program provider, one (1) Nutrition Counseling provider, one (1) Legal Assistance Provider, one (1) contract for Public Guardian Program Attorney, one (1) medical equipment and supplies provider, and thirteen (13) contracts with focal point senior centers. SCAAAD has no minority contractors at this time.

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 ensure that this information is presented.

The Aging Special Projects Manager (QA) monitors all contractors annually. During the monitoring visit, the Aging Special Projects Manager (QA) conducts a Title VI Compliance Review and checks the contractor's Policy and Procedure Manual for the non-discriminatory policy and complaint procedures. The Aging Special Projects Manager (QA) reviews minority participation on governing boards and advisory bodies on an annual basis.

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?

The AAAD staff continue to work with various agencies and groups such as Adult Protective Services (APS), Legal Aid, Social Security Administration, local health departments, faith-based organizations, local housing authorities, senior apartments, health clinics, grocery stores, pharmacies, senior centers, and others to distribute AAAD brochures and resource material, set

up information booths, and promote the toll free Information and Assistance line and the SHIP/SMP hotline.

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

Demographic data for the South Central PSA show that 11 of the 13 counties continue to have fewer than 10% of adults age 65 and older who are minority, with the highest minority representation found in Giles County (13.12%), Maury County (12.46%), Bedford County (12.18%), and Marshall County (10.84%). Although minority representation varies across the region, several counties demonstrate meaningful diversity among older adults.

Language diversity remains limited across most counties; however, Marshall County reports the highest percentage of older adults who speak a language other than English at home (9.20%), followed by Bedford County (3.51%), Lincoln County (2.33%), Coffee County (2.32%), and Maury County (2.50%). These counties represent the PSA's most concentrated pockets of limited-English-proficiency older adults.

Poverty among adults age 65+ varies significantly across the region. Wayne County (21.10%), Lewis County (17.30%), Lawrence County (16.33%), Coffee County (14.89%), Moore County (12.53%), Lincoln County (12.73%), and Perry County (12.27%) all exceed 12% of older adults living below the Federal Poverty Level. These counties represent the highest concentrations of older adults with the greatest economic need.

Rurality continues to be a defining characteristic of the PSA. Hickman, Perry, Wayne, and Moore Counties all report rural populations at or near 100%, with Giles (73.70%), Lawrence (75.90%), and Lincoln (72.50%) also reporting rural populations above 70%. The predominance of rural geography contributes to transportation barriers, limited access to services, and increased social isolation among older adults.

Although the percentage of low-income minority older adults remains relatively low across the region with most counties below 3% the AAAD will continue targeted outreach in counties where minority status, poverty, and rurality intersect, including Coffee, Marshall, Lawrence, and Franklin Counties. Programs such as SHIP, SNAP outreach, and Nutrition will work closely with senior centers and community partners to expand engagement with these populations.

The SCTDD/SCAAAD currently employs two minority staff members. While the AAAD no longer has any minority-owned or minority-operated HCBS providers, it maintains a contract with the Giles County Senior Center, which is led by a minority female director. The AAAD Advisory Council includes one minority representative, and the SCTDD Governing Board includes three minority representatives. AAAD staff and Advisory Council members will continue intentional outreach to minority communities to increase representation and fill existing vacancies on the Advisory Council.

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?

The AAAD uses the Mon Ami to document activities that directly target and serve minority and low-income minority older adults, including contacts, referrals, and service participation. Mon Ami captures client-level demographic information and service utilization, allowing the SCAAAD to monitor progress toward targeting objectives.

Activities where individual information cannot be collected, such as information booths, presentations, health fairs, and large community events, are documented in internal outreach files. These records include event details, estimated attendance, materials distributed, and staff participation. This supplemental documentation demonstrates the SCAAAD's ongoing outreach to minority, low-income, rural, and limited-English-proficiency populations and supports compliance with Title VI, LEP, and targeting requirements.

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
Strengthen and expand collaborative relationships with agencies and organizations that serve priority populations to improve outreach, increase access, and more effectively meet the needs of targeted older adults.	Distribute brochures, SHIP materials, and other program information to agencies and community partners that regularly serve targeted populations—including DHS, APS, SSA, county health departments, housing authorities, minority-serving churches, grocery stores, medical offices, medical centers, long-term care facilities, pharmacies, food pantries, and other community organizations—to ensure accurate information reaches older adults with the greatest economic and social need.	SHIP Program Manager HCBS Program Manager
	Conduct targeted outreach activities and assess new partnership opportunities to better engage underserved populations identified by CMS, ensuring that minority, low-income, rural, and limited-English-proficiency older adults are connected to appropriate services and supports.	SHIP Program Manager
	Participate in quarterly Coordinated Community Response (CCR) meetings to strengthen cross-agency collaboration, improve identification of vulnerable older adults, and enhance coordinated interventions for individuals experiencing abuse, neglect, exploitation, or other high-risk situations.	CREVAA Program Manager
Prioritize nutrition outreach for congregate meal programs to reach older adults with the greatest economic and social need, with focused attention on engaging low-income minority individuals who experience heightened barriers to food access and program participation.	Require, through provider contracts, that each service provider conducts intentional outreach to priority populations, including older adults with the greatest economic and social need, low-income minority individuals, rural older adults, and individuals at risk for institutional placement.	Aging Special Projects Coordinator

Exhibit D-1

AAAD STAFFING

1. Include an Organizational Chart for the Area Agency with staff names, position/title, and funding source. See Attachment D-1.1

2. List all new hires not included in the FY 2026 Area Plan Update. Include the following information:

    - Name and Position
        - Kelli Rubert – Information and Assistance
    - Full/Part time status (If the individual will have multiple roles, indicate each responsibility separately and the percent of time to be dedicated to each role)
      Full Time

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

4. The total number of staff at the AAAD is: **27.** Of the total number of AAAD staff the following are:

    - Age 60+: 8
    - Female: 25
    - Minority: 1
    - Disabled: None Disclosed

5. Provide the total number of FTE Options Counselors that manage an active caseload for OPTIONS, III-B In-home Services, III-C, and/or III-E.
   4

6. What is the average caseload for Options Counselors managing cases for OPTIONS, III-B In-home Services, III-C, and/or III-E?
   180

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

   The AAAD manages Options Counselor caseloads through ongoing monitoring and workload balancing to ensure timely, high-quality service delivery as program funding and referrals increase. Caseloads for each Options Counselor are reviewed regularly, and assignments are adjusted based on county-level demand, population needs, and the complexity of individual cases. This allows the AAAD to redistribute work proactively and maintain equitable workloads across the region.

To further increase capacity, the AAAD has expanded the use of online forms, digital documentation, and streamlined electronic workflows, reducing the amount of time staff spend on paperwork and administrative tasks. These efficiencies allow Options Counselors to devote more time to direct client support, care planning, and follow-up. As funding grows, the AAAD will continue to evaluate staffing patterns, workflow processes, and technology enhancements to ensure the program can meet rising demand without compromising service quality.

Exhibit D-2

AAAD Out-of-State Training Plan
FY2027 (to be updated annually)

Title & Subject of Training	Number of Persons to be Trained	Estimated Date of Training
National Guardian Association Conference*	1	October 2026
Southeastern Association Area Agencies on Aging (SE4A) Annual Conference	5	September 2026
TN Elder Justice Conference	2	October 2026
US Aging	1	July 2026
HCBS Annual Conference	2	April 2027
American Society on Aging	1	Aug 2026
Inform USA	1	Spring 2027

Exhibit E-1

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 individuals, including minority individuals who are participants or who are eligible to participate in OAA programs, with efforts to include individuals as in greatest economic need and greatest social need.)
b. Family Caregivers (which may include older relative caregivers)
c. Representatives of Older Individuals
d. Representatives of health care provider organizations, including providers of veteran's health care (if appropriate)
e. Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease promotion, caregiver, long-term care ombudsman, and other service providers
f. Persons with leadership experience in the private and voluntary sectors
g. As available:
   a. Representatives from Indian Tribes, Pueblos, or Tribal Aging programs; and
   b. Older relative caregivers, including kin and grandparent caregivers of children or adults age 18 to 59 with a disability

Members	Represents
Wanda Duke	a, c,f
Edward Gill	a,c, f
Rondalynn Gill	a,c
Mike Cesarini	a,c, f
Pete Dorton	a,c
Shirley Dorton	a, c
Palmer Harlan	a,f
Linda Waggy	a,c
Janice Bridges	a,c, f
Melinda Warren	c,e,f
Debbie McCaskill	A
Delores Foster	A
Donna Gabbard	a, c
Sarah Campbell	a,c,f
Charlie Mann	a,c,f
Sue Mann	a
Cathi Rowlison	A
Joylea Robertson	A
Joane Lord	A

Linda Krueger	a, c, f
John Galbreath	A, c, f
Melissa Brewer	D,c,f
Glynis Smith	F,c
Conetha Garner	C, d, f
Andrea Brown	C, d, f
Pamela Morris	C,d,f
Erin Watkins	C, d, f

B. SCHEDULE OF ADVISORY COUNCIL MEETINGS for FY 2027
(Updated annually)

Give Dates and Times of Scheduled Meetings

Meetings are held quarterly the 2nd Wednesday, at 10:00a, in the following months:

- FY25: September, December, March, June

C. OFFICERS & OFFICE

Name of Officer	Office	Date Term Expires
Mike Cesarini	Chairman	2028
John Galbreath	Vice Chairman	2028
Cathi Rowlison	Secretary	2028

D. ADVISORY COUNCIL BYLAWS

Attach Bylaws that show date of last review.

Exhibit E-2

Public Hearings on Area Plan

A. PUBLIC HEARING INFORMATION

Date(s) of Public Hearing	03/17/2026
10:00-12:00	
Place(s) where hearing was held	SCTDD, 101 Sam Watkins Blvd, Mt Pleasant, TN 38474
Was Place Accessible?	Yes
Type of Notice(s) or Announcement(s)	Website, Social Media, Email
Date(s) of Notices or Announcements (attach copy)	3/3/26

B. ATTENDANCE*

County	# of Advisory Council Members from County	Total from County**
Bedford	0	
Coffee	1	
Franklin	1	1
Giles	1	
Hickman	2	
Lawrence	2	
Lewis	0	
Lincoln	1	1
Marshall	1	
Maury	0	1
Perry	1	
Moore	1	
Wayne	1	
Total # Advisory Council Members in column 2	12	
Total Attendance*		15

* Do not include AAAD staff in Public Hearing attendance

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

C. AGENDA & ANNOUNCEMENTS

Attach a copy of the agenda. See P&P manual for required agenda topics. Attach one example of each type of notice sent out and describe who notices were sent to. If the AAAD is requesting a waiver for any reason, the agenda and announcement must include a statement that a waiver is

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

A copy of the public hearing agenda is attached and includes all required agenda topics as outlined in the AAAD Policies and Procedures Manual. The agenda provided notice of the opportunity for public comment on the Area Plan goals, budget, and any requested waivers. The agenda and all announcements clearly stated that the meeting was a public hearing for the FY 2027–2030 Area Plan on Aging and Disability.

Examples of each type of public notice are attached. Notices were distributed through multiple channels to ensure broad and equitable access, including posting on the AAAD website, social media platforms, and distribution via email to Advisory Council members, service providers, senior centers, community partners, and other stakeholders. These notices included the date, time, location, purpose of the hearing, and information on how to request accommodations.

Targeted outreach efforts were made to encourage participation from rural, minority, and low-income populations as well as electronic distribution through networks that reach underserved populations. The public hearing location was accessible, and information on accessibility and accommodations was included in the announcements to reduce participation barriers.

No waivers were requested at this public hearing. If a waiver had been requested, the agenda and public notices would have explicitly stated that a waiver request was under consideration to ensure transparency and informed public input.

D. DESCRIPTION

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

No extenuating circumstances significantly affected attendance at the public hearing. The meeting was held as scheduled, and weather conditions did not present a barrier to participation. The hearing was conducted in an accessible location, and advance notice was provided to allow sufficient opportunity for public input. Attendance reflected participation from Advisory Council members, community partners, and members of the public, and all individuals present were given the opportunity to provide comments on the Area Plan.

E. SUMMARY of PUBLIC COMMENTS

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

Opportunity was provided for public comment on the Area Plan goals, proposed budgets, and any potential waiver requests during the public hearing. The agenda included designated time for public input, and attendees were invited to ask questions and provide comments throughout the discussion. Participants were informed that comments could address program priorities, funding allocations, and waiver considerations. No waiver requests were proposed or discussed at this hearing, and no public comments were received requesting changes to goals or budgets.

F. SUMMARY of CHANGES

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

No changes were made to the Area Plan as a result of public comments received during the public hearing. Opportunity was provided for public input on goals, budgets, and waivers; however, no comments or recommendations were submitted that required revisions to the plan.

Exhibit E-3

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.
   12/10/25 and 3/12/26

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

   The Area Plan was reviewed by the Area Agency Advisory Council during scheduled meetings on December 10, 2025 and March 12, 2026**.** Draft sections of the FY 2027–2030 Area Plan were provided to Advisory Council members to allow adequate time for review.

   During the final review meeting, AAAD staff presented an overview of the Area Plan, including goals, service priorities, budget assumptions, and required assurances. Advisory Council members were given the opportunity to ask questions, provide feedback, and offer recommendations related to program planning, targeting of services, and community needs within the Planning and Service Area. Input from the Advisory Council was considered during final preparation of the Area Plan prior to submission.

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

   Mike Cesarini
   Linda Krueger
   John Galbreath
   Charlie Mann

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

   Advisory Council members reviewed the completed FY 2027–2030 Area Plan and expressed general support for the goals, service priorities, and strategies outlined in the plan. Council members acknowledged the comprehensive nature of the plan, the alignment with identified community needs, and the continued emphasis on serving older adults and adults with disabilities with the greatest economic and social need. No substantive concerns or recommendations requiring changes to the plan were raised during the review.

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

No changes were made to the Area Plan as a result of comments received during the Advisory Council review. Advisory Council members reviewed the completed FY 2027–2030 Area Plan and did not identify any issues or recommendations that required revisions. The plan was finalized as presented following the review.

Exhibit F-1

Request for Waiver for FY2027-2030

________ AAAD

DIRECT PROVISION OF SERVICES PROVIDED BY OLDER AMERICANS ACT

FUNDING

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

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

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

____ Ombudsman

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

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

3. Explain how this service is directly related to the AAAD's administrative function.
4. Explain why it is more cost effective and efficient for the AAAD to provide this service instead of contracting it out.

____ Legal Assistance

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

____ Senior Center/Office on Aging

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

____ Other ____

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

SIGNATURES:

____ ___________________
AAAD Director Date

____ ___________________
Chief Administrative Officer of Grantee Agency Date

____ ___________________
Advisory Council Chairperson Date

Exhibit F-2

Request for Waiver for FY ____

____________________ AAAD

FIVE DAY REQUIREMENT

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

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

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

SIGNATURES:

_______________________________________ ___________________

AAAD Director Date

_______________________________________ ___________________

Chief Administrative Officer of Grantee Agency Date

_______________________________________ ___________________

Advisory Council Chairperson Date

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

Table 2: Counties Containing Urban-Designated Areas			
PSA	County	PSA	County
1	Carter	3	Hamilton
1	Hawkins	3	Bradley
1	Sullivan	4	Putnam
1	Washingto n	5	Davidson
2	Anderson	5	Montgomer y
2	Blount	5	Robertson
2	Hamblen	5	Rutherford
2	Jefferson	5	Sumner
2	Knox	5	Williamson
2	Loudon	5	Wilson
2	Roane	6	Bedford
2	Sevier	6	Maury
		8	Madison
		9	Shelby

Exhibit F-3

Request for Waiver for FY __
REQUIRED MINIMUM EXPENDITURES FOR PRIORITY SERVICE

Required minimums:

a. Services associated with access to other services: including but not limited to information and referral, case management, transportation, and outreach (35%)

b. In-home services - (10%)

c. Legal assistance (2%).

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

SIGNATURES

__________________________________ __________________
AAAD Director Date

__________________________________ __________________
Chief Administrative Officer of Grantee Agency Date

__________________________________ __________________
Advisory Council Chairperson Date

Exhibit F-4

Request for Waiver for FY ___
DDA POLICY REQUIREMENT

1. AAAD: _____________________________

2. DDA Policy for which waiver is requested:

3. Reference location of specific DDA policy for which waiver is requested:

4. Give full justification for this waiver request by documenting all efforts of the AAAD to meet the requirement and specific barriers to meeting the requirements.

5. Outline steps the AAAD will take to meet the requirements, giving specific dates of accomplishment for each step.

SIGNATURES:

_____________________________________ ________________
AAAD Director Date

_____________________________________ ________________
Chief Administrative Officer of Grantee Agency Date

_____________________________________ ________________
Advisory Council Chairperson Date

Exhibit G-1

ASSURANCES
Older Americans Act (2020) Assurances of Compliance

AREA PLANS

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

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where 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 re- quired 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 com- prehensive 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 serv- ice 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 serv- ices; and

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic

brain dysfunction (and the caretakers of such individuals); and

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

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

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

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

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

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

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

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

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

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

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

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

(i) entities conducting programs that receive assistance under this Act within the planning and serv- ice 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 serv- ices, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) [7] to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for 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 serv- ices 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 serv- ices 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 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 serv- ice 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.

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

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period de- scribed in

subparagraph (A), the State agency may extend the period for not more than 90 days.

SEC. 374. MAINTENANCE OF EFFORT.

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

Certification by Authorized Agency Official

(Insert name of AAAD) hereby gives full assurance that every effort will be made to comply with the regulations of the Older Americans Act.

SIGNATURES

____ Date__________________

AAAD Director

____ Date __________________

Grantee Agency Director

Availability of Documents

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

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 performance evaluations
   c. documentation 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 DDA policies

7. Program procedures manual

8. Interagency agreements, if applicable

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

10. Bonding verification

11. Affirmative Action Plan

12. Civil Rights Compliance Plan, Title VI plan

13. Conflict of Interest policy

14. Grievance Procedure and designated staff member

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

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

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

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

19. Emergency Preparedness/Disaster Plan

20. Drug-Free Workplace policies

21. Confidentiality and HIPAA policies

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

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

SIGNATURES

____ Date___________________
AAAD Director

____ Date ___________________
Grantee Agency Director

Title VI of the Civil Rights Act of 1964 Compliance

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

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

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

Prohibited practices include:

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

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

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

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

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

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

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

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

SIGNATURES

____ Date___________________
AAAD Director

____ Date ___________________
Grantee Agency Director

ADDITIONAL DOCUMENTS *(Attached)*

Exhibit Number	Title of Exhibit
Attachment D-11	SCAAAD Organizational Chart
Exhibit c-5.1	SCTDD/SCAAAD Title VI Complaint Log
Exhibit D-1	ByLaws
Exhibit E2-Attachment 1	SCAAAD Public Hearing Agenda
Exhibit E2-Attachment 1.1	Advisory Council Agenda
Exhibit E2-Attachment 2.2	Memo Website Posting
Exhibit E2-Attachment 2.3	AAAD Public Notice Listing for Website
H-1	Budget Area Plan
H-4	List of Nutrition Sites